

Organization, Performance Plan, and General Questions

1. **Please provide a current organizational chart for CHA. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY15 or to date in FY16.**

1a. **Please provide a current organizational chart for CHA. Please provide information to the activity level.**

Organizational charts at the activity level are attached.

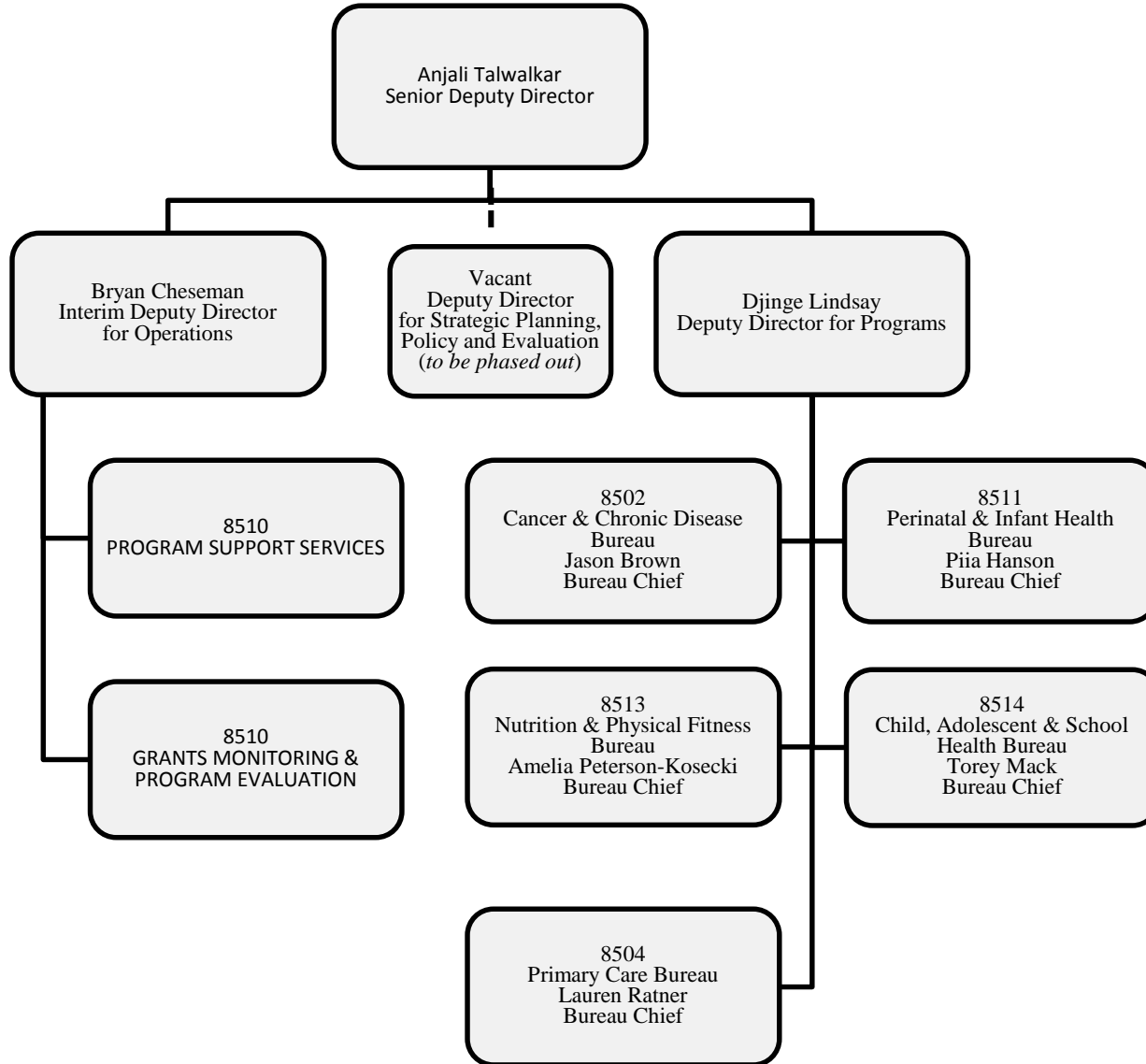
1b. **In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity**

| Org Level | Org. Title | # of FTEs | Manager |
|------------------|---|------------------|-------------------------|
| 8502 | Cancer and Chronic Disease Bureau | 22 | Jason Brown |
| 8504 | Primary Care Bureau | 5 | Lauren Ratner |
| 8510 | Office of the Senior Deputy Director | 21 | Anjali Talwalkar |
| 8511 | Perinatal and Infant Health Bureau | 31 | Piia Hanson |
| 8513 | Nutrition and Physical Fitness Bureau | 21 | Amelia Pererson-Kosecki |
| 8514 | Child Adolescent and School Health Bureau | 32 | Torey Mack |
| | | | |

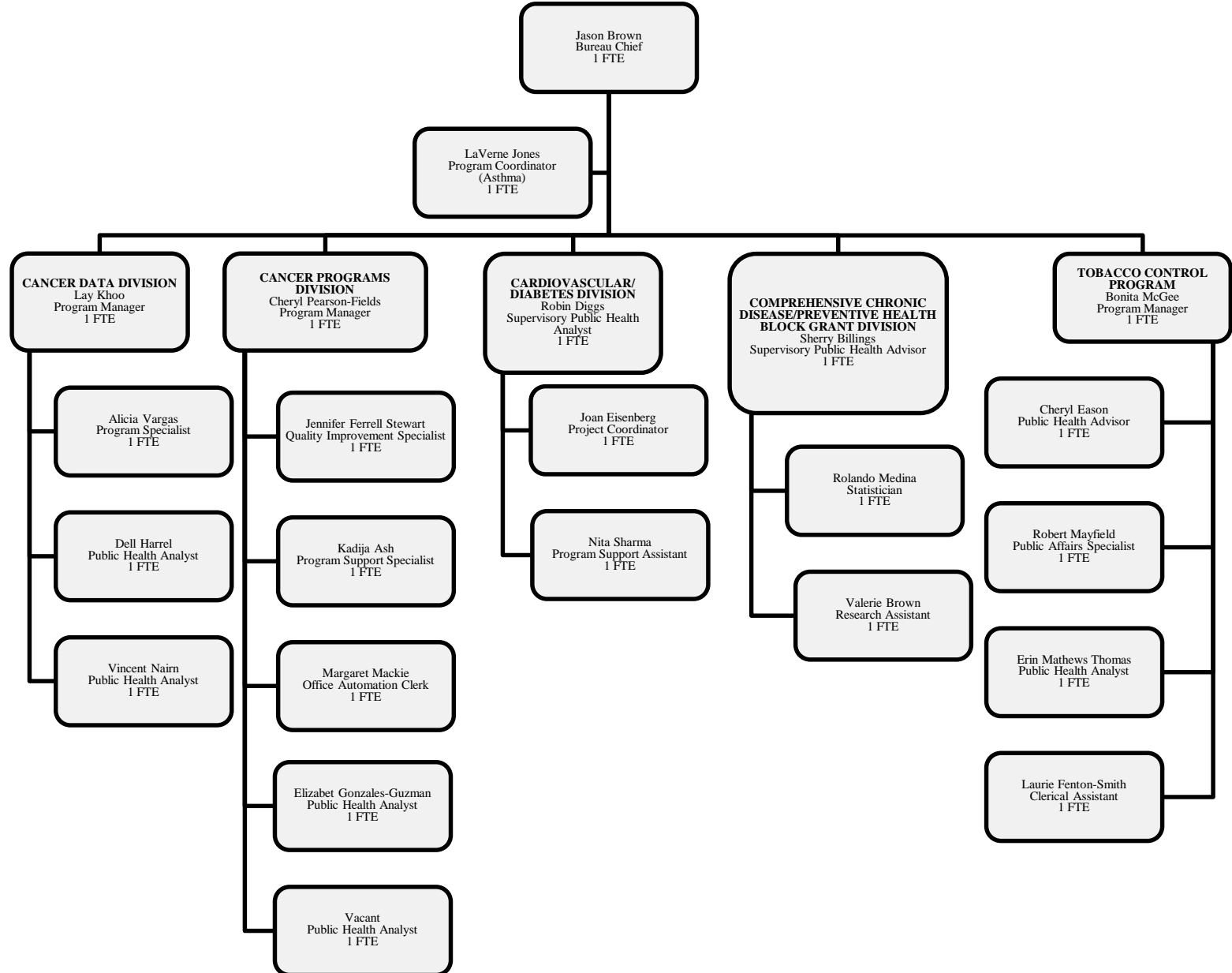
1c. **If applicable, please provide a narrative explanation of any organizational changes made during FY15 or to date in FY16.**

There were no organizational changes undertaken in fiscal year 2015 and none have occurred to date in fiscal year 2016.

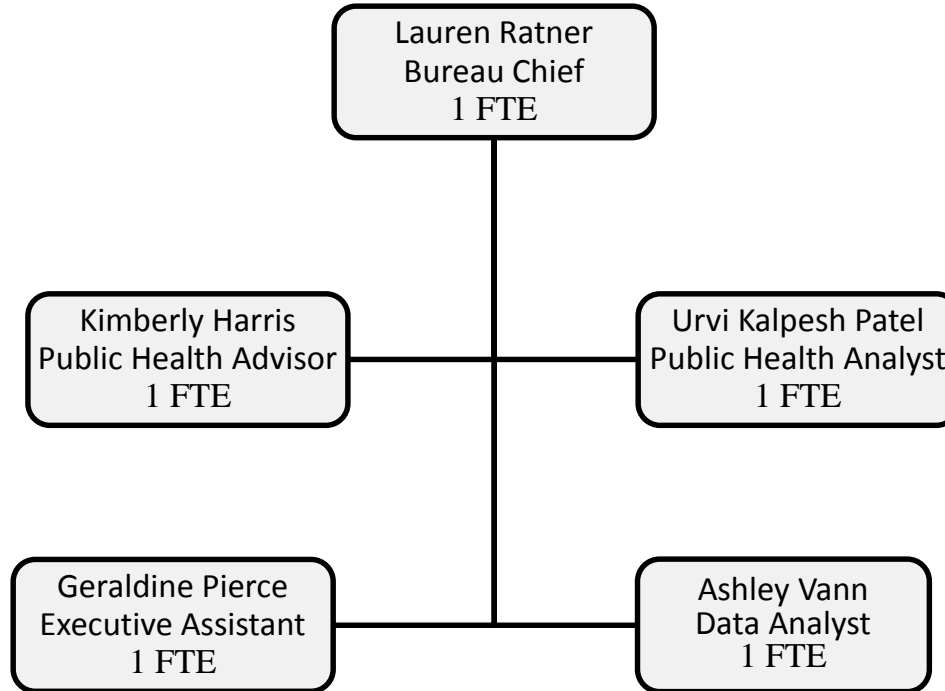
Department of Health Community Health Administration Organizational Structure (139 FTEs)



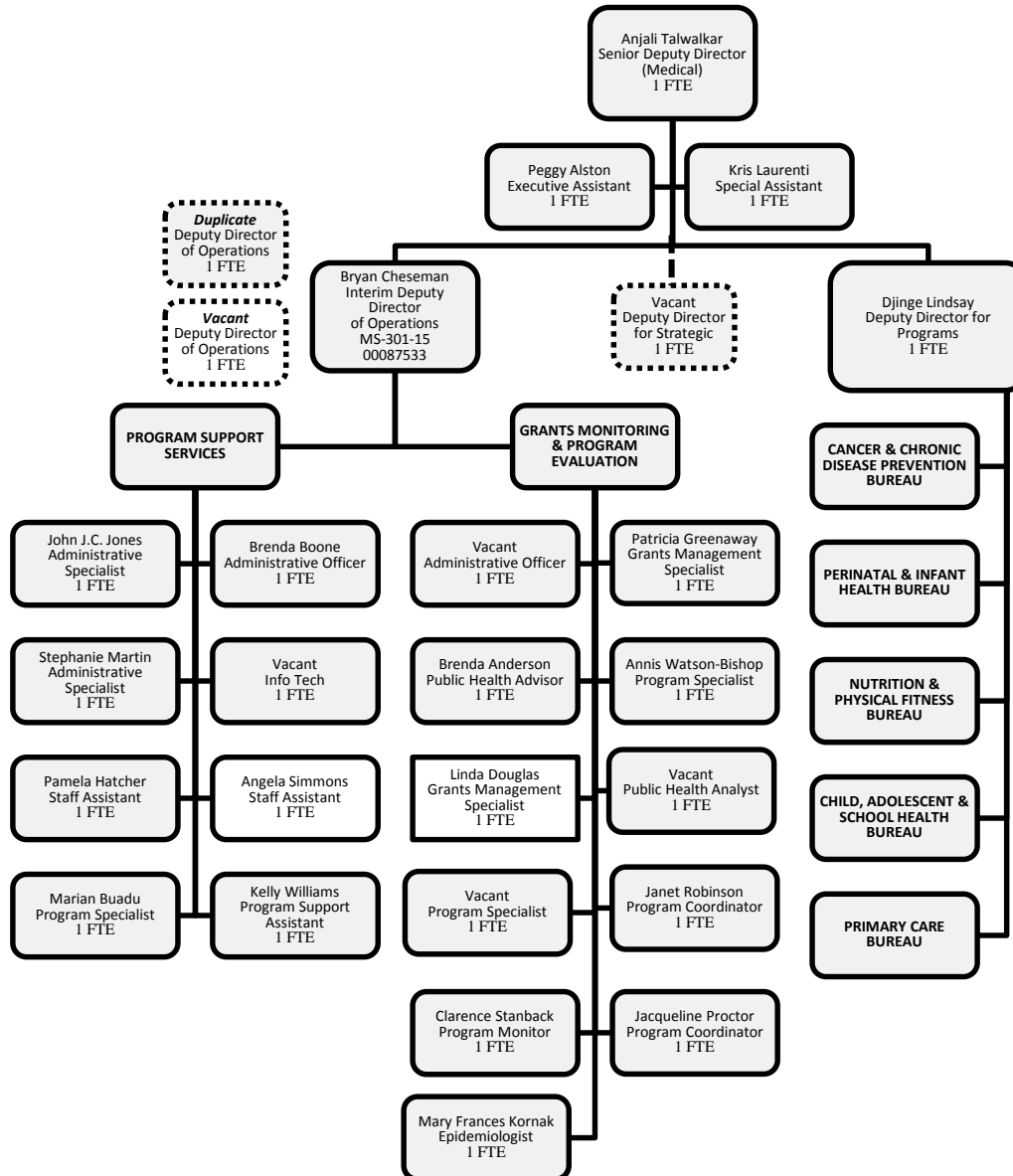
Department of Health Community Health Administration Cancer & Chronic Disease Bureau (23 FTEs)



