School Health Report
Pierce County 2019

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Tacoma-Pierce County Health Department | July 2020
Students’ success at school is strongly linked to their health.

Healthy students are better learners.

Schools help students establish lifelong healthy behaviors.

School health programs reduce unhealthy behaviors and improve academic performance.

Centers for Disease Control and Prevention
www.cdc.gov/healthyyouth/health_and_academics
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Partners in Health and Academics

Healthy students are successful students. Physical and mental health are key to students’ ability to learn. Tacoma-Pierce County Health Department and Pierce County schools help each other work toward the goal of health and academic success for all students.

School Health Reports

Every two years, the Health Department invites Pierce County’s 15 public school districts to assess their systems and policies across a range of health topics. We ask districts about their health priorities and how we can improve our services to schools. We publish the results in School Health Reports. The reports are intended for districts to use as strategic and action planning tools.

We look forward to working with districts on these reports. The process helps us understand districts’ priorities. The reports identify strengths and gaps in Pierce County, helping us target our services and resources to provide the most value to schools.

We have published School Health Reports biannually since 2013, so the reports show trends over time. This provides a platform for districts and the Health Department to celebrate accomplishments in student health.

We have included, for the first time in the 2019 reports, data from Washington’s Healthy Youth Survey. Every other year in October, Washington students in grades 6, 8, 10 and 12 answer survey questions about safety, violence, physical activity, diet, alcohol, tobacco, other drug use and related risk and protective factors. The information can be used to identify trends in the patterns of behavior over time. For more information about the survey, visit askhys.net.

COVID-19’s impact on School Health Reports


In February 2020, responding to COVID-19 required the Health Department and school districts to shift priority away from School Health Reports. Districts are doing a remarkable job responding to the pandemic. We are now able to publish the reports in July 2020.

We hope the 2019 School Health Reports provide a helpful benchmark as schools experience and evaluate the social and emotional effects of extended absence from traditional classroom learning.
Data Summary, 2019

<table>
<thead>
<tr>
<th></th>
<th>Washington</th>
<th>Pierce County</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total enrollment</td>
<td>1,134,871</td>
<td>144,246</td>
<td>↑ from 2017</td>
</tr>
<tr>
<td>Graduation rate</td>
<td>81%</td>
<td>87%</td>
<td>↓ from 2017</td>
</tr>
<tr>
<td>Regular attendance</td>
<td>83%</td>
<td>81%</td>
<td>↑ from 2017</td>
</tr>
<tr>
<td>Students with free or reduced-price meals</td>
<td>43%</td>
<td>45%</td>
<td>↑ from 2017</td>
</tr>
<tr>
<td>Kindergartners who are fully vaccinated</td>
<td>86%</td>
<td>88%</td>
<td>↑ from 2017</td>
</tr>
<tr>
<td>Students who are homeless</td>
<td>3%</td>
<td>3%</td>
<td>≈ to 2017</td>
</tr>
<tr>
<td>Students in foster care</td>
<td>0.7%</td>
<td>1%</td>
<td>≈ to 2017</td>
</tr>
<tr>
<td>10th graders who say they used e-cigarettes in the past 30 days</td>
<td>21%</td>
<td>22.5%</td>
<td>↑ from 2016</td>
</tr>
<tr>
<td>Exclusionary discipline rate</td>
<td>4%</td>
<td>5.5%</td>
<td>≈ to 2017</td>
</tr>
</tbody>
</table>

Rates were much higher among Black and American Indian/Alaska Native students.
## Health Priorities

We asked school districts what their top priorities and health concerns are. We grouped by theme and list them below in order of most frequently cited.

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Mental and behavioral health</strong></td>
<td>Mental health challenges, behavior management, anxiety, depression and suicide.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Access to care, services and resources</strong></td>
<td>Lack of access to healthcare, substance use treatment and healthy food. Lack of access to healthcare for homeless, unaccompanied youth.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Vaping</strong></td>
<td>Vaping prevention and education for students and staff.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Immunizations</strong></td>
<td>Help students be fully immunized. Use the Washington State Immunization Information System (WIIS) lifetime immunization records registry.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Adverse childhood experiences</strong></td>
<td>Provide adverse childhood experiences (ACEs) training for staff. Adopt trauma-informed practices.</td>
</tr>
<tr>
<td></td>
<td><strong>Health and safety</strong></td>
<td>Provide healthy and safe learning environments. Keep students healthy and safe at school.</td>
</tr>
<tr>
<td></td>
<td><strong>Nutrition and food</strong></td>
<td>Give students healthy food options. Teach students about healthy habits and achievable nutrition goals.</td>
</tr>
<tr>
<td></td>
<td><strong>Health curricula</strong></td>
<td>Update high school health curriculum. Adopt physical education curriculum with health components. Adopt sexual health curriculum for grades 5-12.</td>
</tr>
<tr>
<td></td>
<td><strong>School-based health services</strong></td>
<td>Work with community partners to provide free onsite physical exams for students. Offer onsite space to providers.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Substance use</strong></td>
<td>Prevent the use of alcohol, opioids, cocaine, MDMA (Molly) and other drugs.</td>
</tr>
<tr>
<td></td>
<td><strong>Parent support</strong></td>
<td>Educate and support parents. Partner with parents to raise happy, healthy, productive citizens.</td>
</tr>
<tr>
<td></td>
<td><strong>Equity</strong></td>
<td>Achieve equitable practices and outcomes among diverse student populations.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Social/emotional learning</strong></td>
<td>Support students’ social and emotional growth. Participate in The Science of Social Emotional Learning - Project Safe &amp; Sound.</td>
</tr>
<tr>
<td></td>
<td><strong>Community partnerships</strong></td>
<td>Partner with community agencies to offer more health services to families. Become a partner in a community training center. Continue developing partnerships.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Other</strong></td>
<td>Limit technology/screen time, centralize student health data, asthma, increased housing instability, uncivil student online/social media discourse, extended learning opportunities, athletics, facility cleanliness, employee wellness.</td>
</tr>
</tbody>
</table>
**Trends over time**

We list below the top health priorities districts reported in the 2013, 2015, 2017 and 2019 School Health Reports, in order of most frequently cited.

<table>
<thead>
<tr>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding adverse childhood experiences and their impacts on learning.</td>
<td>Mental health services for students and mental health support services for families.</td>
<td>Mental and behavioral health.</td>
<td>Mental and behavioral health, including suicide prevention.</td>
</tr>
<tr>
<td></td>
<td>Addressing changing community norms following the legalization of marijuana.</td>
<td>Vaping prevention.</td>
<td>Immunizations.</td>
</tr>
</tbody>
</table>
Health Assessment

This health assessment focuses on policies and systems in schools and districts that help improve student health.

Topics

We asked school districts to evaluate their policies and systems across 12 topics:

- Suicide prevention.
- Adverse childhood experiences.
- Parent/caregiver support.
- Physical education.
- Nutrition.
- Sexual health.
- Tobacco use and vaping use prevention.
- Alcohol use prevention.
- Marijuana use prevention.
- Communicable disease control and prevention.
- Health equity.
- Wellness policies for staff.

We chose these topics based on:

- Pierce County data indicate a need.
- School district requests for aid in planning.
- Health Department capacity to provide support.
- Federal and state guidelines or requirements.

Scores

We asked school districts to assess their health-related policies and systems and assign themselves a score based on how well they align with recommended practices, guidelines and requirements from national, state and local authorities. These may include:

- Centers for Disease Control and Prevention.
- United States Department of Education.
- Washington State Department of Health.
- Office of Superintendent of Public Instruction.
- Puget Sound Educational Service District.
- Tacoma-Pierce County Health Department.
- Innovative practices that achieve results.

Scores fall on a continuum, from 1 to 4. Four is the highest score and indicates that a district meets or exceeds required, best, recommended or innovative practices in its schools.

Scores less than 4 may indicate that, while a district is working to achieve greater health outcomes in that area, it may be limited by funding or staff capacity or it may have prioritized other health issues. Scores less than 4 should also be considered in context of improvement over time. For example, while the Physical Education combined median score is not a 4, this area is where individual districts showed the greatest improvement from 2017 to 2019.

In 2017, districts achieved a combined median score of 4 in the following assessment topics, so we did not include them in the 2019 School Health Reports.

- Social and emotional wellbeing.
- Number of minutes of physical activity.
- Connecting students and families to resources.
- Community, family, school partnerships.
- Oral health.
Suicide prevention

Combined median score

1. Due to funding, capacity or priorities, no specific program in place to address suicide prevention and awareness.

2. Some schools have a specific program or strategy in place to address suicide prevention and awareness.

3. Most schools have a specific program or strategy in place to address suicide prevention and awareness.

4. All schools have a specific program or strategy in place to address suicide prevention and awareness.

District scores

2018 Healthy Youth Survey data

Students who considered suicide

- Pierce County: 26.7%
- Washington: 23.0%

Students who attempted suicide

- Pierce County: 12.6%
- Washington: 10.0%

Recommended practices and strategies

- Use a mental health assessment with at-risk students. For example, SBIRT (Screening, Brief Intervention and Referral to Treatment), an evidence-based practice used to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. For more information, visit samhsa.gov/sbirt.
- Use a mental health assessment (like SBIRT) with all students.
- Offer a youth suicide prevention curriculum at least annually to students, and train staff on the curriculum.
• Implement a “postvention” plan (a process for when traumatic experiences occur within a school or community setting for students and staff to receive onsite mental health care).
• If a school has a health center on campus, offer behavioral health services in addition to medical services.

District response highlights

Strategies

Policies and procedures
• Robust suicide prevention plan.
• Suicide prevention formally adopted as Board policy.
• A “postvention” plan in place to support students and staff in response to traumatic experiences.

Student assessment
• Students are screened for internalized and externalized behaviors and risks (Universal Screener). Also see Intervene Early - Mental Health Screening.
• Risk assessment in place at all schools to assess low, medium and high.
• Suicide threat assessment protocol.

Curricula and student support programming
• Suicide prevention curricula.
• Social/Emotional Learning (SEL) curricula.
• Project Safe & Sound.
• Sandy Hook Promise.
• Multi-Tiered System of Support (MTSS).
• Student-led committee for mental health supports.
• Cognitive Behavioral Therapy small group intervention for anxiety, depression and trauma.
• Zones of Regulation.
• Pull-out groups to address issues like grief or oppositional defiant disorder.
• Partnerships with community agencies for counseling and resource referrals.
• Accommodations for ESL students.
• Partnership with agencies that support Spanish-speaking students.

Staff
• Suicide Prevention Toolkit. Also see After Suicide Postvention Toolkit for Schools.
• Specific training for staff to address suicide prevention/intervention and protocols.
• Mental Health First Aid training.
• Neural Education Institute.
• Motivational Interviewing.
• Mental health professional learning community (PLC).
• Pierce County Kids Mental Health Coalition.
• Affiliation with National Alliance on Mental Illness (NAMI).
• Critical Incident Response Teams / Flight Teams respond to emergencies.
• Attend trainings sponsored by Puget Sound Educational Service District.
• Staff swiftly respond to and report concerns of suicide.
Outcomes

- Our district has strengthened our work to prevent suicide, and to intervene effectively to get help for students.
- Students receive interventions at earlier stages of need and less students are progressing to crisis stages.
- Renewed, relentless advocacy for suicide prevention.
- Increased awareness of students at risk for suicide.
- Increased reporting by staff.
- Increased identification and referral to treatment of students with mental health issues.
- Prevention of 20 potential suicides in our district across elementary, middle, and high school grade levels.
- Care Teams and care coordination with school staff.
- More kids referred for mental health services with licensed social workers, especially at elementary level.
- Significant reduction in anxiety as measured by pre and post scores.
- Better data collection and more skilled intervention.
- Teachers are more intentional in connecting with students.
- Increased percentage of students who report they have an adult to turn to when they feel sad or hopeless (Healthy Youth Survey data comparing 2016 and 2018).
- Surveys indicate students are more likely to talk to a teacher and believe they are cared for.

Continuing challenges

- Increase in students demonstrating risk factors of suicidality: plans for suicide, ongoing depression and anxiety, as well as attempts.
- Even with skilled and caring school counselor professionals, the number of students needing crisis intervention and stabilization, and daily coping strategies for students with mental health concerns is beyond our staff capacity.

Health Department services

The Health Department’s Strategic Plan includes a focus to “promote positive behavioral health and wellbeing.” We have a full-time behavioral health policy specialist, trained in Mental Health First Aid, knowledgeable in suicide prevention resources, and coordinates mental health initiatives within the Health Department and throughout Pierce County.

Health Department staff also participate in the Community Health Improvement Plan Mental Health Subcommittee. This group advocates for greater mental health awareness through community-wide training opportunities and initiatives.

For technical assistance and guidance with suicide prevention and social/emotional supports for students, contact Elizabeth Allen, Behavioral Health Policy Specialist, at (253) 344-3655 or eallen@tpchd.org.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

Adverse childhood experiences

Combined median score

1. Unaware of the impacts of ACEs and childhood trauma on learning.
2. Explored trauma-informed school practices and some staff are trained in the impacts of ACEs on learning.
3. Some schools have implemented trauma-informed school practices and strategies.
4. All schools have implemented trauma-informed school practices and strategies, including annual training for staff.

District scores

2018 Healthy Youth Survey data

Students experiencing depression

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>43.7%</td>
</tr>
<tr>
<td>Washington</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

Students who have an adult to turn to when depressed

<table>
<thead>
<tr>
<th>District</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>47.0%</td>
</tr>
<tr>
<td>Washington</td>
<td>49.0%</td>
</tr>
</tbody>
</table>

Recommended practices and strategies

- Implement and evaluate services and curriculum supporting socialization, cultural competence, learning and mental health.
- Every student and staff member can access mental health services during school hours (i.e., behavioral health counselors, school-based health clinic).
- Every student and staff member can access mental health services before, during and after school hours.
Collaborate/partner with at least one behavioral health service organization for student or staff referrals.
Implement a plan to address student and staff behavioral health following a traumatic event.

District response highlights

Strategies

Students

- Incorporating social/emotional learning (SEL) skills into instruction: collaboration, goal setting, perseverance, positive problem solving.
- Counselors and interventionists.
- Trauma-informed practices.
- Plan in place with a team of teachers to offer services should a traumatic school/community event occur.
- Foster resiliency in our students by strategies such as high standards, boundaries, and authentic choices.
- Multi-Tiered System of Support (MTSS).
- Whole school, whole community, whole child (WSCC) model.
- Character Strong SEL and character development program. Gives teachers strategies and helps students.
- Second Step SEL curriculum.
- Positive Behavioral Interventions and Supports (PBIS), an evidence-based, tiered framework to improve and integrate data, systems and practices affecting student outcomes.
- Dialectical Behavior Therapy.
- Community providers for student referrals for mental health issues.
- At all grade levels, students receive social emotional and behavior lessons for self-regulation, mindfulness, growth mindset, and character development.
- Our district engages in Trauma-Informed Practices by focusing on three key areas: (1) Cultivating safe environments, (2) Building connectedness and relationships, and (3) Teaching emotion regulation.
- Designated safe spaces for students with trained staff members to help with students in crisis.
- Sensory rooms to help students learn to regulate their brain's negative reactions to external stimuli.
- Partnerships with community coalitions for support to students and families.
- Partnerships with the faith community for support to students and families.

Staff

- ACEs training offered to staff, with some staff trained as Certified Train-the-Trainers.
- CHAMPS and Safe & Civil Schools training.
- Motivational interviewing.
- Neurosequential Model in Education (NME) from the Child Trauma Academy (NME focuses on human development and functioning to help educators understand student behavior and performance).
- Neural Education Institute.
- The Heart of Learning: Compassion, Resiliency and Academic Success (through Washington’s Office of Superintendent of Public Instruction).
- Viewing and applying the movie documentaries Paper Tigers and Resilience.
- We include nursing staff in the loop for student absentee reports so they can connect with families.
- Staff have access to the Employee Assistance Program (EAP) for their own self-care.
Outcomes

Students impacts

- Individualized support systems.
- Reduction in number of students in Tier II in Multi-Tiered System of Support (MTSS) needing extra support.
- Time scheduled during school to teach social/emotional curriculum at elementary and middle schools.
- More students are receiving restorative practices and are receiving less exclusionary discipline.
- Critical alert teams have been very helpful to students after traumatic events.
- Pilot program initiated in collaboration with after-school programs to expand social and emotional learning.
- Participate in The Wallace Foundation’s Partnerships for Social and Emotional Learning Initiative to help elementary children to develop positive social and emotional skills, such as self-control, persistence, teamwork and goal setting, which are linked to success in school, career and life.
- Fewer student exclusions and minimal suspensions.
- Second Step curriculum is making a positive impact.

District and school impacts

- Successful grant applications using data from our strategies.
- A better understanding of childhood trauma and effective strategies to address SEL needs.
- Better equipped to meet needs of shifting student and family demographics.
- Updated discipline policy to include Whole Child (WSCC) best practices.
- Implementing practices learned from Paper Tigers and Resilience.
- Teachers communicate consistently about students, especially those we know to have identified ACEs.
- Staff are more cognizant of asking, “What can the school do to support the student emotionally and physically, as well as academically?”
- Continue to review our practices to reduce disparities to better understand the role of ACEs impact on the academic progress of our students.
- Shift in attitudes of teachers and staff to be more aware of student trauma and how it impacts learning, and how we can create a more supportive, trauma-informed environment at school.
- District policies have changed from focusing on behavior modification of students to a stronger focus on addressing mental health concerns that may cause certain behaviors.
- Better understanding of the science behind behavior with the brain in mind.
- District staff serve on community councils, teams, workgroups, advisories and coalitions.
- Second Step is equipping teachers with the ability to deal with escalating behaviors and giving teachers increased confidence to deal with challenging students.

Health Department services

As school districts recommended, we purchased the movie Paper Tigers. We hosted several viewing and discussion sessions for Health Department staff. Health Department staff participate in Trauma Stewardship, Mental Health First Aid and other relevant trainings.