Department of Health
Community Health Administration
Primary Care Bureau
(5 FTEs)

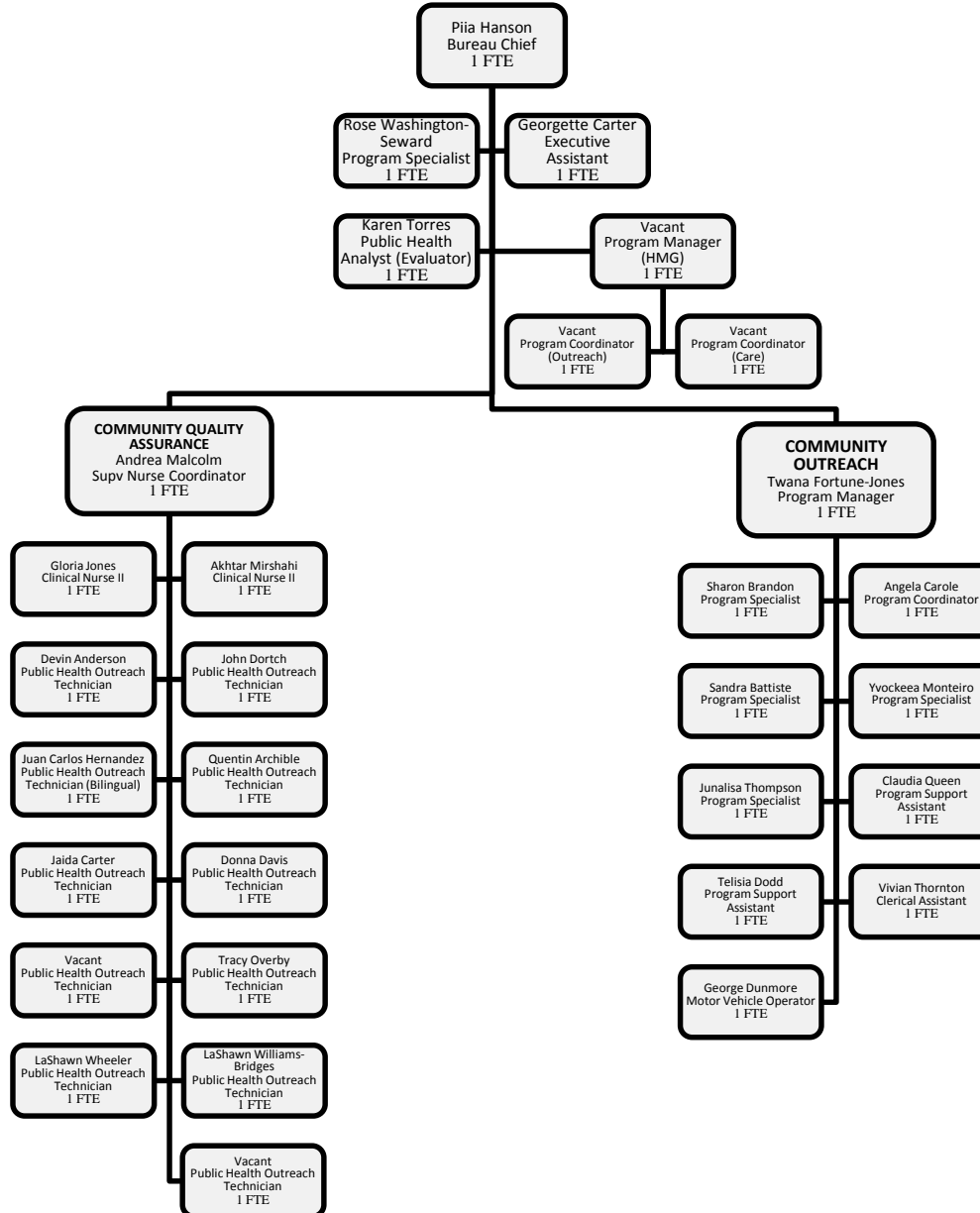


Department of Health Community Health Administration Office of the Senior Deputy Director (27 FTEs)

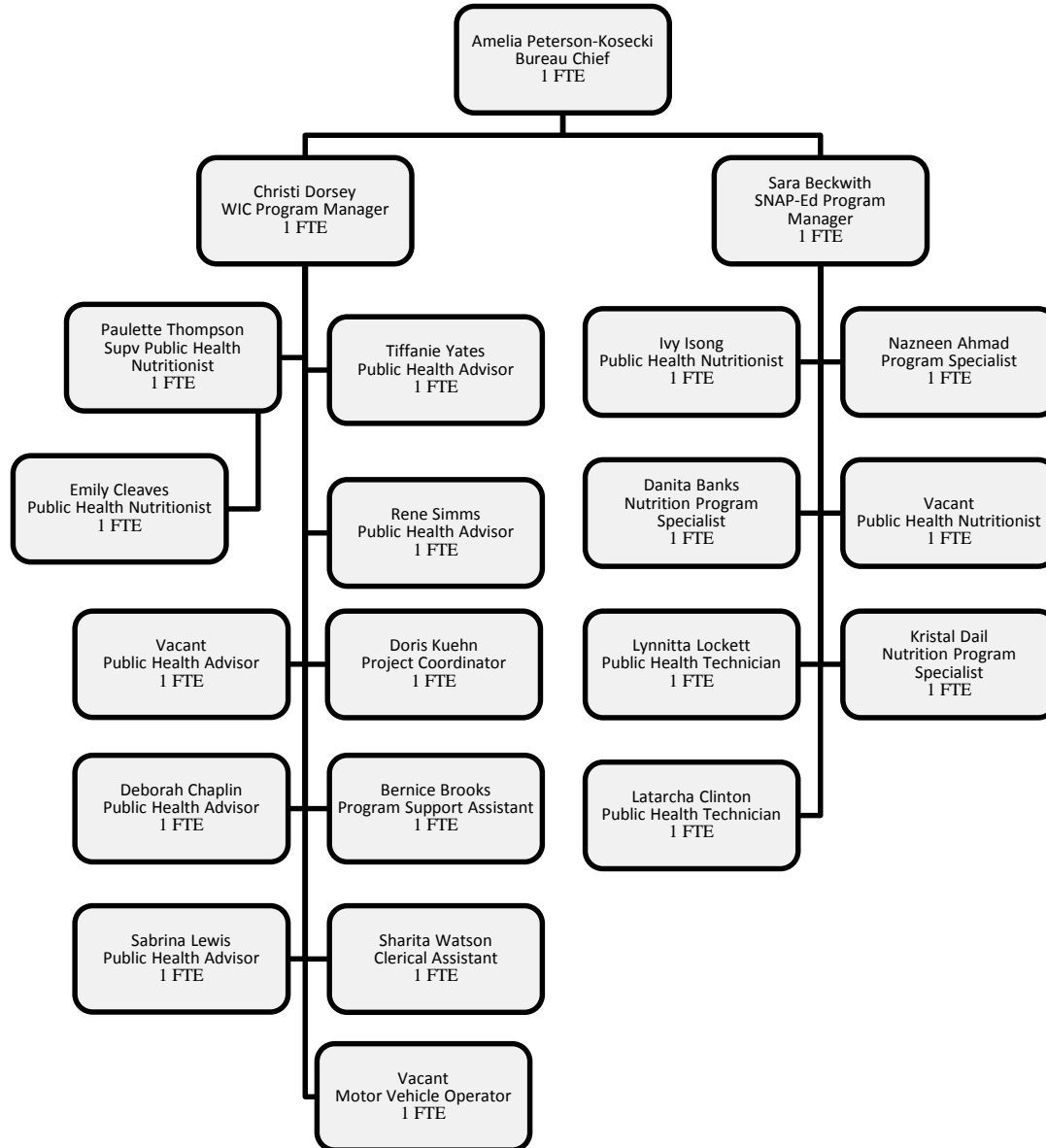


Department of Health Community Health Administration Perinatal & Infant Health Bureau

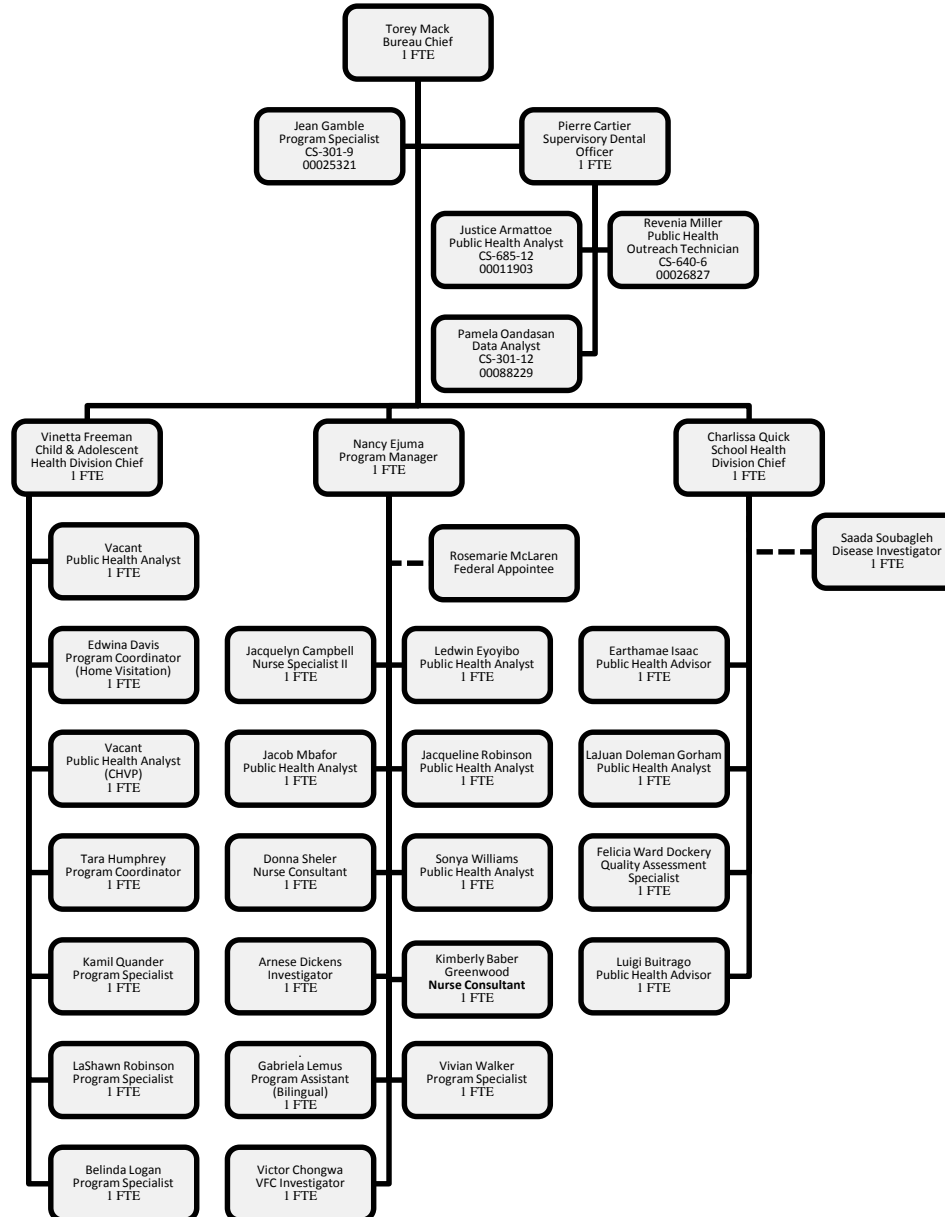
(31 FTEs)



Department of Health
Community Health Administration
Nutrition & Physical Fitness Bureau
(21 FTEs)



Department of Health Community Health Administration Child, Adolescent & School Health Bureau (32 FTEs)



Organization, Performance Plan and General Questions

2. How many vacancies were posted during FY15? To date in FY16? Which positions? Why was the position vacated? In addition, please note how long the position was vacant, what steps have been taken to fill the position, and whether or not the position has been filled.