We maintain a robust, cross-divisional ART (Adverse Childhood Experiences, Resilience and Trauma-Informed Practices) Team. Members lead initiatives that help us promote a culture of care in the Health Department and the community. The team also hosts ACEs trainings and works to continually expand knowledge and practice.
The ART Team collaborates with other Health Department teams, such as Diversity and Inclusion and Culturally and Linguistically Appropriate Services, to reduce trauma for our clients and make the Health Department a welcoming and inclusive environment.

Some Health Departments programs, like Treatment Services and Nurse-Family Partnership, use the ACEs assessment tool to better understand and serve their customers.

The Health Department has installed signs that include the languages most commonly spoken in Pierce County. We also offer verbal translation services to visitors in many languages. Like many school districts in Pierce County, the Health Department’s website can be translated into many languages with a simple click.

For more information about ACEs and support available to schools, contact Elizabeth Allen, ART Team Lead, at (253) 344-3655 or eallen@tpchd.org.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

Parent/caregiver support

Combined median score

- **1**: One recommended practice or innovative strategy in place and achieving results.
- **2**: Two recommended practices or innovative strategies in place and achieving results.
- **3**: Three recommended practices or innovative strategies in place and achieving results.
- **4**: Four or more recommended practices or innovative strategies in place and achieving results.

District scores

2018 Healthy Youth Survey data

**Students with good family socialization**

- **Pierce County**: 52.9%
- **Washington**: 53.4%

Good family socialization means being included in family decisions, feeling able to talk to parents about problems, and parents providing fun things for the student to do.

**Students with good family management**

- **Pierce County**: 66.5%
- **Washington**: 65.9%

Good family management means parents would catch student doing illegal activities (e.g., doing drugs, carrying weapons), would know whether student was home on time, ask about homework and have clear rules.
Recommended practices and strategies

- Train staff on evidence-based parenting programs and services that prevent child abuse and neglect.
- Provide opportunities for staff to become trained and accredited in an evidence-based curriculum, e.g., Positive Parenting Program (Triple P), Parents as Teachers (PAT) or Promoting First Relationships (PFR).
- Provide access to computers or other technology for parents, caregivers or staff to engage in Triple P Online.
- Help raise awareness by hosting a Triple P or other evidence-based parenting seminar.
- Host a Triple P or similar parenting support group for parents and caregivers at a school site.
- Refer parents and caregivers to Family Support Centers for evidence-based programs and services.

District response highlights

Strategies

Parents

- Triple P (Positive Parenting Program).
- Love and Logic.
- Guiding Good Choices.
- Screenagers—helps parents manage kids' screen time on phones, computers and TV.
- Parenting from Inside the Brain/Parenting from the Inside Out (teaches parents practical ways to connect with their child by understanding their child's brain and behavior).
- Parenting classes offered in the community or onsite on our campus.
- District provides childcare during parent education events.

Parent groups

- Active parent teacher association (PTA) groups and booster clubs.
- Parent Advisory Group.
- WatchDOGS (Watch Dads of Great Students), a program encouraging men to volunteer in schools.

Family engagement and community events

- Sponsorship of large-scale community events to provide information and services, make connections and have fun.
- Free paint night learning event for students and their families to learn together through STEAM (Science, Technology, Engineering, Art and Math). Research shows that art education allows students to learn things in a more open-ended way and connects learning to real life.
- Special events held throughout the year to support students and families, such as back to school annual fair (materials, services and goods available at no cost for families), and community cultural celebration events.
- Paint to Learn family engagement initiative. Parents, caregivers, and children paint canvases together using shapes, numbers, size, measurement, and patterns as the guiding principles, to increase knowledge of child development, while helping young learners gain the skills needed to be Kindergarten-ready in math.

Technology

- Use of Peachjar to communicate with parents and families.
- Students are given tablets to take home. This also provides an avenue for parents to have computer access.
- To help parents manage screen time of their kids, we issue Chrome Books to students. District-issued Chrome Books are set to be inaccessible after midnight. The district can check usage.
Staff, schools and districts

- Communities in Schools.
- Family Resource Navigator position.
- Outreach Bus takes services and essential items to underserved neighborhoods.
- District offers space for community non-profits to serve families.
- Robust community partnerships with non-profit organizations and community leaders.
- Participation on task forces and coalitions that provide resources to underserved populations.
- Care closets, hygiene closets, clothing banks, and food banks and food programs.
- Referral to and partnership with Family Support Centers.
- Staff trained on child abuse prevention, recognition and reporting.
- Staff work to find solutions to homelessness, poverty, sex trafficking, etc.
- Establishment of Family Opportunity Centers onsite in our district.
- College Tours for Families. We bus students and their families to eight local colleges for campus tours.

Outcomes

- We have helped other districts adopt programs that are successful.
- Increase in mental health referrals for our families.
- Peachjar has made all the difference in the world to engage families!
- Large number of parent volunteers in our schools.
- Increased family engagement.
- Removing barriers to access by hosting parent events at school.
- Created a train-the trainer model through the Paint to Learn Collaborative and received $20K from Boeing to engage multiple communities Paint Night events throughout Pierce County with a focus on early numeracy.
- Shoe Drive brought in over 1,000 pairs of shoes for children and adults in our community.
- Resource list that our counselors developed, update and regularly provide to parents.
- Hotlines and information about local counseling/mental health agencies made available to parents.
- Monitoring usage on school-issued Chrome Books helps manage screen time.
- Presented the Paint to Learn family engagement initiative across the state and at the National Association for the Education of Young Children conference in Washington, D.C.

Continuing challenges

- Triple P — The 6-week in-person timeframe was challenging but parents really liked the online platform.
- Our Family Engagement Program was discontinued due to lack of funding, and we are looking for grants.

Health Department services

- In-home parent support for families with children birth to 8 years old:
  - Evidence-based parenting curricula: Promoting First Relationships and Positive Parenting Program (Triple P).
  - Support and referral for substance use/abuse, domestic violence, homelessness, and other socio-economic needs.
  - Child Development screening for children birth to 5 years old.
- Home safety assessment.
- Parenting classes, support groups, and parent/child events that may include Strengthening Families, Incredible Years, and other curricula.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Guidance to parents in developing nurturing relationships with their children.
- Immunizations available for Pierce County children (birth through 18 years old) at certain County locations, provided at no cost to parents, regardless of insurance or ability to pay.
- Six Family Support Centers are located throughout Pierce County.

Learn how to make families in your district strong. For parent and family resources, contact our Family Support Partnership at fspartnership@tpchd.org or (253) 798-4608 or visit tpchd.org/fsp.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

Physical education

Combined median score

Grades 1-8

1
Minimum average of 100 instructional minutes per week per year (required standard).

2
Required standard plus two recommended practices or innovative strategies in place.

3
Required standard plus three to four recommended practices or innovative strategies in place.

4
Required standard plus five or more recommended practices or innovative strategies in place.

Grades 9-12

1
Minimum average of 100 instructional minutes per week per year (required standard).

2
Required standard plus two recommended practices or innovative strategies in place.

3
Required standard plus three to four recommended practices or innovative strategies in place.

4
Required standard plus five or more recommended practices or innovative strategies in place.

District scores

Grades 1-8

We received scores from 13 of 15 districts.
Grades 9-12

We received scores from 12 of 15 districts.

2018 Healthy Youth Survey data

Students who have PE class 5 days a week

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>22.9%</td>
</tr>
<tr>
<td>Washington</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

Students who are active 60 minutes a day 5 days a week

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>46.0%</td>
</tr>
<tr>
<td>Washington</td>
<td>48.9%</td>
</tr>
</tbody>
</table>

Required standard

RCW 28A.655.070 and RCW 28A.150.210 identify physical and nutrition education as a component of basic education and essential academic learning requirements. Required standard:

- Curriculum that teaches children the health benefits of regular physical activity at all grade levels.
- Teaching strategies that are engaging, youth-focused and that connect youth to sports, physical activity and their environment.
- Instructional time is sufficient and complements physical activities outside of classroom time.

District response highlights

Strategies

Curriculum

- Coordinated Approach to Child Health (CATCH).
- Safe routes to school.
- Online health classes to create more room in the schedule for electives.
- Five for Life.
- Dancing Classrooms in partnership with Pacific Ballroom Dance Company.
- SPARK.
- SKIP (incorporates movement and coordination through dancing, art, and development of fine motor skills.)
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Creative fitness courses such as yoga, walking and weight training.
- FitnessGram platform. These assessments are standardized measures which evaluate strength, flexibility and aerobic capacity for students in grades 5-12.
- K-12 curriculum aligns with new fitness standards.
- Our programming aligns with health standards set by OSPI.
- Kids Heart Challenge.
- Early Learner Fitness program, literacy and math activities that enhance “whole brain” learning through movement.
- “Brain breaks.”

**Technology**

- Use of technology to increase student engagement (e.g., heart monitors, pedometers).
- Use of WelNet PE and fitness software.
- Implementing new software for tracking PE class data. Data shows student growth and struggles so teachers know how to target efforts and students can be more aware of their own health.

**Students**

- Students can waive PE during the school day if they participate in an after-school activity or sport for PE credit.
- Grades 6-8 are no-cut sports.
- Incentive-based activities appropriate to grade level.
- Students who bike to school are required to wear helmets.
- Some athletic facilities open before and after school.