There were approximately 8 positions posted in FY16. All of the positions resulted from the implementation of new programs or the restructuring of existing programs. (See chart below for details)

Fiscal Year 2016

| Position Title | Position Number | Requisition Number | Open Date | Close Date | Appointment Type | Series | Grade | Salary Range | Funding Index | Date Sent to OCA | OCA Approval Date | Status |
|------------------------------------|--------------------------|--------------------|------------|------------|------------------|--------|-------|--------------------|---------------|------------------|-------------------|--|
| Public Health Nutritionist | 24233 | | | | Term Appt. | CS-630 | 11 | \$59,698-\$76,969 | PSFS5 | | | Budget approval complete - Name Select hire in progress- Background checks in progress - Expected EOD 02/08/16 |
| Public Health Analyst | 88193 | JO-1512-4164 | 12/3/2015 | 12/13/2015 | Term Appt. | CS-685 | 12 | \$73,867-\$94,504 | CCSP5 | | | Position was re-posted and closed 12/13/15. Interviews currently in progress |
| Program Coordinator CARE (HMG) | 88108 88109 &TBD | JO-1511-4087 | 11/24/2015 | 12/25/2015 | Term Appt. | CS-301 | 11 | \$59,698-\$76,969 | APPCI | 19-Nov | 20-Nov | Posting cancelled. Awaiting further documentation from CHA SDD to support educational requirement and re-classification to 601 series. |
| Program Coordinator OUTREACH (HMG) | TBD (2) positions | JO-1511-4088 | 11/24/2015 | 12/25/2015 | Term Appt. | CS-301 | 11 | \$73,867-\$94,504 | APPCI | 19-Nov | 20-Nov | Posting cancelled Awaiting further documentation from CHA SDD to support educational requirement and re-classification to 601 series. |
| Program Manager (HMG) | 88107 | JO-1511-4089 | 11/24/2015 | 12/25/2015 | At-Will | MS-301 | 13 | \$84,136-\$117,789 | APPCI | 19-Nov | 20-Nov | Interviews scheduled to start 1/20/15 |
| Program Manager (HS) | TBD | | | | At-Will | MS-301 | 13 | \$84,136-\$117,789 | 66EPS | | | PD re-certified. Posting in progress |
| Public Health Analyst | 33439 | | | | Term Appt. | CS-685 | 13 | \$59,698-\$76,969 | CCSP5 | 19-Nov | 20-Nov | PD re-certified. Changed from Public Health Analyst to Public Health Advisor Posting in progress |
| Deputy Director of Operations | 88362 will replace 87533 | JO-1601-4514 | 1/15/2016 | 1/20/2016 | MSS-At Will | MS-301 | 15 | 150,359 | ACCPB | 19-Nov | 20-Nov | Position to be posted 1/15/16 |

There were approximately 17 positions posted in FY15. The vacant positions resulted from termination, promotions, retirements, resignations, transfer and new positions. (See chart below for details)

Fiscal Year 2015

| Title | Req # | Position # | Vacant Since | Why Vacant | Filled | Comments |
|--|--------------|------------|--------------|--------------|------------|---|
| Public Health Analyst, CS-685-12 | | 00036565 | | | | Deactivated |
| Public Health Analyst, CS-685-12 | | 00003913 | 2/6/2012 | Transfer | | Deactivated |
| Program Manager (Cancer Registry), MS-340-14 | 21853 | 0075446 | 8/22/2014 | Resignation | 9/7/2015 | |
| Program Manager (Tobacco), MS-340-13 | JO-1502-1414 | 00040030 | 10/1/2014 | | 6/28/2015 | Program Transferred from Another Agency 10/1/14 |
| Program Support Specialist, CS-301-11 | | 00035274 | 10/1/2012 | Resignation | 12/14/2014 | |
| Public Health Analyst (CTR), CS-685-11 | | 00075248 | 6/29/2014 | Promotion | | Deactivated |
| Data Analyst, CS-301-12 | JO-1505-2478 | 00086205 | 4/17/2015 | New Position | 10/18/2015 | |
| PIHB Bureau Chief, MS-301-14 | JO-1505-2444 | 00086063 | 3/16/2015 | Termination | 8/25/2015 | |
| Program Manager (WIC) | 25431 | 00015816 | 10/1/2014 | Termination | 11/30/2014 | |
| Program Manager (SNAP-Ed) | 25475 | 00077458 | 10/1/2014 | Retirement | 4/20/2015 | |
| Public Health Nutritionist, CS-630-11 | 25430 | 00037400 | 5/20/2014 | Promotion | 2/23/2015 | |
| Public Health Advisor, CS-685-11 | | 00037401 | 7/26/2015 | Promotion | Pending | |
| CASH Bureau Chief, MS-601-15 | JO-1504-2184 | 00001378 | 10/2/2014 | Termination | 9/21/2015 | |
| Nurse Consultant, CS-610-11 | JO-1502-1440 | 00015600 | 6/28/2013 | Retirement | 6/14/2015 | |
| Nurse Consultant, CS-610-11 | | 00024324 | 6/14/2015 | Promotion | 12/29/2015 | |
| Senior Deputy Director, MS-601-16 | | 00083495 | 4/24/2015 | Termination | | Position title was changed to Medical Officer, MD4 and was filled 6/15/2015 |

| | | | | | | |
|--------------------------------|--------------|----------|-----------|-------------|---------|--|
| Deputy Director for Operations | JO-1601-4514 | 00088362 | 9/30/2015 | Termination | Pending | |
|--------------------------------|--------------|----------|-----------|-------------|---------|--|

3. **Did CHA meet the objectives set forth in the performance plan for FY15? Please provide a narrative description of what actions CHA undertook to meet the key performance indicators or any reasons why such indicators were not met.**

OBJECTIVE 1: Maintain the delivery of safety-net services provided to low-income, uninsured residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.

INITIATIVE 1.1: Project WISH will provide clinical breast, pelvic and cervical exams, as well as mammogram screenings and PAP-test screenings, to eligible women (Age-Friendly DC: Domain 8).

Project WISH provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms, pelvic exams, Pap tests, HPV tests and other diagnostic services. To qualify for services, eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully Achieved.** During FY2015, Project WISH provided 1,734 breast and cervical cancer diagnostic and screening services. Although the program exceeded its goal of 1,157 services, this is a 32% reduction in services provided the previous year. Decreases in service delivery for Project WISH and other federally-funded breast and cervical cancer programs across the country, are due to increased enrollment in the health marketplace and access to comprehensive primary care. As the focus shifts from providing breast and cervical cancer screening, Project WISH is expanding services to include implementation of evidenced-based strategies and patient navigation to ensure that newly insured women receive necessary and lifesaving early detection. In addition, Project WISH has launched the Supplemental Diagnostic Assistance Program (SDAP) to provide support for under-insured women. SDAP will reimburse for out-of-pocket expenses (co-payments, deductibles and co-insurance) for diagnostic procedures for women who are qualified for Project WISH and covered through the health marketplace.

OBJECTIVE 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate.

INITIATIVE 2.1: Increase number of DC residents participating in SNAP-ED sessions (Age-Friendly DC: Domain 8, Sustainable DC Plan Health & Wellness Action 1.2).

In FY 15, CHA seeks to increase the overall number of residents participating in SNAP-Ed sessions with a special emphasis on the early childhood and senior populations. Both of these groups present with similar vulnerability and there is an opportunity to positively impact their knowledge and behaviors. SNAP-ED sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier

diet by emphasizing five nutrition messages: eating nutritious fruits and vegetables, consuming low-fat dairy, eating more whole grains foods, drinking more water, and engaging in daily physical activity. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** During FY15, the District of Columbia SNAP-Ed program provided nutrition and physical activity education to a total of 30,218 residents. This was accomplished through the work of DOH staff as well as the University of the District of Columbia. Additionally, over 20 community partners assisted with ensuring that hard to reach target audiences were included.

INITIATIVE 2.2: Expand the *D.C. Fresh!* pilot program Sustainable DC Plan Food Action 2.2 and Age-Friendly DC: Domain 8).

This District-wide wellness program aims to improve individual health behaviors by increasing access to healthy foods. This program uses mobile healthy food carts to provide fresh produce and minimally-processed foods in high traffic low-income neighborhoods, particularly in Wards 5, 7 and 8. In FY15, DOH will increase partnerships through participation in the produce voucher program, such as Produce Plus and Freggie Bucks. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully Achieved.** The D.C. Fresh program has expanded access to healthy foods by increasing the number of nutrition education sessions with District residents. Through a partnership with DC Central Kitchen, approximately 821 D.C. residents benefited from cooking demos and classes as well as nutrition information and food samples made with fresh produce available in their communities. During this performance year, efforts have been leveraged with the Nutrition and Physical Fitness Bureau to increase access to and utilization of produce vouchers.

OBJECTIVE 3: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.

INITIATIVE 3.1: Increase the percentage of parents of infants with abnormal hearing screening results that are educated on the importance of follow-up care and the percentage of infants that receive follow-up care.

In FY 15, the CHA will enhance the DC Hears database in sync with the State Vital Records data system managed by CPPE. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** In FY15, 95% of parents with an infant with abnormal hearing screening results received educational counseling and were referred for

follow up care. Each month staff analyzes hearing screening data to target the families of infants that have referred on the initial hearing screening. In addition to receiving a telephone call and (bilingual) literature, staff assists with linkages to services and follows up care to ensure optimal outcomes.

OBJECTIVE 4: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), District of Columbia Public Charter Schools, as well as Private and Parochial Schools.

INITIATIVE 4.1: Maintain at least 92% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.

CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) and the DCPS system to monitor and regulate rates of immunization compliance. In addition, during FY15, CHA will work to enhance the accuracy and interoperability of the Immunization Registry. The Immunization Program will support primary care providers in efforts to encourage parents and caregivers to immunize children and schedule annual well child visits. DOH has launched a public awareness campaign on the HPV vaccination which will continue in 2015. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging compliance to immunization schedules remain a fundamental priority for the WIC Program. Efforts to promote age appropriate immunizations for children, aged birth to five years, will continue at WIC sites throughout the District.

Completion Date: September 30, 2015.

- **Performance Assessment Key: Partially achieved.** The average immunization compliance rate for DC Public Schools and DC Public Charter Schools at the end of the 2014/2015 school year was 87.42%. In August 2015, the Immunization Program collaborated with internal and external stakeholders on the development of the “No Shots, No School” campaign which ran in the fall of 2015. The PSA was heard on multiple Radio One stations and via the Pandora music service, while the print ads were seen on multiple buses and trains throughout the District. Additionally, the Immunization Program hosted its 10th Annual Immunization Conference, the School Appreciation Event for school nurses and administrators, and an educational and awards program for health providers in the Vaccines for Children (VFC) program.

OBJECTIVE 5: Increase the number of young children in the District who are ready for school.

INITIATIVE 5.1: Increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program.

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program seeks to improve maternal and child health; prevent child injuries, child abuse and neglect; reduce emergency room visits; improve school readiness and achievement; reduce crime and domestic violence; improve family economic self-sufficiency; improve care coordination and referrals for community resources and support; and finally, improve parenting skills to increase child development. In FY 15, the program will increase and/or maintain the number of families participating in the program. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** During FY15, there were 287 participants who received services (at least one completed visit) in the Maternal, Infant, and Early Childhood Home Visiting Program. The program was only able to maintain a 74% capacity rate. In FY16, DOH will be working with its partners to meet the federal grant requirement of an 85% capacity rate.”

OBJECTIVE 6: Access to Care

INITIATIVE 6.1: Assess the availability of and access to care to determine the need for constructing new primary health care clinics and for recruiting and retaining primary care, mental health and dental providers in underserved areas (Age-Friendly DC: Domain 8).

In FY 15, the Primary Care Bureau (PCB), within the Community Health Administration (CHA), seeks to maintain the participation of “primary care” medical professionals in the District’s Health Professions Loan Repayment Program (HPLRP) so that they represent 60% of all HPLRP participants. After an assessment was completed, regulations were passed in FY 2010 that set “target” participation goals for each eligible discipline: 60% primary care providers, 20% dental providers, and 20% mental health providers. As of August 15, 2014, primary care practitioners represented 60% of the total participant pool.

Completion Date: September, 2015.

- **Performance Assessment Key: Fully achieved.** At the end of FY15, 63% of HPLRP participants (21 out of a total of 33) were practicing primary care.





INITIATIVE 6.2: Ensure that 90% of Tobacco Settlement Fund funded health center and hospital projects are operational and serving the public (Age-Friendly DC: Domain 8).

The District Government has invested over \$70 million in Tobacco Settlement Funds (TSF) to construct new and expand existing primary care and hospital facilities. The PCB within the

CHA has provided oversight for these capital grants to ensure that facilities are completed and open for services as expeditiously as possible. In FY14, 90% (nine out of 10) of the TSF-funded projects had been completed and were operational. By September 30, 2015, the PCB will ensure that the final funded project, a multi-use facility with multiple partners, will be completed and 100% of the grants will be closed out. **Completion Date: September, 2015.**

Performance Assessment Key: Fully achieved. At the end of FY15, 100% of the TSF-funded projects were open and operational.

KEY PERFORMANCE INDICATORS- Community Health Administration

|  | KPI | Measure | FY2014 YE Actual | FY 2015 YE Target | FY 2015 YE Revised Target | FY 2015 YE Actual | FY 2015 YE Rating | Budget Program |
|---|-----|---|------------------------|-------------------------|------------------------------------|-------------------------|-------------------------|-------------------|
|  | 1.1 | Number of cervical screening and diagnostic procedures performed | 425 | 325 | Not Applicable | 259 | 79.69% | CHA |
|  | 1.2 | Number of breast screening and diagnostic procedures performed | 937 | 832 | Not Applicable | 1475 | 177.28% | CHA |
|  | 2.1 | Number of SNAP-Ed participants receiving nutrition education [Sustainable DC Plan Action FD2.3] | 8,435 | 16,000 | Not Applicable | 30,218 | 188.86% | CHA |

| | | | | | | | | |
|---|------------|--|--------|------|----------------|--------|---------|-----|
| ● | 3.1 | Percent of parents receiving educational counseling for newborn hearing loss | 93.96% | 94% | Not Applicable | 95.05% | 101.11% | CHA |
| ● | 3.2 | Percent of infants that receive documented follow up care after the first referral | 71.31% | 75% | Not Applicable | 59.27% | 79.02% | CHA |
| ● | 4.1 | Percent of children with up-to-date immunizations | n/a | 92% | Not Applicable | 87.42% | 95.02% | CHA |
| ● | 5.1 | Number of families in the DC Home Visiting program, early childhood visits | 236 | 240 | Not Applicable | 287 | 119.58% | CHA |
| ● | 6.1 | Percent of HPLRP participants that are practicing primary care | 60% | 60% | Not Applicable | 62.41% | 104.01% | CHA |
| ● | 6.2 | Percent of TSF-funded health center and hospital projects operational and serving the public | 90% | 100% | Not Applicable | 100% | 100% | CHA |

4. **What are the objectives set forth in the performance plan for FY16? Please provide a narrative description of the progress CHA has made to meet the objectives of the FY16 performance plan. Please describe any legislative goals or initiatives for FY16.**

OBJECTIVE 1: Maintain the delivery of safety-net services provided to low-income residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.