**Staff**

- High school coaches provide robust CAP (Community Activities Program) summer camps for kids.
- Create environments to support and nurture different learning styles, including with PE curriculum.
- PE teachers attend trainings for new games and strategies so they can continue to be innovative and engaging.
- Integrate academic concepts with physical education.
- PLC (Professional Learning Community) for PE teachers to review student performance data focus on lifetime fitness, not just sports.

**Outcomes**

- Our district’s average instructional time exceeded the 100 recommended minutes.
- Improved fitness and physically literate students.
- Incorporating social/emotional learning (SEL) skills into PE instruction, i.e., collaboration, goal setting, perseverance, positive problem solving.
- Students are more involved in extracurricular physical activities.
- Students have opportunities (required and non-required) to be active daily at school.
- Pre-test data (scores) about fitness and health/nutrition concept understanding is up 8% prior to coursework—indicating stronger norms around fitness in youth.
- High school students averaging 90%+ on post-course related fitness assessments.
- Able to offer more sports due to levy funding.
- Classroom activities integrate movement and fitness into everyday life, as well as academics.
- Fitness centers are a resource for behaviorally challenged students to have personalized fitness opportunities.
- Students are introduced to individualized fitness plans and develop their own workout and eating plan.
- Opportunities for physical activity and personal fitness tracking during the school day.
• Personal fitness planning and data tracking support for students.
• Before and after-school athletic opportunities.
• Students being empowered to set fitness goals for themselves.

Health Department services

For more information about our services to schools, contact Len Adams, Healthy Resilient Children and Youth Manager at (253) 377-3062 or ladams@tpchd.org.
Nutrition

Combined median score

1
One recommended practice or innovative strategy in place and achieving results.

2
Two recommended practices or innovative strategies in place and achieving results.

3
Three or four recommended practices or innovative strategies in place and achieving results.

4
Five or more recommended practices or innovative strategies in place and achieving results.

District scores

2018 Healthy Youth Survey data

Students who ate breakfast the day of the survey

Pierce County 57.0%

Washington 58.9%

Students who report getting free or reduced-price lunch

Pierce County 28.9%

Washington 31.9%

Recommended practices and strategies

- Follow USDA best practice hiring standards for child nutrition directors based on student population.
- Implement a healthy celebrations policy reducing or limiting sugary beverages and providing healthy food or no food.
- Offer nutrition education curriculum teaching the importance of healthy eating for all grade levels.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Implement a policy stating staff lounges and meeting areas will have healthy food and beverage vending choices, so staff can be role models for students.
- Implement a policy that food will not be used as a reward or punishment.
- Implement a policy requiring only healthy food is sold at school-sponsored events like parent nights, athletic events, ASB-sponsored events, fundraisers and student stores.
- Make a joint use agreement with community members to share the use of garden space
- Offer a wide variety of fruits, vegetables, whole grains and other healthy food options.
- Participate in food rescue programming to reduce food waste and increase food security.
- Participate in strategies like weekend backpacks for kids, summer meals or food closets to reduce hunger among students.

**District response highlights**

**Strategies**

**Curricula and Programming**
- “My Play, My Tray.”
- **Five for Life.**
- Nutrition education is integrated into the physical education curricula.
- Secondary science and culinary arts curricula have units that focus on nutrition.
- Our health curriculum talks about healthy food choices.

**Other Strategies to improve nutrition**
- Nutrition software is used to write menus.
- Signs posted in cafeteria to encourage healthy choices.
- We have hired a full-time Nutrition Manager to oversee and implement continued communications with the district menu, nutritionals, training, staff/student/ and community awareness.
- Menu marketing program is used to provide nutrition.
- Food rescue programs.
- Farm-to-table programs.
- Community gardens.
- "Smart snack" program.
- Healthy choices 5-star salad bars are available in each of our schools.
- Water bottle filling stations.
- Water bottles allowed at desks.
- Our district evaluates wellness policies on a regular basis to maintain alignment with nutrition education.
- Activity monitoring watches for students.

**Improving accessibility and reducing insecurity**
- Our district offers discreet grocery bags with food for students at the secondary level.
- We offer Weekend Backpacks where we send home to families in need.
- We collaborate with the local food bank.
- We offer summer meals to students.
- Our vending machines are accessible via students’ lunch codes, so no money is needed.
- We provide food to kids who come to the nurse’s office with a stomachache or headache, when usually an indicator of hunger rather than illness.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- We do not offer sugary drinks.
- We hired an outside food service company to help ensure that our meals are responsive to student choice and attractive to kids, while meeting established guidelines.
- We do not have vending machines.
- We offer free meals for all students, not only the students who qualify for the Free and Reduced Lunch program.
- We have eliminated income determinations or paperwork to be completed by families.
- No student is denied a meal based on ability to pay.
- We work to ensure all our students eligible for McKinney-Vento programs and students in foster care are granted access to free meals immediately.

**Policies**

- Healthy celebrations policy.
- Policy requiring only healthy food is sold at school-sponsored events.
- Policy stating staff lounges and meeting areas will have healthy food and beverage in vending machines.

**Outcomes**

- Students are becoming empowered to set nutrition goals for themselves.
- Fruit and vegetable consumption have increased significantly over the past 5 years.
- Our overall lunch counts are increasing.
- “Smart Snack Approved” compliance improves student participation in healthy eating.
- Providing healthier meal and snack options throughout the district has brought the district into compliance with USDA and OSPI, resulting in a successful moving forward audit.
- The weekend food program has built trust with families and students in knowing that we care about the whole child.
- Success of “My Play, My Tray.” Students choose required elements of reimbursable school meals. This has increased willingness to try new foods and strengthened classroom/cafeteria connections.
- As a result of participating the in the “Five for Life” curriculum, students have demonstrated increased awareness of the importance of personal health choices as pertains to nutrition intake.
- Greater nutrition and food services and resources offered to students.
- Annual, ongoing partnership with community organizations provides food to over 900 families at the Thanksgiving season.

**Health Department services**

For more information about our services to schools, contact Len Adams, Healthy Resilient Children and Youth Manager at (253) 377-3062 or ladams@tpchd.org.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

Sexual health

Combined median score

1. District provides medically-accurate education on prevention of HIV/AIDS and sexual health education that meets standards set by the Healthy Youth Act.

2. Choice 1, plus district offers local sexual health information and resources.

3. Choices 1 and 2, plus staff attend (in person or online) the annual Pierce County Sexual Health Educator Update.

4. Choices 1-3, plus district provides access to on-campus sexually transmitted disease testing.

District scores

We received scores from 14 of 15 districts.

2018 Healthy Youth Survey data

Students who received abstinence education in school

- Pierce County: 78.7%
- Washington: 72.1%

Students who used some form of protection

- Pierce County: 94.3%
- Washington: 94.0%

Includes abstinence, condoms, birth control, intrauterine devices or withdrawal.
Required standard

**RCW 28A.230.070** requires students receive yearly HIV/AIDS prevention education in grades 5-12. Educational materials are reviewed and approved for medical accuracy. Sexual health education must meet the standards set in **RCW 28A.300.475** and **WAC 392-410-140**.

Recommended practices and strategies

- Provide students with information about local sexual health resources.
- Refer students for testing and treatment for sexually transmitted diseases.
- Nurses and sexual health teachers attend (either in-person or online) the Health Department’s Sexual Health Educator Update (or other approved sexual health training) each school year.
- Schools with onsite health centers offer sexually transmitted disease testing for students.

District response highlights

Strategies

- Robust social/emotional intervention system.
- All grade levels, elementary, middle and high school have opportunity for age-appropriate education.
- At the elementary level there is discussion around healthy relationships and maturation.
- Health teachers, PE teachers and some coaches are trained in providing sexual health education to students.
- Some curricula include sexually transmitted diseases and HIV/AIDS.
- **The Great Body Shop** curriculum teaches about healthy choices.
- Family Life and Sexual Health (FLASH) curriculum.
- **KNOW** curriculum, the sexually-transmitted disease HIV/STD prevention curriculum developed by OSPI at the direction of Washington’s legislature.
- Our school board adopted a social/emotional curriculum to teach self-awareness, self-management, social awareness, relationship skills and responsible decision-making.
- A health provider conducts workshops with middle schoolers with a focus on making healthy relationship choices. Parents are also invited to attend.
- Guest presenters at the middle school to discuss appropriate, respectful dating and relationships.
- Parents have ample opportunity to view materials before they are presented to students in class.
- Staff attend (in person or virtually) the Health Department’s annual Sexual Health Educator Update.

Outcomes

- Healthy Youth Survey data indicate our district’s students receive sexual health education more often than peers statewide.
- Students learn information that gives them more assertive skills in caring for their body and knowledge in the importance of sexual health.
- Our district is exploring options to offer HIV and sexual health curriculum for grades 9-12.
- Curriculum includes components about dating, relationships and relationship violence.
- Our district office can pull data from parent and community survey results.
- Our school nurses are aware of Health Department resources and refer students (e.g., for pregnancy support) when necessary.
Health Department services

The Health Department hosts a Sexual Health Educator Update for teachers and school nurses each year. The training covers sexually transmitted diseases that most affect students ages 14-19, disease trends, referral resources and current topics in sexual health education. At teachers’ requests, we added gender identity and sexual violence topics to the training. The course is offered in-person and online for improved convenience and accessibility. Clock hours are also available.