INITIATIVE 1.1: Project WISH will provide breast and cervical cancer screenings (mammography and Pap testing) as well as clinical breast and pelvic exams to eligible women.

Project WISH provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms, pelvic exams, Pap tests, HPV tests and other diagnostic services. To qualify for services, eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia. **Completion Date: September 30, 2016.**

OBJECTIVE 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate

INITIATIVE 2.1: Increase the total number of nutrition education contacts made to low income District residents participating in DOH Healthy Food Access programs by leveraging partnerships with community providers that offer nutrition and wellness education

In FY 16, CHA seeks to increase the overall number of nutrition education contacts made to residents participating in Healthy Food Access programs including SNAP- Ed, Freggie Bucks, Healthy Corner Stores, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Food and Friends (home meals delivery services) with a special emphasis on the early childhood and senior populations. Both of these groups present with similar vulnerability and there is an opportunity to positively impact their knowledge and behaviors. The education sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet by emphasizing nutrition messages that promote eating nutritious foods including fruits and vegetables and engaging in daily physical activity. **Completion Date: September 30, 2016.**

INITIATIVE 2.2: Expand healthy food access to low income District residents by increasing opportunities to secure locally sourced fresh produce.

DOH administers several programs that provide residents with the opportunity to purchase healthy food including locally sourced fresh produce. Programs such as the Farmers' Market Nutrition Program (FMNP), Produce Plus Program (PPP), Freggie Bucks, and the Fruit and Vegetable Prescription Program (FVRx) offer food benefits that

can be redeemed at farmers' markets and healthy corner stores. **Completion Date: September 30, 2016.**

OBJECTIVE 3: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.

INITIATIVE 3.1: Enhance data systems in order to improve monitoring of at-risk infants and increase the percentage of parents of infants with abnormal hearing screening results that are educated on the importance of follow-up care and the percentage of infants that receive follow-up care.

In FY 16, the CHA will ensure the DC Hears database is in sync with the State Vital Records data system managed by CPPE. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. **Completion Date: September 30, 2016.**

OBJECTIVE 4: Reduce Infant Mortality in the District of Columbia

INITIATIVE 4.1: Improve the preconception health and well-being of women of child bearing age through promotion of preventive health care and reproductive health plans.

In FY 16, DC Healthy Start (DCHS) will focus efforts on ensuring reproductive age women have health insurance, periodic well women visits and a reproductive health plan. The reproductive health care plan will assist women in addressing their reproductive health care needs, support her goals, and promote planned pregnancies. These efforts support improving the health of women before, during, and after pregnancy, resulting in improved birth outcomes and decreased infant mortality. **Completion Date: September 30, 2016.**

INITIATIVE 4.2: Expand participation in Safe Sleep workshops through community outreach and engagement with partners in clinical and community-based settings.

In FY16, the Community Health Administration (CHA)/Perinatal and Infant Health Bureau (PIHB) Safe Sleep Program aims to decrease the number of preventable deaths related to Sudden Infant Death Syndrome (SIDS)/Sudden and Unexplained Infant Death (SUID) by educating parents and caregivers on the importance of a safe sleep environment for infants. The program provides Safe Sleep workshops to District residents and caregivers about the dangers of co-sleeping and placing an infant on his/her back to sleep. Workshops are provided onsite at DOH and at partner community based organizations. In addition to the SIDS education/information, participants of the workshops are eligible to receive a safety approved Pak-n-Play (portable crib). SIDS /SUID are major factors of infant mortality in the District of Columbia. Increasing awareness will assist parent(s)/caregivers in ensuring that infants are placed in a safe sleep environment at all times. **Completion Date: September 30, 2016.**

OBJECTIVE 5: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), and District of Columbia Public Charter Schools.

INITIATIVE 5.1: Maintain at least 90% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.

CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) DCPS, the Executive Office of the Mayor (EOM), and the Public Charter School Board to monitor and regulate rates of immunization compliance. In addition, during FY16, CHA will work to enhance the accuracy and interoperability of the Immunization Registry. The Immunization Program will support primary care providers in efforts to encourage parents and caregivers to immunize children and schedule annual well child visits. DOH has launched a public awareness campaign on the HPV vaccination which will continue through 2016. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging adherence to immunization schedules remain a fundamental priority for the WIC Program. Efforts to promote age appropriate immunizations for children, aged birth to five years, will continue at WIC sites throughout the District. **Completion Date: September 30, 2016.**

OBJECTIVE 6: Increase the overall well-being of woman and children participants in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

INITIATIVE 6.1: Establish and track implementation of protocol to do developmental and social-emotional screenings of children under the age of 6 within 5 weeks of enrollment.

In FY 16, DOH will use a standardized tool in order to increase and/or maintain the percentage of children screened for socio-emotional and developmental delays. Children grow and develop at different rates; however, there are developmental milestones that are predictable for children as they reach certain ages. It is critical that a child's development is monitored to ensure early identification of developmental delays. **Completion Date: September 30, 2016.**

INITIATIVE 6.2: Establish and track implementation of protocol to do depression screening of women within 5 weeks of enrollment using a standardized depression scale in order to increase or maintain the percentage of women screened.

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. Maternal depression is a significant risk factor affecting the well-being and school readiness of young children. It is important to screen and address maternal depression to ensure that children are healthy and ready to learn. Depressed mothers have been found to be disengaged from their children, and have negative and/or less positive interactions with their children. Additionally, children of depressed mothers are highly likely to be exposed to poor parenting practices, neglect, and abuse. **Completion Date: September 30, 2016.**

OBJECTIVE 7: Promote the availability of accessible, high quality and affordable health care

INITIATIVE 7.1: Increase the number of health professionals practicing in underserved areas through targeted recruitment and retention of primary care providers in the Health Professional Loan Repayment Program.

In FY 16, the Primary Care Bureau (PCB), within the Community Health Administration (CHA), seeks to maintain the participation of “primary care” medical professionals in the District’s Health Professional Loan Repayment Program (HPLRP) so that they represent 60% of all HPLRP participants as stipulated in the Program regulations. These regulations set “target” participation goals for each eligible discipline as follows: 60% primary care providers, 20% dental providers, and 20% mental health providers. As of September 30, 2014, primary care practitioners represented 62.5% of the total participant pool. **Completion Date: September 30, 2016.**

INITIATIVE 7.2: Increase the provision of primary medical, dental, and behavioral health services in priority underserved areas through interventions at health care settings that facilitate access to preventive care.

In FY15, the District Government launched the Diffusion of Care grants to provide funding for primary care providers to expand services in priority underserved areas. DOH granted a total of \$2.25 million per year to four grantees to implement services ranging from primary medical care to behavioral health to ophthalmology. These services not only demonstrate DOH’s commitment to increasing the availability of services but also to ensuring comprehensive care through the co-location of multiple disciplines within primary care settings. **Completion Date: September 30, 2016.**

OBJECTIVE 8: Improve breastfeeding initiation rates among low-income women

INITIATIVE 8.1: Increase breastfeeding peer counselor visits in clinical settings throughout the District to increase breastfeeding initiation rates among women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Improving the health of women, infants and children is one of the primary goals of the WIC Program. Breastfeeding is a key strategy to accomplish this goal. There are many known health benefits, both short and long term, for the infant and mother, and DC WIC oversees implementation of the nationally recognized *Loving Support* curriculum in its programming. Breastfeeding initiation rates continue to rise in the United States. According to the CDC Breastfeeding Report Card for the United States 2014, the national rate is 79 % but the District’s rate is 77.6 %. Most notably, the breastfeeding rate for low-income women participating in the WIC Program in the District was 51.53% in FY2014, up from 49.2% in 2013, but well below the Healthy People 2020 target of 82%. **Completion Date: September 30, 2016.**

INITIATIVE 8.2: Initiate breastfeeding promotion campaign that targets the African-American community, including fathers, to increase breastfeeding initiation

rates among African American women participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Breastfeeding rates for African American women in the District and across the country are significantly lower than other demographics. A look at the rates in a select group of WIC sites shows the breastfeeding rate for African American women to be 34%. The breastfeeding rate in sites serving predominantly Latino women is 80%, according to data taken from the WIC management information system as of April 10, 2015. Infant mortality in the District is higher in the African American population than for whites and Latinos. In an effort to promote health equity among all residents, the DC WIC Program is initiating a breastfeeding promotion campaign that targets the African American community, including fathers. **Completion Date: September 30, 2016.**

FY16 Legislative Goals

In FY16, CHA is working to implement regulations that will levy penalties against birthing facilities that fail to screen newborns for hearing loss or establish appropriate follow up at hospital discharge. CHA is also working with the Office of the Chief Medical Examiner and District birthing facilities to establish a Maternal Mortality Review Committee to address preventable maternal deaths through comprehensive, multi-disciplinary reviews of maternal deaths for the purpose of identifying contributory factors and make recommendations for systematic changes to optimize healthcare services for future mothers.

KEY PERFORMANCE INDICATORS - Community Health Administration

| Measure | FY 2014 Actual | FY 2015 Target | FY 2015 (Actual or YTD) | FY 2016 Projection | FY 2017 Projection | FY 2018 Projection |
|---|----------------|----------------|-------------------------|--------------------|--------------------|--------------------|
| Number of breast screening procedures performed | 2,382 | 832 | 259 | 832 | 832 | 832 |
| Number of cervical screening procedures performed | 419 | 325 | 1475 | 325 | 325 | 325 |
| Total number of nutrition education contacts made to low income District residents participating in DOH Healthy Food Access programs ⁱ | Not Available | 40,000 | Not Available | 42,000 | 44,000 | 46,000 |
| Number of District residents receiving farmer's market incentive benefits from DOH administered programs ⁱⁱ | Not Available | 8,500 | Not Available | 8,600 | 8,700 | 8,800 |
| Percent of parents receiving educational counseling for newborn hearing loss | 93.9% | 94% | 95.05% | 95% | 95% | 95% |
| Percent of infants that receive documented follow up care after the first referral | 65.3% | 75% | 61.62% | 80% | 80% | 80% |
| Percent of Healthy Start participants who have a documented reproductive health care plan ⁱⁱⁱ | Not Available | 90% | Not Available | 90% | 90% | 90% |

| | | | | | | |
|---|---------------|---------------|---------------|------|------|------|
| Number of parents/caregivers educated on infant safe sleep practices and provided a Pak-n- Play (portable crib) ^{iv} | 909 | 1000 | Not Available | 1000 | 1000 | 1000 |
| Percent of children with up-to-date immunizations ^v | 83.1% | 92% | 87.42% | 92% | 92% | 92% |
| Percent of children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs who receive developmental and social-emotional screenings ^{vi} | Not Available | 95% | Not Available | 95% | 95% | 95% |
| Percent of women enrolled in the MIECHV programs that are screened for depression | Not Available | 95% | Not Available | 95% | 95% | 95% |
| Percent of HPLRP participants that are practicing in priority underserved areas. ^{vii} | Not Available | Not Available | Not Available | 40% | 60% | 65% |
| Percent increase in visits for primary medical, dental, and behavioral health services funded by the Diffusion of Care grants ^{viii} | Not Available | 5% | Not Available | 5% | 5% | 5% |
| Total breastfeeding initiation rates among low-income WIC enrollees ^{ix} | Not Available | Not Available | Not Available | 55% | 57% | 59% |
| Breastfeeding initiation rates among low-income African-American WIC enrollees ^x | Not Available | 45.0% | Not Available | 46% | 47% | 48% |

AGENCY WORKLOAD MEASURES

| Measure | FY 13 Actual | FY 14 Actual | FY 15 YTD |
|--|--------------|--------------|---------------|
| Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants (CHA) | 15,603 | 11,386 | Not Available |
| Number of Farmers Markets vendors accepting Produce Plus benefits (Sustainable DC FD2.3) (CHA) | 47 | 39 | Not Available |
| Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1) (CHA) | 30 | 30 | Not Available |

ⁱ This is a new baseline measure for fiscal year 2016

ⁱⁱ Ibid

ⁱⁱⁱ Ibid

^{iv} Ibid

^v This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95% of children enrolled in kindergarten should have their required shots. Data indicates that this 95% is achieved nationally. For adolescents, the target drops to 80% as data indicates that only about 45% of adolescents received required vaccinations.

^{vi} This is a new baseline measure for fiscal year 2016

^{vii} Ibid

^{viii} Ibid

^{ix} Ibid

^x Ibid

Grants Management and Oversight

5. How many grants, in total, did CHA manage through its Bureau of Grants Monitoring and Program Evaluation in FY15 and to date in FY16?

The CHA Office of Grants Monitoring and Program Evaluation managed 86 grants and sub-grants in fiscal year 2015 and has been managing 54 grants and sub-grants to date in fiscal year 2016.

Grants Management and Oversight

6. Please provide details in regards to any grants CHA has applied for but did not receive. Additionally, detail, to the best of your knowledge, why the application was denied.

1. Cooperative Agreements for Project LAUNCH

- a. Funding Requested
 - i. \$680,000.00
- b. Purpose
 - i. To expand DC Project LAUNCH into three new neighborhoods that have high rates of poverty, unemployment and poor health indicators. Services were to include mental health consultations including universal mental health and developmental screenings.
- c. Outcome
 - i. The application was approved but did not rank high enough to be funded. The proposal did not differentiate between the geographic areas in the expansion grant from that of the original project. Additionally, the behavioral disparity data estimates were provided for African-American children, and specifically boys, however, it was not clear how they would serve as the sub-population or how that differs from anticipated overall population to be served by the program.

2. DC Stroke System of Care Paul Coverdell National Acute Stroke Prevention

- a. Funding Requested
 - i. \$789,142.00
- b. Purpose
 - i. The program was organized to engage 6 of DC's 7 non-federal hospitals to implement the AHA's Get With the Guidelines-Stroke program, which provides hospitals with a web-based patient management tool, clinical decision support, registry, benchmarking capabilities and other performance improvement methods.
- c. Outcome
 - i. The application was recommended for approval but did not rank high enough to be funded. The proposal did not detail how and what is to be achieved each year and although the proposal described a fairly ambitious plan to implement an integrated data system using an existing clinical portal and HIE the proposal was not entirely clear how functional the current system is, or if it is still in the planning stages, and if it is realistic to develop the data management system within the project period.