For more information about sexual health resources, contact Kate Cranfield, MN, RN, Public Health Nurse and School Nurse Liaison, at (253) 798-2813 or kcranfield@tpchd.org.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

Tobacco use and vaping prevention

Combined median score

1  Federal, state and local requirements met. Staff, parents and students informed of tobacco and nicotine use policies.

2  Policy enforced plus one recommended practice or innovative strategy in place and achieving results.

3  Policy enforced plus three recommended practices or innovative strategies in place and achieving results.

4  Policy enforced plus four or more recommended practices or innovative strategies in place and achieving results.

District scores

2018 Healthy Youth Survey data

Students who perceive vaping as very risky

Pierce County 34.8%

Washington 35.1%

Students who perceive heavy cigarette use as very risky

Pierce County 72.1%

Washington 73.7%

Recommended practices and strategies

• Provide tobacco and vapor product use education to school counselors, administrators, and staff, including security personnel.
• Support cessation efforts among students who use tobacco and vapor products by providing available resources.
• Adopt an evidence-based curriculum for tobacco and vapor product use prevention in grades 5-12.
• Offer alternatives to suspension for violating tobacco, vapor product or nicotine policies.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Strengthen language in substance use policies to include electronic cigarettes, vapor products and nicotine delivery devices.

**District response highlights**

**Strategies**

**Curricula**
- **Second Step.**
- **Kids Heart Challenge.**
- PE curriculum covers tobacco use and prevention.
- Health curriculum teaches and reinforces healthy choices. Includes not using tobacco or alcohol or vaping.
- We are working on a program to educate and provide cessation information for students using vape or other drug products.

**Alternatives to suspension**
- “Friday Night School,” a 2-hour extended stay form of detention. Students write about why they were vaping.
- Students are offered a tobacco education class to decrease suspension.
- Attendance at counseling referrals for substance use can reduce detention time.

**Assessment and intervention**
- **WARNS** assessment.
- **SBIRT** (Screening, Brief Intervention, and Referral to Treatment) approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

**Policies**
- Our district is very strict in enforcing substance use policies.
- Tobacco policy includes vaping products.

**Parent education**
- Our district is exploring educational resources mainly for students, but also for parents/guardians.

**Other supports**
- Prevention-intervention specialists.
- Student-led awareness activities.
- **Motivational interviewing.**
- We are considering purchasing substance detection devices.

**Outcomes**
- Increased student awareness, including data on tobacco use and trends in the community.
- Increased education opportunities for students.
- Overall, tobacco usage has decreased.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Decrease in discipline referrals.
- Fewer suspensions per violation.
- Our district is seeing a decrease in vaping.
- Parents are becoming more involved in substance use prevention education.
- Our Prevention-Intervention Team received a grant from Pierce County to address vaping.
- We received a grant from the Health Department to tackle vaping and e-cigarette use by students. We used the grant to create a video featuring middle school students who had researched the dangers of vaping.

**Continuing challenges**

- Vaping is our most significant concern at the secondary level.
- Vaping is not covered in our current curriculum.
- Our tobacco policy does not yet include vaping.
- [Second Step](#) not easy to use in our district due to technical issues.
- Healthy Youth Survey data show cigarette and smokeless tobacco use are down but vaping is on the rise.
- Not a lot of what we are doing is working to keep students from vaping.
- We are seeing escalating rates of vaping behavior with our students.

**Health Department services**

We can provide:

- Tobacco and nicotine training.
- Cessation resources.
- Recommendations for evidence-based curricula.
- Recommendations for alternative to suspension curricula.
- Policy development and enhancement.
- Our [E-Cigarettes and Vapor Toolkit—An Educational Guide for Prevention](#) is available on our website.
- Information on [Tacoma, Pierce County and Washington vaping-related laws](#) is available on our website.

Also check out Washington State Department of Health’s [2MorrowQuit™](#). It is a researched-based tobacco cessation program recommended for teens and adults delivered via smartphone app. Visit [2MorrowQuit](#) for more information and to download the free app.

For more information about youth tobacco use and vaping prevention, contact Jessica Alvestad at (253) 377-4242 or jalvestad@tpchd.org or Cenora Akhidenor at (253) 442-0352 or cakhidenor@tpchd.org.
Alcohol use prevention

Combined median score

1
Federal, state and local requirements met. Staff, parents and students informed of substance use policies.

2
Policy enforced plus one recommended practice or innovative strategy in place and achieving results.

3
Policy enforced plus two or three recommended practices or innovative strategies in place and achieving results.

4
Policy enforced plus four or more recommended practices or innovative strategies in place and achieving results.

District scores

2018 Healthy Youth Survey data

Students who perceive daily drinking as very risky

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>38.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>40.8%</td>
</tr>
</tbody>
</table>

Students who perceive binge drinking as very risky

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County</td>
<td>51.6%</td>
</tr>
<tr>
<td>Washington</td>
<td>53.8%</td>
</tr>
</tbody>
</table>

Recommended practices and strategies

- Provide underage alcohol use prevention training for teachers.
- Educate and engage parents about underage alcohol use prevention.
- Adopt evidence-based underage alcohol use prevention curriculum.
- Offer alternatives-to-suspension for violating substance use/alcohol policies.
• Encourage student-led underage alcohol use prevention leadership and participation in prevention campaigns, events, and clubs.
• Raise awareness with students and staff by school participation in campaigns, national events, assemblies with guest speakers and presentations (like Red Ribbon Week, Prom Promise, Senior Pledge).
• Ensure substance use policies addresses the consequences of alcohol use on campus or off campus at school-sponsored or district-sponsored events.
• Refer students for assessment and treatment.

District response highlights

Strategies

Targeted staff for student support
• Student Assistance Program.
• Prevention/intervention specialists.
• Counselors.

Education and Awareness Programming
• Insight.
• Every 15 Minutes.
• Heidi’s Promise.
• Train teachers on the signs and symptoms of ATOD (Alcohol, Tobacco and Other Drugs) use.
• ATOD prevention information at Back to School Night.
• Guest speakers before significant events like prom and graduation to discourage drinking.
• Discussion in elementary school around alcohol as a risk for heart disease.
• Align with national events like Red Ribbon Week.

Alternatives to Suspension
• Insight curriculum for alternative to exclusionary discipline for student alcohol-related offenses.
• Reduced suspensions for participation in assessments and treatment.

Policies
• Substance use policies include alcohol, tobacco and other drugs.
• Substance use policy addresses consequences of on-campus use.

Assessments
• Assessments to determine level of use and recommended treatment.

Outcomes

Awareness
• Increased awareness for students and staff.

Use
• Not a lot of kids identified as drinking at school, during school hours, on school campus.
According to the most recent Healthy Youth Survey, self-reported alcohol use has decreased for secondary students in our district. 2018 Healthy Youth Survey data indicate less students are participating in current drinking, experimental drinking and problem or heavy drinking in most age bands compared with 2016 survey data. Most of our district’s results in the Healthy Youth Survey were favorable compared to state results.

Prevention/intervention and counseling support

- Increased referrals.
- Increased investment of district resources to support Student Assistance Program counseling.
- Over $100,000 of district funding is spent on substance use counseling in our schools. This is a discretionary expense from local levy dollars.
- We use the lens of the Student Assistance Program, a research-based strategy to address ATOD prevention and intervention.

Policies

- ATOD policy with discipline, referral and assessment components in place.
- Our school district ensures the substance use policy addresses the consequences of alcohol on campus or off campus at school-sponsored or district-sponsored events.

Continuing challenges

- The communities in our district have higher substance use rates than in Pierce County overall.

Health Department services

We can provide:

- Technical assistance and support for educators and community coalitions to prevent and reduce teen alcohol use.
- Emphasis on policy, systems and environmental strategies to prevent first-time use.
- Recommendations for evidence-based strategies and curricula.
- Ideas for student-led events and activities (like large-scale awareness events and senior projects).
- Referrals for treatment services. We refer to multiple community agencies that collaborate with school personnel and juvenile justice staff to provide a range of treatment; early periodic screening, diagnosis, and treatment (EPSDT); outreach and support services for youth and their families.

For more information, contact Len Adams, Healthy Resilient Children and Youth Manager at (253) 377-3062 or ladams@tpchd.org.
Marijuana use prevention

Combined median score

1. Federal, state and local requirements met. Staff, parents and students informed of substance use policies.

2. Policy enforced plus one recommended practice or innovative strategy in place and achieving results.

3. Policy enforced plus two or three recommended practices or innovative strategies in place and achieving results.

4. Policy enforced plus four or more recommended practices or innovative strategies in place and achieving results.

Districts scores

2018 Healthy Youth Survey data

Students who say school provides help for substance use

| Pierce County | 51.7% |
| Washington | 49.9% |

Students who perceive regular marijuana use as very risky

| Pierce County | 29.2% |
| Washington | 31.1% |

Recommended practices and strategies

- Provide underage marijuana use prevention training for all teachers.
- Educate or engage parents about underage marijuana use prevention.
- Adopt evidence-based underage marijuana use prevention curriculum.
- Offer alternatives to suspension for violating substance use/marijuana policies.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Encourage student-led underage marijuana use prevention leadership and participation in prevention campaigns, events and clubs.
- Ensure the substance use policy addresses the consequences of marijuana use on campus or off campus at school-sponsored or district-sponsored events.
- Refer students for assessment and treatment.