3. Perinatal and Infant Oral Health Quality Improvement Expansion Grant Program

- a. Funding Requested
 - i. \$250,000.00
- b. Purpose
 - i. The reduction in the prevalence of oral disease in both pregnant women and infants most at risk through improved access to quality oral health care.
- c. Outcome
 - i. The application was not approved for funding. The application did not make clear reference to collaboration with Perinatal and Infant Oral Health Quality Improvement Pilot grantees. The application did not clearly provide sufficient information on how the project can be replicated and sustained beyond Federal funding. The evaluation plan described in the application did not clearly address priorities for quality improvement and how progress will be assessed in implementing the proposed model.

Nutrition and Physical Fitness Bureau

7. **Please provide an update on efforts undertaken by the Nutrition and Physical Fitness Bureau during FY15 and to date in FY16.**

In FY2015, the Nutrition and Physical Fitness Bureau targeted income eligible residents for participation in three federally funded nutrition programs and two locally funded projects. Residents were provided with free health screenings and nutrition intervention (assessment, counseling, food prescription) tailored to meet specific risk criteria, breastfeeding promotion and support, referrals to health and social services, increased access to healthier foods, and opportunities to participate in gardening and physical activities. Below is a description of specific activities related to each program or project.

Federally Funded Nutrition Programs

SNAP-Ed

The Supplemental Nutrition Assistance Program: Nutrition Education and Obesity Prevention Grant Program, (SNAP-Ed), is a federal program administered by the United States Department of Agriculture and operated by States with the goal of improving the likelihood that persons eligible for SNAP will make healthful food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate. The District of Columbia SNAP-Ed Program incorporates both national and local health and wellness priorities into its programming including Healthy People 2020, Dietary Guidelines for Americans, Sustainable DC, the One City Action Plan for the District of Columbia, and Age-Friendly DC. In FY2015 the DC SNAP-Ed Program made substantial progress towards achieving three overarching goals:

- Standardize nutrition messaging for children
- Increase program visibility in the community
- Increase transparency in order to increase collaboration and improve provision of services.

To promote and support standardized messaging for children, DC SNAP-Ed hosted a Maternal and Child Health Nutrition Training for SNAP-Ed staff and continued participation on the Healthy Youth and Schools Commission.

Program visibility was enhanced by holding a series of internal informational meetings with other Department of Health programs, partnering with the DOH Safe Sleep program, and participating in the Mayor's FitDC initiative.

Increased transparency was achieved as SNAP-Ed joined the WIC and Farmers' Market Nutrition Programs to hold their first annual Stakeholder meeting. Community stakeholders provided insightful comments and suggestions on how to enhance collaborations and provision of healthful food access and education services.

Quantitative analysis from pre- and post-test scores revealed increases in nutrition and physical activity knowledge among child and adult SNAP-Ed participants.

DC SNAP-Ed added new partners such as St. Elizabeths Hospital and strengthened existing partnerships with the Department of Parks and Recreation, as time and effort were devoted to

-serving a more diverse SNAP-Ed audience and expanding Policy, Systems, and Environmental (PSE) change initiatives.

The DC SNAP-Ed successes during Fiscal Year (FY) 2015 include:

1. The Program reached more than 30,000 District residents providing targeted learning opportunities to promote health and prevent disease for residents across the life cycle.
2. In FY2015, the SNAP-Ed Program strengthened collaborations and formed new partnerships with government entities, academic institutions, and non-profit organizations in an effort to positively affect systems and environmental changes. DC SNAP-Ed built new partnerships and strengthened ongoing partnerships with four academic institutions.

Examples include:

- a. DC SNAP-Ed mentored four students from American University, one student from George Washington University, and one student from Oberlin College in Ohio.
 - b. DC SNAP-Ed maintained a strong ongoing partnership with its sub-grantee, the University of the District of Columbia.
 - c. DC SNAP-Ed built new collaborations and enhanced ongoing collaborations with six government entities (Department of Parks and Recreation (DPR), St. Elizabeths Hospital, Department of Human Services (DHS), Department of Employment Services (DOES), Office of the State Superintendent of Education (OSSE), and District of Columbia Public Schools (DCPS). For example, in FY2015, DC SNAP-Ed partnered with DPR at nine Ward Walks reaching more than 750 participants. Also, DC SNAP-Ed initiated a new partnership with St. Elizabeths Hospital in FY2015 and conducted a series of events, reaching more than 100 individuals in care. In September 2015, DC SNAP-Ed partnered with DHS's HUD-VASH Program (Housing and Urban Development – VA Supportive Housing) to provide nutrition education and a healthy food demo at a Support Group for formerly homeless District veterans. Also, Produce Plus Program checks were distributed to eligible veterans, increasing access to healthful food. In FY15, DC SNAP-Ed partnered with the DC Department of Employment Services to support job training initiatives for low-income District residents. DC SNAP-Ed provided health and wellness education on meal planning, food budgeting and physical activity for 17 TANF clients.
 - d. DC SNAP-Ed enhanced ongoing partnerships with four non-profit organizations (Capital Area Food Bank (CAFB), United Planning Organization (UPO), DC Hunger Solutions, and DC Greens.) For example, DC SNAP-Ed partnered with UPO to educate senior volunteers. DC SNAP-Ed staff led a nutrition education workshop for 111 volunteers with the UPO Foster Grandparent Program in March 2015. DC SNAP-Ed collaborated with DC Hunger Solutions, providing nutrition education and SNAP referral information to more than 200 participants at the Get Fresh Farmers' Market Festival at the R.F.K. Stadium Farmers' Market.
3. In FY15 SNAP-Ed evaluated knowledge gained through education sessions by administering pre and post-tests for participants. The program found participant knowledge increased across all age groups for the following nutrition and wellness topics: whole grains, fruits and vegetables, low fat/fat-free dairy products, and physical

activity. These specific areas were targeted during FY 2015 because of their potential impact on the major chronic health diseases facing District residents; heart disease, diabetes, obesity, and cancer.

4. DC SNAP-Ed increased its visibility by attending high profile events in the District such as: Safeway's Annual Feast of Sharing, DC Armory's Annual Senior Holiday Celebration, DC Metropolitan Police Department's Beat the Streets summer event series, and the Mayor's Office 1st Annual FRESH Fourth of July Block Party. In addition, DC SNAP-Ed participated in a 7-month Ward Walk project as part of FitDC, the Mayor's fitness and wellness initiative to encourage all District residents to increase physical activity and adopt healthful eating habits. At the Ward Walks DC SNAP-Ed reached 750 participants, of which more than 50% were eligible or participating in federal assistance programs. These types of activities increase visibility in the community, strengthen partnerships, and lead to further collaborations.
5. During FY2015, the SNAP-Ed Program partnered with the WIC Farmers Market Program and the locally funded Produce Plus Program, a farmers' market incentive program. SNAP-Ed educators provided healthy food demos and nutrition education to market customers. SNAP-Ed educators also promoted the WIC and Senior Farmers Market Programs along with the Produce Plus Program to low-income District residents when conducting education sessions in the community. In FY 2015, DC SNAP-Ed reached more than 5,000 low-income District residents, educating about benefits of fruit and vegetable consumption and promoting participation in District Healthful Food Access Programs in an effort to reduce rates of obesity and overweight as well as improve access to nutritious foods.

2015 SNAP-Ed Data

| | | A | B | C |
|---|---|---|--|---------------|
| | | Number of Hispanic or Latino SNAP-Ed Participants by Race | Number of Non-Hispanic/Latino SNAP-Ed Participants by Race | Total by Race |
| Individuals Reporting ONLY ONE RACE | 1. American Indian or Alaska Native | 0 | 107 | 107 |
| | 2. Asian | 20 | 362 | 382 |
| | 3. Black or African American | 331 | 22,460 | 22,791 |
| | 4. Native Hawaiian or Other Pacific Islander | 55 | 8 | 63 |
| | 5. White | 1,471 | 6,322 | 7,793 |
| Individuals Reporting MULTIPLE RACES | 6. American Indian or Alaska Native and White | 1 | 3 | 4 |
| | 7. Asian and White | 0 | 0 | 0 |
| | 8. Black or African American and White | 2 | 5 | 7 |
| | 9. American Indian or Alaska Native and Black or African American | 2 | 3 | 5 |
| | 10. All Others Reporting More than One Race | 3 | 74 | 77 |
| | 11. TOTAL by ethnicity | 1,885 | 29,344 | 31,229 |

| SNAP-Ed Participation by Ward | |
|--------------------------------------|-------------------------------|
| Ward | Number of Participants Served |
| 1 | 1,702 |
| 2 | 3,827 |
| 3 | 1,593 |
| 4 | 3,230 |
| 5 | 12,181 |
| 6 | 1,412 |
| 7 | 3,152 |
| 8 | 4,132 |
| Total | 31,229 |

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC Enrollment Data: Total 2015 Enrollment

| WIC 2015 Enrollment by Category | WIC Average Monthly Enrollment |
|---------------------------------|--------------------------------|
| Pregnant | 1209 |
| Breastfeeding | 1732 |
| Postpartum Non Breastfeeding | 1597 |
| Infants | 4852 |
| Children up to age 5 | 8749 |
| Total | 18,139 |

| WIC Enrollment by Ethnicity | WIC Enrollment Percentage |
|------------------------------|---------------------------|
| African and African American | 71% |
| Hispanic | 24% |
| White/Non-Hispanic | 2% |
| Asian | 1% |
| Other | 2% |

The WIC Program made significant strides towards meeting the federal mandate of reducing barriers to participation including the transition to an electronic benefit transfer system (EBT) for WIC benefits distribution. During FY2015, the WIC Program highlights include:

1. Updated the DC WIC Authorized Food List to include new foods authorized in the federal Final Food Rule regulations. These changes included the addition of dried fruit and 100% whole wheat pasta for women and children over one year of age, as well as plain low fat or nonfat yogurt for women and children over the age of two years. **It is noteworthy that the DC WIC Program is the only program in the Mid-Atlantic Region to have authorized yogurt as part of its approved food list.** These new nutrient-dense foods offer participants increased variety and will assist in increasing redemption of WIC vouchers.
2. DC WIC successfully implemented the mandatory increase in the value of the Fruit and Vegetable Cash Value Voucher (CVV) for pregnant and postpartum women from \$10.00 to \$11.00 and from \$15.00 to \$16.50 for women fully breastfeeding multiple infants. The anticipated nutritional outcomes from these changes include increased consumption of whole grains, low fat and nonfat dairy, and fruits and vegetables leading to a decrease in obesity among preschoolers and post-partum women.
3. Inter/Intra Agency Partnerships

- a. Continued collaboration with the Department of Healthcare Finance (DHCF) for the provision of lactation services and supplies, medical foods and infant formulas. Coordinated the sharing of inter-agency data in order to:
 - i. target recruitment for the WIC program,
 - ii. improve and expand health services to eligible District residents, and
 - iii. reduce duplication of effort and resources.
 - b. Strengthened the partnership with the Office of State Superintendent of Education (OSSE) to provide nutrition and breastfeeding training to childcare providers in the District.
 - c. Completed year one of the transition from a private IT maintenance contractor with the WIC automated system to in-house DOH IT services.
4. Created functional requirements for the WIC management information system which included the infant formula exchange, World Health Organization/Centers for Disease Control Growth Charts and Anthropometric Risk Codes and the WIC Data Warehouse. These changes allow local agencies to operate more efficiently.

Breastfeeding Promotion and Support

5. The DC WIC program launched BfedDC, a breastfeeding two way text message service for pregnant and breastfeeding women. The DC State agency Breastfeeding Coordinator trained the Breastfeeding Peer Counselors and local agency Breastfeeding Coordinators on the use of the text message system. Since the launch date of June 1st, 2015 through September 30th, 2015 five hundred and twenty one WIC mothers have participated in BfedDC services.
6. The DC WIC program held a Breastfeeding Conference in August 2015 to celebrate National Breastfeeding Month at The Mead Center for American Theater. Speakers included representatives from the District of Columbia Breastfeeding Coalition, the National WIC Association, the National Collaborative for Health Equity and the Ward 7 Health Alliance Network. Plenary sessions highlighted the importance of workplace support in breastfeeding as well as fathers and families role in supporting breastfeeding mothers.
7. The Department of Health Community Health Administration continues to monitor the efforts of the District of Columbia Breastfeeding Coalition's "Creating a Baby-Friendly District of Columbia" initiative initially funded through a Community Transformation Grant with continued funding through Title V. The WIC Breastfeeding Coordinator is collaborating with the DC Breastfeeding Coalition for this project. The project has successfully assisted two birthing facilities, Washington Hospital Center and United Medical Center, with staff breastfeeding training and technical assistance through the Ten Steps to become Baby-Friendly Hospitals. Through Title V funding, the Coalition will provide technical assistance to at least one additional District of Columbia birthing facility on the pathway to Baby-Friendly designation.

8. The DC WIC Program successfully increased the breastfeeding initiation rate of women enrollees to 61.8%, up from 51.4% in 2014.
9. DC WIC launched a breastfeeding awareness campaign called “Breastfeeding is a Family Affair” during National Nutrition Month on local transit ad space and print media to promote the importance of families and fathers to support breastfeeding in Washington, DC.
10. The DC WIC breastfeeding program was awarded an Association of State and Territorial Health Officials (ASTHO) award of \$30,000 to continue its efforts to increase access to breastfeeding support in communities with low breastfeeding rates.
11. DC WIC continued collaboration with George Washington University on a research project aimed to increase initiation and duration of breastfeeding using BfedDC, breastfeeding text message system.

Other Accomplishments and Challenges

1. Received funding from the USDA in FY2015 for two (2) competitive Operational Adjustment grant proposals which were funded to augment the base WIC operations budget by \$1,566,405.00. Funding for the first project covered the Maintenance and Operations costs of the DC WIC’s automated system (Community Automated Related Electronic System – CARES) services at \$1,495,421.00. The second project provided \$70,984.00 in federal funding to the Children’s National Health Services Organization for opening a new WIC site in Ward 8 at the Town Hall Education Arts Recreation Campus, also known as THEARC.
2. Children’s National Health Services WIC opened a new site in Ward 8 at the Town Hall Education Arts Recreation Campus, also known as THEARC.
3. A Stakeholders Meeting was held to solicit public comment on our current FY 2015 WIC, FMNP and SNAP-Ed State Plans and suggestions for the FY 2016 State Plans. Thirty participants attended the meeting, providing input on improving WIC, FMNP, and SNAP-Ed services and ideas for future collaborations.
4. 25% Increase in the Enrollment of Breastfeeding Women compared to FY2014
5. 13% Increase in the Enrollment of Children up to age 5 compared to FY2014
6. Created the State Agency Vendor Management Group; a committee of vendor management stakeholders in which two meetings were held at the DC Department of Health to discuss outreach efforts in customer service, food accessibility and new food items available with the WIC program starting in FY2016.
7. The Farmer on Wheels Program is a check redemption rate initiative that invites farmer(s) to sell produce at WIC locations. The WIC site at Children’s National Health

System was able to retain a farmer on site weekly from June to October 2015, positively impacting redemption rates.

Farmer's Market Nutrition Program (FMNP)

The WIC Farmers' Market Nutrition Program is funded by the United States Department of Agriculture and benefits are offered seasonally to women and children. During the 2015 season, 72 farmers accepted program benefits.

Accomplishments

1. Coordinated farmers' market programming with the DC Farmers' Market Collaborative to increase program awareness and benefit redemption.
2. Entered into an MOU with Maryland to allow participants to cross borders to redeem farmers' market checks.
3. The WIC Farmers' Market Nutrition Program partnered with the SNAP-Ed Program to conduct a series of physical fitness and food demonstrations at various WIC sites throughout the District. The events were designed to increase the redemption rates for the WIC Farmers Market Nutrition Program checks and the WIC Vegetable and Fruit Cash Value Vouchers at local farmers' markets.

Locally Funded Nutrition Programs

Produce Plus Program (PP)

Produce Plus is a separate program from the DC WIC, FMNP, SFMNP, and SNAP-Ed. The PP checks are redeemed between May 1st and November 30th at 58 DC distribution sites including farmers' markets, farm stands, housing complexes, senior wellness centers and WIC sites. This DC Government funded program provided participants in the Senior Farmers' Market Nutrition Program (SFMNP), WIC Farmers' Market Nutrition Program (FMNP), and the Commodity Supplemental Food Program (CSFP) farmers' market incentive checks for locally sourced fresh fruits and vegetables. Each household is eligible to receive two (2) \$5.00 dollar checks, once per day per farmers' market visit.

Produce Plus will continue to provide participants in the Senior Farmers' Market Nutrition Program (SFMNP), the Commodity Supplemental Food Program (CSFP), now known as Grocery Plus, and the WIC Farmers' Market Nutrition Program (FMNP) with checks for locally sourced fruits and vegetables. During FY2014, the program expanded to include participants of the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income, and organizations promoting health and wellness to low income residents including senior wellness centers and day care centers. Collaboration in FY2015 included the Fruit and Vegetable Prescription Program (FVRx) that provides physicians an opportunity to prescribe checks for fresh produce to patients diagnosed with chronic illnesses.

Program Data

| | |
|---|-----------|
| Total Dollar Amount of PPP Distributed Including Fruit and Vegetable Rx Program | \$402,800 |
| Total Number of PPP Distribution Locations | 58 |
| Redemption Rate 2015 for Produce Plus Program (only) | 93% |
| Percent of funds distributed to Ward 7 and 8 residents | 45% |
| Fruit and Vegetable Rx Distribution sites using PPP funds | 2 |
| Fruit and Vegetable Rx Redemption Rate | 82% |
| Number of duplicated households served | 35,949 |

Accomplishments and Challenges

Preliminary results of a Produce Plus Program survey indicate that:

- Greater than 52% of recipients live in a household with children and/or seniors,
- 46% traveled more than 15 minutes to reach a farmers' market

- 11% reported that they purchased using Produce Plus benefits, a fruit or vegetable that they had never tried before

Economic Benefits to the Farmer and the Economy:

- 71% of program recipients reported visiting the market specifically for Produce Plus
- 85% of program recipients surveyed report visiting farmers' markets more frequently because of the Produce Plus Program,
- 33% of program recipients reported spending additional money while at the market (in addition to Produce Plus benefits).

Home Delivered Meals

The Nutrition and Physical Fitness Bureau awarded \$665,000 of local funds to Food and Friends to provide nutritious meals to chronically ill homebound District residents. Chronic diseases such as cancer, end stage renal disease, diabetes, cardiovascular disease, stroke, and HIV/AIDS can create healthcare burdens that directly and/or indirectly affect many residents of the District of Columbia. The incidence of these chronic diseases has grown to epidemic proportions, and the District's community has been affected at higher rates than the nation as a whole. The late stages of serious chronic conditions coupled with income and health insurance constraints, often leave patients and families in need of support to obtain food and related services. Provision of the full spectrum of nutrition services, including food, can help relieve a portion of this healthcare burden.

Food and Friends was awarded \$665,000 in FY15. More than 525,000 meals were served to 1,475 District residents. During 2015 37% of DC participants served were HIV positive and the remaining 63% have been diagnosed with cancer or other life challenging illness. For FY2016, \$675,000 was awarded to continue to provide this valuable service.

Thus far in FY2016, Food and Friends reports providing meal services to 856 (57% of the 2016 target) residents living with life challenging illnesses and their affected caregivers. Actual meals delivered thus far is reportedly 130,531 or 24% of the annual goal of 551,250.

New Fiscal Year 2016 Healthful Food Access Initiatives

The Nutrition and Physical Fitness Bureau will be awarding an additional \$1,165,000 in local funds through the grant award process in support of healthful food access and affordability. The purpose of the grants will be to expand low income resident access to and consumption of healthful foods by providing food benefits and offering innovative ways to reach the target population – elementary school aged children living in Wards 5, 7, and 8 as well as recipients of local and federal safety net benefits including, but not limited to, Medicaid, TANF, SNAP, WIC, and the Senior Farmers' Market Nutrition Program.

Nutrition and Physical Fitness Bureau

8. Please provide an updated list of all certified providers for each nutritional program broken down by ward.

Home Delivered Meals

All meals and medical nutrition therapy (MNT) for home delivery to chronically ill District residents are provided by Food and Friends. Clinicians providing MNT include registered dietitians, credentialed by the Commission on Dietetic Registration and licensed in the District of Columbia through the Health Regulation and Licensing Administration.

Food and Friends

219 Riggs Road NE

Washington, DC 20011

Special Supplemental Nutrition Program for women, Infants, Children (WIC Program)

Please see the complete list below. Nutrition assessments and food package prescriptions are completed by registered dietitians, credentialed by the Commission on Dietetic Registration and licensed in the District of Columbia through the Health Regulation and Licensing Administration. The DC WIC Program is the only state in the Mid-Atlantic region that hires registered dietitians exclusively to provide nutrition services. The other states also employ non-registered/non-licensed nutrition professionals.

DISTRICT OF COLUMBIA WIC ENROLLMENT SITES

Children's Nat'l Health Systems (CNHS) Ward - 1
111 Michigan Ave., NW 20009
202-476-5594 Mon-Fri 8:30am-4:30pm

CNHS at Marie Reed Ward - 1
2250 Champlain St., NW 20009
202-476-6986 or 6987 Wed – Thurs 8:30am-4:30pm

Mary's Center for Maternal & Child Care (MC) Ward - 1
MC at Ontario Road, NW
2333 Ontario Road NW 20009 Mon -Fri 8:30am-5:00pm
202-232-6679
1st & 3rd Sat - 9:00am – 1:00pm by appt. only

MC at Georgia Avenue, NW Ward - 4
3912 Georgia Ave., NW Mon-Fri 8:30am -5:00pm
202-545-8042
2nd Sat. - 9:00am – 1:00pm by appt. only

MC at Brentwood (Brookland) Ward - 5
Brentwood Village Shopping Center
1305 Rhode Island Ave., NE Tues. & Thurs.
8:30am-4:30pm
202-269-0487 or main Mary Center 202-232-6721

UHC at Southwest Clinic Ward - 6
850 Delaware Ave SW 3rd floor
202-548-4549 Tue 8:30am – 5:00pm

UHC at Parkside Health Center Ward - 7
765 Kenilworth Terrace, NE 20019
202-388-8177 Mon-Fri 8:30am-4:00pm

UHC at Anacostia Health Center Ward - 8
1500 Galen Street SE 202-610-5491
Mon – Fri 9:00am – 4:00pm

HUH at United Medical Center Ward - 8
1310 Southern Avenue, S.E. (Mobile Unit)
Mon 9:00am – 3:00pm

Ward 1: 7 sites Ward 4: 1 site
Ward 5: 3 sites Ward 6: 1 site
Ward 7 3 sites Ward 8: 6 sites

CNHS at Adams Morgan/Dorchester Ward - 1
1630 Euclid St., NW 20009
202-476-5479 Mon-Tues-Fri 8:30am-4:30pm

Howard University Hospital (HUH) Ward - 1
2041 Georgia Ave., NW 20060 rm.1 K03
202-865-4942 Mon- Fri 9:00am-4:00pm
4th Sat 9am – 1:00 pm

UHC Walker Jones Clinic Ward - 5
40 Patterson St., NE 20002 202-478-4716
Mon & Thurs 8:15am – 4:45pm

UHC at East of the River Ward - 7
123 45th St. N.E. 20019 202-388-7752
Mon, Tues, Fri. 8:30am – 5:00pm
Wed. 11:00am -7:00pm

CNHS at MLK Ave. SE Ward - 8
3029 MLK Jr., Ave., SE
202-476-6585 Tues, Wed, Thurs. 9:00am – 4:00pm

HUH at Joint Base Anacostia Bolling Ward - 8
BAFB 202-865-4942 (Mobile Unit)
Tues - Thurs 9:00am – 3:00pm

Key: **Children's Nat'l Health Systems CNHS; Howard University Hospital (HUH) Mary's Center for Maternal & Child Care (MC)**
Unity Health Care (UHC)

CNHS Shaw Campus Ward - 1
2220 11th St., NW 20010
202-476-6298 or 6299 Mon- Fri 8:30am-4:30pm

Unity Health Care (UHC) Upper Cardozo Ward - 1
3020 14th St., NW 20009 202-299-1554
Mon-Fri 8:30am-5:00pm 2nd & 4th Sat- 8:00am-12:00pm

UHC at DC Birthing Center Ward - 5
17th & Benning Road NE (Mobile Unit)
Wed. 9:00am – 3:00pm

HUH at Minnesota Ward - 7
3924 Minnesota Ave., N.E. 20019 202-627-7851
Mon-Fri 8:30am-4:30pm 2nd Sat - 9:00am-1:00pm

CNHS at Good Hope Road Ward - 8
2501 Good Hope Road SE 20020
202-476-6994 Mon & Fri 9:00am – 4:30pm

CNHS at The ARC SE Ward - 8
1901 Mississippi Avenue, SE 20020 202-436-3062
8:30am-5:00pm Fridays only

Nutrition and Physical Fitness

9. Please provide an update on the Mayor's FitDC initiative.

Please see AMP response.

Perinatal and Infant Health

10. **Please provide an update on the efforts of the Perinatal and Infant Health Bureau (PIHB) during FY15 and to date in FY16, to address the following:**

In response to emerging best practices, DOH has refined our citywide approach to address perinatal and infant mortality disparities. Effective approaches to improving maternal and child health outcomes must use a life course perspective, recognizing that a person's health is determined by factors present prior to conception; address social determinants of health, recognizing that poverty and racism profoundly affect psychosocial well-being and are major contributors to disparities in birth outcomes; implement systems level interventions, recognizing that addressing underlying social policies have profound impacts on improving health; and build collective impact, recognizing that sectors beyond public health and medicine must have a role in addressing preventable infant deaths to realize long lasting equitable outcomes for all of our families, regardless of race or place.

DOH is strategizing to improve perinatal health by ensuring every community understands its health risks and role in improving perinatal health outcomes. To achieve this goal, DOH has identified seven core priorities:

- Every teenage girl and woman in DC is in control of her reproductive health.
- Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester.
- Every healthcare provider has the tools and resources they need to provide quality care and manage complex social needs of women and infants.
- Every healthcare facility providing maternal and infant care has the tools and resources to practice evidence based health care and to document QI/QA activities.
- Every newborn receives high-quality neonatal care in the hospital and outpatient setting.
- Every parent has the life skills needed to nurture and provide for their family.
- Every infant, mom, and dad has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.

Acknowledging that contributors to infant mortality and poor perinatal health are multi-factorial, programmatic approaches are not limited to addressing one specific factor, such as prematurity. DOH perinatal programs have a wide scope and include: annual surveillance of infant mortality and birth trends; evidence-based home visitation programs; safe sleep and Fetal Alcohol Syndrome Disorder (FASD) training for providers and residents; perinatal HIV prevention; newborn hearing and metabolic screening; increasing infant developmental screening; tobacco cessation; increasing healthy food access; and breastfeeding promotion. Using our strategic framework DOH has engaged in the following initiatives in FY15 and FY16:

- Every teenage girl and woman in DC is in control of her reproductive health.
 - Promotion of One Key Question® and reproductive life planning.