## District response highlights

### Strategies

**Students**

- [Insight](#) curriculum for alternative to exclusionary discipline for student marijuana-related offenses.
- Secondary health classes cover marijuana facts vs. myths.
- Curriculum includes data on marijuana use.
- Curriculum includes impacts of marijuana use on the teenage brain.
- Assessment and treatment for drug use with a reduction in suspension time.

**Awareness training for parents and staff**

- Workshops to educate parents on how to recognize if their child could be doing drugs.
- Parent education component and events for parents to educate them about drugs and children.
- “High in Plain Sight: Current and Evolving Drug Trends” workshop through [Tall Cop Says Stop](#).

### Outcomes

- Some staff received Health Department marijuana prevention training and they, in turn, trained other staff.
- 2018 Healthy Youth Survey data show less students in our district reported heavy marijuana use compared to 2016 survey data.
- Implemented alternatives to suspension for violating substance use/marijuana policies. Students may earn back days of suspension by participating in a substance use screening by prevention/intervention specialists.

### Continuing challenges

- While students have increased awareness, we still suspect a high rate of marijuana use.
- We have found kids who use marijuana typically also vape (tobacco). Impacted kids are referred to counseling programs.
- Prevalent cultural norms, legalization of marijuana and drug availability are powerful environmental forces driving youth marijuana use. It is difficult to convince teens that using marijuana is dangerous.

## Health Department services

We can provide:

- Training, resources and information to educators and community coalitions at your school or community site on the prevention of student marijuana use.
- Hosting or coordination of countywide marijuana prevention events.
- Marijuana prevention youth leadership training for students.
- Technical assistance in navigating marijuana legislation.
- Emphasis on policy, systems and environmental strategies that prevent first-time use.
• Our Marijuana Prevention Toolkit is available on our website. Also available in Spanish.

Also check out Washington State Department of Health’s TeenLink support line. Youth volunteers provide phone (6-10 p.m.) and chat (6-9:30 p.m.) support. Users call for all kinds of reasons, no problem is too big or too small.

For more information, contact Linda Graves at (253) 320-8495 or lgraves@tpchd.org.
Communicable disease control and prevention

Combined median score

1  Complies with all required guidelines.

2  Complies with all required guidelines plus three additional best practices.

3  Complies with all required guidelines plus four additional best practices.

4  Complies with all required guidelines plus five or more additional best practices.

District scores

2018 Healthy Youth Survey data

Students who have seen a doctor in the past 12 months

- Pierce County: 65.4%
- Washington: 68.1%

Students who received sexual education in school

- Pierce County: 78.0%
- Washington: 73.5%

Required standard

- Submit student immunization reports to Washington State Department of Health each November (see WAC 246-105-030 and WAC 246-105-060).
- Students who are out-of-compliance for school-required vaccines are excluded from school as stated by State Board of Health rules until they are as up to date as possible or have a valid exemption on file (see RCW 28A.210.080 and WAC 392-380-045).
• Provide parents with information on other recommended (non-school required) vaccines.
• Provide information about HPV and meningococcal vaccines (see RCW 28A.210.080).
• Notify the Health Department cases, suspected cases, outbreaks or suspected outbreaks of disease that may be associated with the school (see WAC 246-101-420).

Recommended practices and strategies

• Able to produce an updated list of staff that has MMR vaccine and are prepared to share with the Health Department in the case of an outbreak. Local health officer has the authority to exclude staff in the case of an outbreak (see WAC 246-110-020).
• Promote immunizations by hosting in-school immunization clinics or advertising opportunities where students can get immunized.
• Maintain a ratio of 1 licensed school nurse to 750 healthy students and 1:224 for student populations who need daily professional nursing assistance (see AAP and NASN).
• Promote healthy habits and basic infection control, like handwashing, nutritional eating, covering your cough, good sleep habits, staying home when sick and staying up to date on immunizations.
• Plan to use the Health Department’s norovirus toolkit when needed, e.g., cleaning products available, able to increase janitorial services, able to send necessary communications to parents.
• Promote handwashing rather than using hand sanitizer. Hand sanitizer is not effective at killing germs unless hands are already clean. Hand sanitizer does not protect against norovirus.
• Provide adequate ventilation in classrooms. Ensure areas with dirty air (e.g., health rooms, bathrooms) have negative air pressure to prevent contaminating other areas.
• Reduce or eliminate the number of plush items in classrooms. These can be difficult to clean during an outbreak and can also harbor other pests.

District response highlights

Strategies

Immunizations
• Exclusion of kids who don't have the required vaccines.
• Flu vaccines provided on campus.
• Immunization information on our district website.
• Parents of 5th grade students get communication on preteen Tdap, HPV and meningococcal vaccinations.
• Flu and hepatitis B vaccinations for our staff.
• Our district documents every phone call and email to parents about immunizations and exclusions.

Other strategies
• Promote healthy habits of cough covering, good nutritional eating, and staying at home when sick.
• Social media provides health education information on communicable outbreaks and how to stay healthy.
• Regular opportunities for students to wash hands throughout the day.
• Handwashing education.
• Hand sanitizer available.
• Reducing, limiting, or eliminating plush toys in classrooms.
• Our nurses provide health education.
Custodial services are very responsive to communicable disease outbreaks and cleaning to prevent spread of infection.

Our Nurse Administrator is notified of all communicable diseases to determine response.

School staff monitor air pressures in school buildings and bring them into compliance to have adequate ventilation and negative ventilation where appropriate.

Community partners help provide services.

Outcomes

- Excellent immunization outcomes for students and staff. No reported cases of measles all last school year.
- Our Tdap immunization compliance is improved from last year.
- Newly hired staff must now provide their immunization records.
- Preschool staff, including school nurses, therapists and bus drivers have documentation of MMR immunity.
- When addressing compliance of not having plush items in the classroom, it is addressed as a team and used as education.
- Collaboration with the county to provide flu vaccinations for our students.
- Increased students’ access to healthcare services.
- Our nurses know the families well. They can make the tough phone calls. Personal contact is important at achieving strong outcomes.
- Resources offered to students and families that would have no ways or means to combat issues.
- Limiting duration and spread of illness through infection control strategies and education. Specifically, a norovirus outbreak in March 2019 was well-controlled and managed without a repeat outbreak.

Continuing challenges

- Our community is low income. It can be a challenge for students to get immunized if access is not easy.

Health Department services

Visit [tpchd.org/healthy-people/provider-resources/school-health-and-childcare-providers](http://tpchd.org/healthy-people/provider-resources/school-health-and-childcare-providers) for a variety of resources to assist with prevention and control of communicable diseases, including letters to parents (multiple conditions and languages available), in-school flu clinics, and immunization schedules and community clinics.

Visit [tpchd.org/healthy-people/handwashing](http://tpchd.org/healthy-people/handwashing) for classroom resources such as germ and handwashing activities, lesson plans, and posters for elementary, middle school and high school grades.

For more information, contact Kate Cranfield, MN, RN, Public Health Nurse and School Nurse Liaison at (253) 798-2813 or [kcranfield@tpchd.org](mailto:kcranfield@tpchd.org).
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

### Health equity

#### Combined median score

1. No specific program in place to address student opportunity inequities.
2. District tracks data about student opportunity inequities.
3. In addition to tracking data, district implemented a program to address student opportunity inequities in some schools.
4. In addition to tracking data, district implemented a program to address student opportunity inequities in all schools.

#### District scores

2018 Healthy Youth Survey data

<table>
<thead>
<tr>
<th>Students who have been bullied due to race</th>
<th>Students who have been bullied due to sexual identity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pierce County</strong></td>
<td><strong>Pierce County</strong></td>
</tr>
<tr>
<td>11.9%</td>
<td>10.9%</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td><strong>Washington</strong></td>
</tr>
<tr>
<td>11.1%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

#### Recommended practices and strategies

- Track data about racial, ethnic, linguistic, income, gender, disability or other inequities in academic outcomes.
- Track data about racial inequities in disciplinary action.
- Track data about how school and district staff reflect racial, ethnic, linguistic and other diversity makeup of the student population.
- Use data to identify areas for action planning to address inequities.
• Implement a program targeting the poorest performing groups of students with additional time, resources and support to help achieve equitable outcomes.
• Train all staff in cultural competency.
• Incorporate a disciplinary process that identifies struggles in a child’s home life rather than disciplining with suspension or expulsion.
• Implement a mentorship program to provide children with role models of high achievement who “look like them” or they can relate to.
• Actively recruit candidates that add to staff diversity and accurately reflect the population the school serves.
• Implement a program to actively support marginalized student populations like LGBTQ (lesbian, gay, bisexual, transitioning, questioning sexual identity) or language-minority students.
• Empower students to identify and directly decide how to address the problems in their communities through Participatory Planning and Budgeting.