- Increasing adolescent engagement in preventive health through promotion of adolescent friendly health services and clinical-community linkages.
 - Increasing availability and usage of long-acting reversible contraceptives (LARCs).
- Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester.
 - Developing learning collaborative and quality improvement projects to enhance early entry into prenatal care.
 - Partnering with Mary's Center and Community of Hope to implement the Healthy Start: Eliminating Disparities in Perinatal Health case management program.
- Every healthcare provider has the tools and resources they need to provide quality care and manage complex social needs of women and infants.
 - Federally-funded perinatal disparities programs, MIECHV, Healthy Start and WIC, supplement medical care through provision of case management, education, nutrition counseling, and linkages to social services.
 - Implementing *Help Me Grow*, as centralized information and referral line to assist providers and families in linking children at risk for developmental and behavioral problems to needed services.
- Every healthcare facility providing maternal and infant care has the tools and resources to practice evidence based health care and to document QI/QA activities.
 - Partnering with Department of Health Care Finance's Perinatal Collaborative to develop clinical quality indicators that may be used to measure quality improvement projects.
 - Participation in the Collaborative Improvement and Innovation Network to reduce Infant Mortality, and federally-funded national initiative to link all 59 states and territories in a virtual learning community to improve birth outcomes with a focus on reducing disparities and quality improvement.
- Every newborn receives high-quality neonatal care in the hospital and outpatient setting.
 - The District of Columbia's Linkage and Tracking System (DCLTS) seeks to improve the health outcomes for children between the ages of zero-to-three who are risk for developmental delays and disabilities or who exhibit signs or symptoms of developmental disabilities through early identification. The DCLTS provides a tracking mechanism to identify such children and make linkages with appropriate services for these children. In FY15, staff contacted over 1923 families and the Registered Nurse conducted 389 successful home visits.
 - The District of Columbia's Newborn Hearing and Newborn Metabolic screening programs aim to ensure that all infants born in the District receive a hearing screening and a metabolic screening and are referred to appropriate follow up care when necessary.
- Every parent has the life skills needed to nurture and provide for their family.
 - Using evidenced based or informed programs to enhance parenting skills
 - MIECHV and Healthy Start include parenting education.
 - Partnered with Department of Human Services to offer Chicago Parenting to families in the DC General Days Inn Shelter.
 - Working with agencies and community partners to strengthen father engagement.

- In partnership with DOES, male case managers provide a comprehensive educational curriculum inclusive of wellness, life skills, and fatherhood involvement classes to Project Empowerment participants. Classes began in January, 2015 and are offered once a week as part of a three week cohort of ~65 participants.
 - Also in partnership with DOES, the male case managers will expand the above program to men at DOC. Classes will be offered once a week as part of a six week cohort to ~25 men.
- Every infant, mom and dad has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.
 - Working with DC Promise Neighborhood Initiative, a place based initiative in Ward 7 aiming to increase the educational attainment of children in the community, thus improving health and economic success.
 - Establishing relationships with community based organizations working with populations at high risk for poor perinatal outcomes to strengthen place based approaches to improve perinatal health.
 - Providing perinatal health education for pregnant and postpartum women, fathers, caregivers, and family member in community settings. Examples of educational topics includes The Importance of Prenatal Care, Pregnancy and Smoking, Alcohol and Substance Abuse, Healthy Relationships, Domestic Violence, Depression, and Effective Listening, to name a few.

Specific interventions by topic area are listed below:

- Perinatal transmission of HIV/AIDS to infants;
 - PIHB staff provided health education and awareness to 300 District residents at more than 17 various community events and health fairs. Topics included, but were not limited to, developing a reproductive life plan, preconception health, healthy relationships, wellness, and STD, HIV/AIDS awareness education. Staff also made referrals to the Family and Medical Counseling Service, INC program for diagnostic services to decrease the transmission of HIV/AIDS. Additionally, the team distributed approximately 10,463 condoms to District residents throughout FY15.
 - Per HAHSTA, and the IMR Committee, there have been no reports of perinatal transmission of HIV in FY15.
- Infant mortality rate and low birth weight:
 - Please see above for specific initiatives
 - Vital statistics over the years have indicated that factors such as low birth weight, lack of adequate prenatal care, and prematurity are associated with infant mortality, therefore strategies to decrease low birth weight also aim to decrease infant mortality.
 - DOH aims to improve perinatal health outcomes and help all District residents attain their highest level of health. In response to emerging best practices to address perinatal and infant mortality disparities, DOH has restructured current programs to align with these nationally recognized strategies. Based on recommendations provided by the Secretary's Advisory Committee on Infant

Mortality and the Health Resources and Services Administration Maternal Child Health Bureau, DOH's citywide strategy (*see seven core priorities above*) reflects the core principles identified to decrease perinatal health disparities and improve maternal and child health. These principles include using a life course perspective, addressing social determinants of health, implementing systems level interventions, and building collective impact.

- Fetal Alcohol Spectrum Disorders (FASD)
 - The FASD initiative for the District continued to educate pregnant women and women of childbearing age on the dangers of drinking alcohol while pregnant. The coordinator provided FASD education at the weekly Safe Sleep Program workshops. Additionally, the coordinator provided FASD awareness trainings to maternal and child health partners and community-based organizations to help them educate prospective parents about the dangers of drinking during pregnancy.
- Prenatal Education
 - Prenatal education is included in all programs serving the prenatal population. Please see above section for more details.
- Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID)
 - The Safe Sleep Program continued to distribute Pack 'N Plays to eligible District residents. In FY 2015, the program distributed 997 Pack 'N Plays to families in need of a safe sleep environment for their infant(s). The Program provides two weekly, two-hour health education sessions on Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID). These workshops educate prospective parents on how to provide a safe sleep environment for their infant, and is a requirement for all parents/caregivers who receive Pack 'N Plays.
 - One-on-one SIDS/SUID and safe sleep education is provided through partnering agencies home visitation programs and routine prenatal and infant medical care.
 - The DC Safe Sleep program collaborated with the National Institute for Children's Health Quality (NICHQ) to implement a pilot project to provide in-home follow up visits that give assistance to families for safe sleep education and usage of the Pack 'N Play(s). Partnering agencies that conducted home visits were selected to participate in the pilot.

Perinatal and Infant Health

12. Please provide an update on the D.C. Healthy Start Program. Include the number of funded slots available per Ward and the number of slots actually used.

The District of Columbia Department of Health (DOH) aims to improve perinatal health outcomes and help all District residents attain their highest level of health. In response to emerging best practices to address perinatal and infant mortality disparities, DOH has restructured current programs to align with these nationally recognized strategies. Based on recommendations provided by the Secretary's Advisory Committee on Infant Mortality and the Health Resources and Services Administration Maternal Child Health Bureau, DOH's citywide strategy reflects the core principles identified to decrease perinatal health disparities and improve maternal and child health. These principles include using a life course perspective, addressing social determinants of health, implementing systems level interventions, and building collective impact. The objectives of the DC Healthy Start Program (DCHS) (improve women's health, promote quality services, strengthen family resilience, achieve collective impact and increase accountability) provide the basis for the District's approach to improving outcomes for our women, children and families.

Within DCHS, DOH has shifted from our historical direct service structure to community-based approaches to service delivery, leveraging patient centered medical homes in areas of higher risk and need. Using a medical home model, federally qualified health centers (FQHCs) provide comprehensive case management services for DCHS program participants, while DOH provides overall grant oversight, technical assistance and capacity-building.

To date, DOH has established awards with two FQHCs, with a goal of serving 800 perinatal women and infants within a full program year. DCHS is eligible for women residing in all Wards of the District, however, given the disparate outcomes amongst Wards, outreach efforts are aimed at those women and infants in Wards 5, 6, 7 and 8. DOH is committed to expand the program and develop the capacity of medical homes in high need communities, including school based health centers and other community health centers.

The HS standardized curriculum will guide health promotion and education, aiming to promote healthy behaviors through the preconception stage, prenatal stage, postpartum stage, and the interconception period. This curriculum includes such topics as breastfeeding, smoking cessation, parenting, life skills, and stress management. As DCHS services are based at medical homes, all participants will be linked with a primary care provider and encouraged to engage in preventive care. DCHS will work with vendor based clinicians to ensure best practices are utilized, such as BMI assessments (with weight counseling as indicated) and chronic disease screenings. DCHS will encourage the use of One Key Question® for all reproductive age women, as well as male participants, to ensure participants have reproductive life plans.

A key accomplishment for this period, is the development of a new web based DCHS database. The database will collect all required HRSA benchmarks and track participants case management plans and services. The database will allow DCHS to easily monitor each vendor's progress on agreed upon reporting requirements. All staff will utilize the database to track routine perinatal and preventive visits, curricula topics and adherence to referrals to ensure DCHS participants are receiving comprehensive care and services. The DCHS database will allow case managers to track the following for all enrolled participants: demographic information; risk screenings; clinical services (routine appointments); referrals; and education topics reviewed. The database may also be used to provide participants with appointment reminders.

In addition to comprehensive case management, DCHS also includes components to strengthen fatherhood, improve accountability and achieve collective impact.

The Male Case Management (MCM) program conducted 19 health education sessions to 92 participants. Topics included: health insurance, depression; stress, substance abuse; domestic violence; smoking; and HIV. All presentations were culturally and linguistically appropriate. The MCMs also participated in more than 17 community events and health fairs. Classes consist of ~65 men and women eager to enter into workforce. The DCHS MCM component is integrated into case management services and supports the well-being of women, children and families. The MCMs incorporated outreach and engagement strategies to reach fathers and partners to participate in case management services. The MCMs have fostered collaboration with Project Empowerment (a job readiness program for residents facing multiple barriers to employment), and programs that provide employment support for ex-offenders. Fathers in case management received education using the Bradley method and the DC Healthy Start Father's Journal (adapted from the Baltimore City Healthy Start Center for the Fathers, Families and Workforce Development). In the next project year, DCHS will have a designated staff person to oversee fatherhood initiatives.

Another key accomplishment during this project period is that DCHS collaborated with the MIECHV home visiting program and The Georgetown University Early Childhood Intervention Professional Development Center to provide training to enhance staff competencies. Each home visitor received a certificate after completing a thirteen module curriculum designed for perinatal and early childhood home visitors. The project partnered with the Centers for Disease Control and Prevention to provide staff education and training on the "Learn the Signs. Act Early" Watch Me! Milestones and Sharing Concerns online training modules. Staff also received monthly in-service education and resources public health topics such as immunizations, health equity, social determinants of health, and smoking cessation.

Perinatal and Infant Health

13. Are there any opportunities to receive more federal funding for the D.C. Healthy Start Program?

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services released a Funding Opportunity Announcement (FOA) for *Healthy Start Initiative: Eliminating Disparities in Perinatal Health* in December 2013. Awardees under this opportunity are eligible for up to five years of funding during Federal fiscal years 2014-2018, with an award ceiling of \$2 million. Funding beyond the first year is dependent upon availability of funds and satisfactory performance of grantees.

In November 2014, DC DOH was awarded a grant for Eliminating Disparities in Perinatal Health (DC Healthy Start) with a project period of November 1, 2014 through March 31, 2019. The initial award (FY14) was in the amount of \$1.8 million, with recommended future funding of \$1.8 million for FY15-17 and \$750,000 for FY18. Based on HRSA's FOA, there are no further opportunities to receive additional federal funding for DC Healthy Start.

Perinatal and Infant Health

14. **Pursuant to the FY16 budget, \$400,000 was transferred to CHA with the directions to work with Washington D.C. providers of centering and group prenatal care to determine how to best use the funds to increase the utilization of centering and group prenatal care. A report detailing the suggestions of the providers was due on November 16th, 2015. Please attach a copy of this report and provide an update on what has been done to connect with the providers and state what their suggestions are in regards to increasing the utilization of centering and group prenatal care.**

In 2013, Providence Hospital was awarded a \$1.8 million dollar innovation grant from the Centers for Medicaid and Medicare Services (CMS) to lead a collaborative effort to decrease rates of preterm births in the District of Columbia. The National Capital Strong Start (NCSS) unites leading District hospitals and federally qualified health centers in improving maternal and infant health care and reducing preterm births among women enrolled in Medicaid. Under NCSS, three enhanced prenatal care models, Centering Pregnancy®, Birth Centers, and Maternity Home Model are available for Medicaid eligible pregnant women who seek care in the District. The program has the capacity to serve nearly 1400 pregnant women. The NCSS program is a four-year initiative, which includes three years to test and evaluate the prenatal care interventions and data collection and submission. During the fourth year there will be no patient care, but data collection and submission will continue. Providence Hospital's Center for Life and MedStar Washington Hospital Center are implementing Centering Pregnancy®, with capacity to serve 100 and 130 prenatal women, respectively. Program outcomes data are not publically available to date. DOH anticipates reviewing the NCSS program evaluation to determine which strategies were most effective and should be expanded to help improve birth outcomes for at risk women.

For Fiscal Year 2016 CHA received \$400,000 to support initiatives to reduce infant mortality. CHA has allocated this funding to expand DC Healthy Start (DCHS) services and implement the Pregnancy Risk Assessment Monitoring System (PRAMS). DCHS aims to improve perinatal health outcomes using a community-based approach to service delivery, leveraging patient centered medical homes in areas of higher risk and need. Using a medical home model, federally qualified health centers (FQHCs) provide comprehensive case management services for DCHS program participants. Federal funding for DCHS allows for program capacity of 800 preconception, prenatal and postpartum women and infants up to age two years. DOH is committed to expand the program and develop the capacity of medical homes in high need communities, including school-based health centers and other community health centers. Local resources provide tremendous opportunity as well as flexibility to test models of service delivery, such as group prenatal visits, to determine what best meets the needs of District families.

PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Data collected by PRAMS is not available from existing sources, and will allow DOH to better assess factors contributing to poor outcomes to design more effective strategies. DOH will use PRAMS to identify

subpopulations of women and infants at high risk for health problems; to monitor changes in health status; to measure progress toward goals in improving the health of mothers and infants; to plan and review programs and policies aimed at reducing health problems among mothers and babies; and to identify gaps in services to the local population and assist in planning of maternal and infant health programs.