**District response highlights**

**Strategies**

**Protocol**

• Intentional efforts and trauma-informed practices.
• We go beyond what OSPI requires.
• “Leading and Teaching with Equity” initiative.
• Data from minor and major disciplinary actions are reviewed for discrepancies.
• School teams are using tools, like the “Racial Equity Lens” from PSESD.
• Looking at practices through a health equity lens.
• To improve equity of learning tools we issue Chrome Books to middle and high school students.
• Looking at suspension rates of various populations, such as boys; students experiencing homelessness; students in foster homes; kids of color.
• Restorative justice/restorative practices.

**Student-focused strategies**

• **Character Strong** curriculum.
• All students are screened for accelerated programming at all grade levels.
• Focus groups with students to get student input on how to provide greater support to marginalized students.
• When students are needing discipline, staff look at why the student is demonstrating those behaviors and try to bring solutions to help address the problem.
• Empower students to identify and directly decide how to address the problems in their communities through Participatory Budgeting processes.
• Affinity groups for transgender, LGBTQ heritage groups, students of color, Gay-Straight Alliance, etc.
• Our high schools have extra-curricular clubs which provide adult mentorship and peer support for historically marginalized students and groups.
• Leadership training for students to help them be a voice in their community.
• District health professionals can stand in as a proxy for parents for students experiencing homelessness, for some health services.
Strategies for post-high school success

- District pays the fee (e.g., ACT) for college admission tests.
- Partnership with local colleges and universities to increase student acceptance post-high school.
- Career guidance available for students not on a college track.

Families

- Our district nurse helps families track down less expensive medications when what they need is too expensive or unavailable.
- Counselors work closely with students and families who may need more access to food with our weekend backpack program.
- Counselors work closely with families to connect them to health screenings and services.

Staff cultural competency

- All staff trained in cultural competency.
- All teachers have read “Culturally Responsive Teaching and the Brain.”
- Our Leadership Team has read and discussed “Waking Up White.”

Recruitment

- Hiring practices support diversifying staff.
- Our district makes best effort to recruit staff in order to build a staff make up more reflective of our school community.
- Working with a consultant to overhaul our application system for staff recruitment to be more representative of our student body and more equitable to applicants.
- Staff better reflects the student diversity make-up in our schools.

Other staff strategies

- Equity action representatives established for each school with an emphasis on understanding socio-political aspects that influence the education system for marginalized student groups and their families.
- District-level and school building-level equity teams.
- Mentorship program to provide children with role models of high achievement who “look like them” or who they can relate to.
- A cohort of schools participated an intensive restorative justice academy course to build relationships, teach conflict-resolution, repair harm and help understand the impact of one’s actions.

Data and technology

- Disaggregate student data by ethnicity, gender, socioeconomic status.
- Currently beta testing a comprehensive district wide data dashboard for every employee to track student incidents and discipline actions for the students they serve. Data populates daily and is visible at district, building level, classroom and individual student levels. The dashboard has built in filters to isolate specific populations by demographics. The discipline dashboard is populated with 6 years of data.
- Track discipline, participation in and access to academic programs, participation in and access to extracurricular activities, overall academic achievement in core areas of reading, writing, math and science. We compare these areas to gender, race, socioeconomic status, and disability.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

**Communication and other strategies**

- Translation of information to families, in multiple languages.
- Provide information in students’ native and home languages.
- Accommodate ESL or non-English speaking families by making sure all parent communication is translated, including hard copy materials, online information and verbal communication.
- We provide information to families about where to get free immunizations if they do not have a primary care doctor or are between providers.
- District trust fund that can fund items and other health-related costs for individual students in need.

**Outcomes**

**Policies**

- Revised discipline policy.

**Systems and Process**

- Systems now in place to provide for better coverage in reaching more students. Components in place to meet the needs of students who may not otherwise be represented and served.
- We collect, analyze and use data to ensure equitable services, and make necessary changes in programming.
- Disciplinary process that identifies struggles in a child's home life rather than disciplining with suspension or expulsion. This is a work in progress at each building, and a focus with counselor teams through the work done around restorative circles and restorative justice.
- We discuss root causes, identify a goal and two action steps to close the equity gap. We monitor progress quarterly.
- Working to address disproportionality of exclusionary discipline of special education students versus non-special education students.
- Instituted a major initiative to eliminate disparities that show black students proportionately receive much more discipline than white students.
- Working to address disproportionality of exclusionary discipline of special education students versus non-special education students.
- While there are some offenses which require time out of school, many new strategies under our multi-tiered system of support (MTSS) for students, has implemented both classroom-based strategies, as well as district approaches, to curb suspensions and expulsions.
- Increase in the number of events at our schools where cultures and heroes of races, reflecting the demographics of our students, are celebrated.
- Incorporated a disciplinary process that identifies struggles in a child’s home life rather than disciplining with suspension or expulsion.
- District leaders work with schools to wrap internal and external services around a student to help provide incentives for learning, individual support, and family engagement to become part of the team to supporting student learning.
- Students are not given consequences based on the lack of follow-through of their families.
- We use district data to drive adoption of programs for math, language arts and social emotional learning.
- Decreased suspension and getting students needed care since we started looking at reasons for students having behavior issues at school.
Staff

- Equity awareness is taking root and behaviors of our staff are changing to create more inclusive learning environments.
- Increased awareness of the need for racial equity.
- We established an Equity Advisory Council.
- Staff training and efforts to creating welcoming learning environments through honest and open dialog has gone a long way in helping students feel accepted and welcomed for who they are.
- Our staff are developing skills to be more pro-active in working appropriately with students as our district experiences changing demographics and an increasing number of ELL (English Language-Learner) kids.
- We are successful at reaching our students and providing resources.
- With all students having access to advanced placement (AP) classes, counselors are actively looking for students to be in AP classes instead of waiting for students to ask for them or seeking out only students with high GPA.

Students and parents

- Youth in our district have been actively involved in a participatory budgeting process and collectively made decisions how to use grant funding.
- We are hearing from students and parents that there are fewer disciplinary incidents where racial slurs and discriminatory behaviors caused fights.
- Parents have voiced their support of the amount of time and energy our district has put into staff training and strengthening our multi-tiered system of support (MTSS) initiatives.
- Parents are reporting counseling staff are using effective strategies to assist our students with mediating impact of anxiety.
- Students and parents with language minority students more engaged and have a sense of a partnership with the community.

Continuing challenges

- Our district continues to see a correlation between family income and major disciplinary referrals.
- Our district continues to see a correlation between race of student and lower level disciplinary reports. We will continue to review our practices to reduce disparities and better understand the role of ACEs impact on the academic progress of our students.

Health Department services

At the Health Department, we empower students to identify and directly decide how to address the problems in their communities through participatory planning and budgeting. We encourage organizations to implement a health in all policies approach to decision-making.

We can provide:

- Support to schools to identify and address the root causes of health inequities such as income, education and neighborhood through policy, partnerships and programs.
- Expertise and consultation to schools and communities.
- Facilitation of equity-driven initiatives.
- Data, maps and reports related to Health Equity in Pierce County (available on our website).
This report reflects school districts' pre-COVID-19 health assessments, priorities, actions and outcomes.

For more information about health equity strategies in schools, contact Victor Rodriguez, Health Equity Program Manager at (253) 370-5687 or vrodriguez@tpchd.org.
Wellness policies for staff

Combined median score

1. Wellness policy in place and some staff received training on it.
2. Wellness policy in place and more than half of staff received training on it. District implemented one recommended strategy.
3. Wellness policy in place and all staff are trained on it and sign a "have read" document. District implemented one or more recommended strategies.
4. Wellness policy in place and monitored to ensure staff are serving as healthy role models for students. District implemented one or more recommended strategies.

District scores
We received scores from 14 of 15 districts.

Recommended practices and strategies

- Include wellness policy in the employee handbook or online.
- Policy content is specifically mentioned during the onboarding process for new staff or during wellness training opportunities for all staff.
- Offer resources or opportunities for mental and physical wellness of the staff, like an employee assistance program (EAP), smoking cessation support, staff exercise groups, Weight Watchers, Zumba, staff walking clubs, staff sports team or similar activities.
- Have a Wellness Council or Wellness Advisory Group that addresses health-related issues for students and staff.
- Staff are encouraged to serve as healthy role models for students.

District response highlights

Strategies

- Employee assistance program (EAP) for staff.
- Health newsletters, flyers, memos, posters targeted for staff.
- Districtwide Whole Educator Initiative that focuses on employee safety, health and engagement.
• On the first day of school, our district office is closed so that district administrative staff can go to schools and greet in-coming students and help schools’ office staff register students.
• Staff participation in blood drives.
• Certification in Right Response. Self-care is part of the course.
• Staff wellness committee.
• Variety of wellness options, such as yoga, Weight Watchers, walking clubs, etc.
• Gym membership for staff.
• Partnership with local fitness facility to waive membership fee for district staff.
• Staff as role models.
• Staff encouraged to seek work/life balance.
• Onsite flu clinic for staff.
• Immunizations offered for staff on site or through partnership with community providers.
• Offer hepatitis B vaccine for at-risk staff
• Health insurance offers incentives for not smoking and participating in health programs, like fitness and nutrition.
• Secondary trauma training offered to all staff.
• At various times in the year, staff have workout challenges.
• Self-care encouraged for staff.
• District WIN (Wellness is Now) program, in policy
• Safe Schools training for diabetes, asthma and allergies are mandatory.
• Self-study wellness modules are available to staff.
• Wellness activities for staff.
• Staff are provided professional development wellness workshops centered on work-life balance, nutrition and fitness.
• District provides supports around financial wellness and employees receive discounts related to health and wellness.

Outcomes

Employee assistance program
• Staff are taking advantage of counseling through (the) EAP.
• EAP website has robust section on self-care, staff supports, and resources.

Immunizations
• Most staff look forward to getting their annual flu vaccine.

Food and nutrition
• Providing healthier, appetizing and more nutritional food options.
• Healthier foods options at staff events.

Policy and contracts
• Some staff wellness initiatives and policies are supported through collective bargaining agreements.
• Some staff contracts contain a clause to require or allow physical exams.
Other outcomes

- Reduction in employee absenteeism.
- No staff diagnosed with hepatitis B.
- Increase in number of staff who are using community fitness facilities and resources.
- Increased staff participation in wellness opportunities.
- Started adult health programs to encourage employee wellness.
- Our district switched insurance so now staff can now get reimbursed for wearable technology that promotes good health.

Continuing challenges

- We had to discontinue our district’s voluntary wellness committee—not from lack of interest—but from lack of time and limited staff capacity when mandatory meetings take precedence.

Health Department services

We can provide:

- Subject matter expert consultation on a variety of wellness-related topics, including policy review, policy development and classroom resources.
- Healthy Schools Grants and other funding to support wellness initiatives in schools and districts, as funding opportunities become available.

For more information about our services to schools, contact Len Adams, Healthy Resilient Children and Youth Manager at (253) 377-3062 or ladams@tpchd.org.
Chronic Disease and Health Services

We did not ask districts to score themselves on this topic.

2018 Healthy Youth Survey data

<table>
<thead>
<tr>
<th>Students who have chronic health conditions</th>
<th>Students who have seen a doctor in the past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pierce County 13.8%</td>
<td>Pierce County 65.4%</td>
</tr>
<tr>
<td>Washington 12.4%</td>
<td>Washington 68.1%</td>
</tr>
</tbody>
</table>

District response highlights

**Strategies**

- All students in our district have access to a school nurse at least one day a week.
- Nurses communicate with families.
- Distinguishing between actual chronic illnesses and “Frequent Flyers”. (In our district these are students typically in grades K-5 that don’t have a real illness, but frequently come to the health room just for a relationship with an adult.)
- We provide food to ‘frequent flyers’ who come to the health room because of hunger pain.
- We use the Infectious Disease Control Guide for School Staff to help guide us in daily decision-making and communicating with parents.
- Education and awareness to teachers about plush toys and fabrics being hard to clean and harboring germs.
- Custodial staff vigilantly follow cleaning protocols.

**Outcomes**

- Decreased or no plush items in classrooms.
- Fewer outbreaks of contagious disease as a result of deep cleaning in classrooms and schools.

**Continuing challenges**

- State funding formulas for school nurses do not allow for adequate funding to fully support nursing positions full time in each building.
- We rely on local levies to help support some positions like nurses and counseling staff. These are necessary positions that are in jeopardy if levies don’t pass.

**Trends**

- Increasing anxiety.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

- Increasing depression.
- Existing mental health issues and increasing mental health issues.
- Mental health causing absences from school or students unable to function well while at school.
- Severe allergies, especially to food.
- Asthma.
- ADHD.
- Eating disorders.
- Type 1 diabetes.
- Type 2 diabetes due to obesity.
- Seizure disorders.
- Celiac disease.
- Irritable bowel syndrome.
- Chron’s disease.
- Vasovagal syncope (sudden fainting, especially in female students).
- ‘Frequent flyers’ (students who frequently visit the health room/school nurse).
- Increasing visits to the Health Room; sometimes for actual illnesses; sometimes for hunger; sometimes for attention or companionship.
- Life-threatening health conditions have doubled in the last 4 years.
- The predominant trend is the severity of mental health issues.
- In the past 10 years, life-threatening conditions and the number of individual health care plans has more than doubled.

Additional comments

- Our administration is very supportive of student health and safety. Our school board wants to increase families’ access to healthcare.
- School nurse staffing is difficult. Pay is not on par with hospitals and lack of adequate compensation for experience outside of education setting.
- Delay in on-boarding of newly hired school nurses due to need for ESA (Educational Staff Associate certificate) prior to working.
- Maintenance and safety departments working to improve our indoor air quality that can impact students and staff with asthma or allergies.
- Our district is training staff in concussion awareness, resulting in more extensive injury evaluation, consulting and recommendations to parents, as well as education to students and parents. There is also a new head injury prevention and treatment education page being sent home to parents annually.
- All staff in our district are required to do several hours of Safe Schools online training in the following areas: bloodborne pathogens, diabetes, seizures, anaphylaxis, asthma, HIB (harassment, intimidation, bullying); as well as other important topics impacting the well-being of our students.
- We see the health of our students as an integrated picture: physical health and safety is so impacted by emotional trauma, health behaviors, access to resources, etc.
- Student health needs are rising. State funding for student healthcare does not correspond. More support is needed for funding RNs and LPNs in schools, as well as manageable caseloads for RNs.
This report reflects school districts’ pre-COVID-19 health assessments, priorities, actions and outcomes.

## Health Assessment Scores, 2013-2019

<table>
<thead>
<tr>
<th>Area</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and emotional wellbeing</td>
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<td>•</td>
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<tr>
<td>Suicide prevention</td>
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<tr>
<td>Adverse childhood experiences</td>
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<tr>
<td>Parent/caregiver support</td>
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<td>3</td>
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<td>Connecting students and families to resources</td>
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<tr>
<td>Community, family, school partnerships</td>
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<td>Physical education, grades 1-12</td>
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<tr>
<td>Number of minutes of physical activity</td>
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<td>4</td>
<td>•</td>
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<tr>
<td>Nutrition</td>
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<td>3</td>
<td>4</td>
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<td>Sexual health</td>
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<td>2</td>
</tr>
<tr>
<td>Tobacco use and vaping prevention</td>
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<td>Alcohol use prevention</td>
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<td>Marijuana use prevention</td>
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<tr>
<td>Oral health</td>
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<td>3.8</td>
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<tr>
<td>Communicable disease control and prevention</td>
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<td>Health equity</td>
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<td>Wellness policies for staff</td>
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<td>2</td>
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</tr>
</tbody>
</table>

• Not assessed.
Health Department Services to Schools

The Health Department provides many services to schools. We asked districts what we do well and how we could improve.

District response highlights

What the Health Department does well

- Collaborating with school districts.
- Partnering with communities.
- Providing helpful information on our website (tpchd.org).
- Quickly answering questions from schools.
- Providing subject matter experts to conduct trainings for school staff and communities.

How the Health Department can improve

- Increase consideration for rural, remote communities.
- Understand and accommodate communities’ unique qualities.
- Better communicate with schools and districts to promote Health Department services and support to schools.
- Help increase access to services for all communities. Lack of local services and transportation to existing services are primary barriers.
- Help find or implement school-based or community services for youth, especially mental health treatment.
- Help increase free clinics and mobile clinics at schools or in local communities for services to students like flu shots, other immunizations and annual health screenings.
- Provide educational resources and professional development opportunities for staff.
- Offer educational resources and training for students.
- Host forums and information sessions for parents and families.
- Our District needs the support of the Health Department to meet the behavioral healthcare needs of our students.
- Provide timely and accurate educational materials.
- Work with OSPI to make sure that all information and guidelines (including Washington Administrative Codes) are up to date.
- We request your help in unlocking resources to find care for our students. Our systems are strained from trying to provide care and support for students whose needs far exceed what we are staffed and trained to provide.
- Our district requests help from the Health Department in finding SERVICES for our students.
- The local clinic in our community is the only clinic and does not take walk-ins. Must be an established patient with an appointment.
- Limited services in the community for referrals and no public transportation to South Hill Mall for immunization clinics.
- Challenge with transportation for students to get to the immunization clinic at South Hill Mall.
- Continue to collect and share data.
• Provide mentors for students as recommended by your agency. Our district offers both voluntary and paid hourly opportunities for tutors, but those positions are hard to fill. Without mentoring there is a lack of accessibility and encouragement to access these inclusive programs that provide a more equitable opportunity for underrepresented youth.
• Help us understand strategies to move things forward.
• Let us know what other school districts are doing.
• Increase community partnerships, e.g., with prevention coalitions.
• Increase support for mental health services.
• Increase support for vaping, drug and alcohol prevention.
• Advocate for more public transportation (in our community).
• Provide data on how social-emotional health relates to other medical issues and graduation rates.
• Put on the Health Department website where students can get MMR vaccine, and which providers take which insurance.
• Health Department resources have been focused on specific communities (Communities of Focus). This has impacted our ability at times to obtain either technical assistance or specific services. We would ask that the Health Department reconsider this model—or add as a factor the readiness of a community to benefit from your services, alongside your data, which would prioritize an area for more investment of public health resources.