Child, Adolescent and School Health

15. **Please provide an update on CHA's coordination with other District programs during FY15 and to date in FY16, including the Department of Behavioral Health (DBH) and the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) to promote and expand school health services.**

DOH School Health Services

School Nursing Services

In FY 2015, and to date, CHA continues to collaborate with Children's National Medical Center/Children's School Services, DCPS and the DC Public Charter School Board to provide school nursing services in public and public charter schools in the District.

In addition to CHA's collaboration with DCPS and the Public Charter School Board on direct school nursing services CHA's activities include:

1. Oversight of the provision of medication administration training to non-medical public and public charter school employees who administer medication at times when the school nurse is not available.
2. Provision of technical advice and development of school health policy proposals.
3. Facilitation of the development and oversight of school based health centers in public high schools.
4. Collaboration with DCPS to upgrade school nurse suite equipment in SY 2014-2015 DCPS provided more than \$400,000 for equipment and medical supplies for nurse suites in their schools

School-Based Preventive Oral Health Program

The School-Based Preventive Oral Health Program continued to facilitate dental exams in the District of Columbia Public Schools (DCPS) in FY 2015. During FY2015, CHA also entered into a Memorandum of Agreement (MOA) with DCPS which will enable us to expand the School-Based Preventive Oral Health Program's reach within the DCPS during FY 2016.

Health and Sexuality Education Program

CHA's Health and Sexuality Education (HSE) Program has coordinated and partnered with OSSE, the Department of Youth and Rehabilitation Services, the Department of Parks and Recreation and Higher Achievement, DC Metro to provide health education for in and out of school youth. The HSE program is an active partner on HAHSTA's Youth HIV/STD Work group; and, has participated in updating the Youth HIV/AIDS Prevention Plan. The HSE program also coordinates with HAHSTA to provide condoms for the school nurse suites managed by Children's National Medical Center/ Children's School Services. Additionally, the

HSE program has worked with the following agencies/organizations to provide health education services:

HSE Coordination and Collaboration with District Programs:

OSSE and HAHSTA

CHA's HSE continues its coordination and collaboration with OSSE's Health Education Team and HAHSTA on *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*, a CDC-sponsored initiative that began in April 2013. The purpose of this initiative is to: 1) build the capacity of the District's public charter schools in reducing the incidence and prevalence of HIV infection and other STDs among students; 2) reduce disparities in HIV infection and other STDs experienced specifically by adolescent sub-populations; 3) and implement school-based surveillance through the Youth Risk Behavior Survey (YRBS) and the CDC School Health (Profiles) implementation. The collaboration between OSSE and DOH helps to strengthen efforts to reduce HIV and other sexually transmitted infections, and teen pregnancy rates among youth in the District of Columbia. In this initiative, CHA's responsibilities include:

1. Attending joint meetings and providing content expertise and recommendations on implementation, and adaptation of sexual health curricula and programming;
2. CHA staff serving as co-master trainers for OSSE's cadre of trainers on selected sexual health curricula and/or programs;
3. Co-facilitating selected professional development trainings and/or workshops conducted and coordinated by OSSE to help increase the capacity of schools and organizations around sexual health curricula, health services, programs, and policies; and
4. Providing technical assistance to DC public charter local education agencies in the implementation of sexual health curricula, health services, programs, and policies.

DC Department of Parks and Recreation

Conducted health education workshops for youth participating in summer camp and afterschool programs.

DC Department of Youth Rehabilitation Services

Conducted health education workshops for youth transitioning back into the community.

Higher Achievement, DC Metro

Conducted health education workshops for afterschool program participants at Kelly Miller Middle School.

School-Based Health Centers

In FY 2015, CHA continued to coordinate school-based health center facility upgrades and expansion with DCPS and the Department of General Services (DGS). Specifically DOH, DCPS, and DGS coordinated furnishing the new Ballou School-Based Health Center in Ward 8 after the new construction was completed. Additionally, DOH, DGS and DCPS ensured that the SBHC at Anacostia SHS in Ward 8 had a fully functioning dental suite so that service provision could begin in FY 2016.

Department of Behavioral Health

DOH-supported school health programs work collaboratively with DBH staff in schools to ensure that the mental health needs of students are met in a timely, consistent manner. In December, the Community Health Administration met with the Department of Behavioral Health regarding the creation of a Comprehensive Plan for Expanding Early Childhood and School-Based Behavioral Health Services as part of the South Capitol Street Investment implementation. This joint venture includes OSSE, DCPS, DCPCS, DHS and advocacy groups. The goal is to better align our efforts to provide school-based mental health services in the District.

Fatherhood Case Management for Parenting Teens

The Perinatal and Infant Health Bureau (PIHB) male case management component provides fatherhood and case management services to parenting teens in DC public schools' New Heights programs. The program promotes positive involvement of fathers through case management and home visitation services, presentations, health screens, social problems identification, and referrals. Eligibility requirements are expectant fathers, and fathers with children 2 years and under.

School Health Needs Assessment

The Community Health Administration will be procuring a school health needs assessment to aid in the development of a comprehensive plan to improve the health and well-being of the District's youth. The assessment will include input from many agencies and administrations in the District including OSSE, DCPS, DCPCS, DBH, DHCF and DOH HAHSTA.

Child, Adolescent, and School Health

16. Are there any updates to CHA's coordination of school health activities across District agencies?

The Child, Adolescent and School Health Bureau (CASH) within CHA is responsible for the oversight of school health related activities within DOH. In FY 2015, and to date in FY 2016, CHA worked in partnership with representatives of the Office of the Deputy Mayor for Health and Human Services (DMHHS); the Office of the Deputy Mayor for Education (DME); DCPS' Office of Youth Engagement; the Public Charter School Board (PCSB); Office of the State Superintendent of Education (OSSE); the Department of Health Care Finance (DHCF); the Mayor's Office of Policy and Legislative Affairs (OPLA) and the Department of General Services (DGS) on initiatives to improve the health and wellness of District students. These initiatives included:

1. Collaborating with the Office of the Deputy Mayor for Health and Human Services; the Office of the Deputy Mayor for Education; DCPS; and the Public Charter School Board on school health services and operation issues, including nurse staffing, medication administration training, and school health policy development.
2. Coordinating school health policy issues, including amendments to the Student Access to Treatment Act of 2007 with the Office of the Deputy Mayor for Health and Human Services; the Office of the Deputy Mayor for Education; DCPS; the PCSB; and OPLA.
3. Executing a data sharing agreement with OSSE to enable DOH to obtain public charter school enrollment data in support of school nursing and immunization services in public charter schools.
4. Partnering with the DHCF on a Center for Medicaid Services Oral Health Initiative Learning Collaborative designed to help jurisdictions to identify key oral health needs within the Medicaid population, and develop a State Oral Health Action Plan.
5. Collaborating with the OSSE Assistant Superintendent for Health and Wellness to coordinate work associated with implementing the District's new Undesignated Epinephrine Auto-injector Program. CHA anticipates obtaining a standing order prior to the June 1, 2016 deadline.
6. Coordinating school-based health center expansion efforts with DCPS and DGS.
7. Coordinating efforts with the Office of the Deputy Mayor for Health and Human Services, the Office of the Deputy Mayor for Education, OSSE, DCPS, and DHCF on a No Shots, No School Public Education Campaign aimed at increasing immunization compliance among DC school children.



**Children's National Health System
Children's School Services
School Health Nursing Program**

FY15 and FY16 (YTD) Oversight Hearing Questions

Questions # 17

- A For all public and public charter schools, please provide an update on current nurse staffing coverage.
- B Please provide a breakdown by school and indicate whether or of the nurse is full or part-time,
- C What is the nurse to student ratio at all public and public charter schools?
- D During FY15 and to date in FY16, what activities were implemented to enhance public and public charter school nursing services?



| District of Columbia Public Schools | | | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | |
| # DCPS | 109 | 109 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | |
| # DCPS with FT Coverage | 80 | 84 | 93 | 82 | 84 | 89 | 91 | 97 | 96 | 105 | 101 | |
| # DCPS with PT Coverage | 29 | 25 | 16 | 27 | 25 | 22 | 18 | 12 | 13 | 3 | 8 | |
| # DCPS Without Assigned Nurse | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| % DCPS with FT Coverage | 73.4% | 77.1% | 84.5% | 74.5% | 76.4% | 80.9% | 82.7% | 88.2% | 87.3% | 95.5% | 91.8% | |
| % DCPS with PT Coverage | 26.6% | 22.9% | 14.5% | 24.5% | 22.7% | 20.0% | 16.4% | 10.9% | 11.8% | 2.7% | 7.3% | |
| % DCPS without Assigned Nurse | 0.0% | 0.0% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | |

| Public Charter Schools | | | | | | | | | | | | |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| # PCS | 48 | 49 | 49 | 51 | 52 | 52 | 52 | 53 | 53 | 53 | 53 | |
| # PCS with FT Coverage | 35 | 33 | 40 | 37 | 37 | 39 | 40 | 43 | 36 | 43 | 40 | |
| # PCS with PT Coverage | 13 | 15 | 8 | 11 | 11 | 11 | 12 | 9 | 16 | 9 | 13 | |
| # PCS Without Assigned Nurse | 0 | 1 | 1 | 3 | 4 | 2 | 0 | 1 | 1 | 1 | 0 | |
| % PCS with FT Coverage | 72.9% | 67.3% | 81.6% | 72.5% | 71.2% | 75.0% | 76.9% | 81.1% | 67.9% | 81.1% | 75.5% | |
| % PCS with PT Coverage | 27.1% | 30.6% | 16.3% | 21.6% | 21.2% | 21.2% | 23.1% | 17.0% | 30.2% | 17.0% | 24.5% | |
| % PCS without .Assigned nurse | 0.0% | 2.0% | 2.0% | 5.9% | 7.7% | 3.8% | 0.0% | 1.9% | 1.9% | 1.9% | 0.0% | |

| Overall - # of DCPS and Public Charter Schools Receiving Full-time versus Part-time Nursing Coverage | | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| | Aug-14 | Sep-14 | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | |
| Total # DCPS & PCS | 157 | 158 | 159 | 161 | 162 | 162 | 162 | 163 | 163 | 163 | 163 | |
| # DCPS and PCS with FT Coverage | 115 | 117 | 133 | 119 | 121 | 128 | 131 | 140 | 132 | 148 | 138 | |
| % DCPS & PCS with FT Coverage | 73.2% | 74.1% | 83.6% | 73.9% | 74.7% | 79.0% | 80.9% | 85.9% | 81.0% | 90.8% | 84.7% | |

**Choice Academy @ Emery health suite has been approved by DOH; coverage is based on enrollment. Currently there are 5 students.

| District of Columbia Public Schools | | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 |
| # DCPS | 111 | 112 | 112 | 112 | 112 | 112 | | | | | |
| # DCPS with FT Coverage | 109 | 103 | 101 | 105 | 100 | 96 | | | | | |
| # DCPS with PT Coverage | 2 | 9 | 11 | 7 | 12 | 16 | | | | | |
| # DCPS Without Assigned Nurse | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| % DCPS with FT Coverage | 98.2% | 92.0% | 90.2% | 93.8% | 89.3% | 85.7% | | | | | |
| % DCPS with PT Coverage | 1.8% | 8.0% | 9.8% | 6.3% | 10.7% | 14.3% | | | | | |
| % DCPS without Assigned Nurse | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | | |

| Public Charter Schools | | | | | | | | | | | |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 |
| # PCS | 50 | 50 | 54 | 56 | 57 | 57 | | | | | |
| # PCS with FT Coverage | 48 | 45 | 42 | 47 | 53 | 48 | | | | | |
| # PCS with PT Coverage | 2 | 5 | 8 | 4 | 2 | 6 | | | | | |
| # PCS Without Assigned Nurse | 0 | 0 | 4 | 5 | 2 | 3 | | | | | |
| % PCS with FT Coverage | 96.0% | 90.0% | 77.8% | 83.9% | 93.0% | 84.2% | | | | | |
| % PCS with PT Coverage | 4.0% | 10.0% | 14.8% | 7.1% | 3.5% | 10.5% | | | | | |
| % PCS without Assigned nurse | 0.0% | 0.0% | 7.4% | 8.9% | 3.5% | 5.3% | | | | | |

| Overall - # of DCPS and Public Charter Schools Receiving Full-time versus Part-time Nursing Coverage | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 |
| Total # DCPS & PCS | 161 | 162 | 166 | 168 | 169 | 169 | | | | | |
| # DCPS and PCS with FT Coverage | 157 | 148 | 143 | 152 | 153 | 144 | | | | | |
| % DCPS & PCS with FT Coverage | 97.5% | 91.4% | 86.1% | 90.5% | 90.5% | 85.2% | | | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

**District of Columbia Public Schools Receiving Full-time vs. Part-time Coverage
As of January 14, 2016**

| Ward 1 | | | | | | |
|-------------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Bancroft ES | | ✓ | 1.0 | | | |
| Banneker Academic HS | ✓ | | 1.0 | | | |
| Bell Multicultural SHS | ✓ | | 1.0 | | | |
| Bruce Monroe ES | ✓ | | 0.2 | 0.8 | | |
| Cardoza MS <i>colocated</i> | ✓ | | 1.0 | 0.4 | | |
| Cardoza SHS <i>colocated</i> | ✓ | | 1.0 | | | |
| Cleveland ES | ✓ | | 0.8 | 0.2 | | |
| H. D. Cooke ES | ✓ | | 0.2 | 0.8 | | |
| Lincoln MS (Columbia Heights) | ✓ | | 1.0 | | | |
| Oyster-Adams Bilingual | | ✓ | 0.6 | 0.2 | | |
| Reed Learning Center | ✓ | | 0.6 | 0.4 | | |
| Tubman ES | ✓ | | 1.0 | | | |
| Washington Metropolitan HS | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 2 | | | | | | |
|---|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Ellington School of the Arts | ✓ | | 1 | | | |
| School Without Walls @ Frances-Stevens EC | ✓ | | 1.0 | | | |
| Garrison ES | ✓ | | 0.4 | 0.6 | | |
| Hardy MS | ✓ | | 0.8 | 0.2 | | |
| Hyde ES | ✓ | | 0.2 | 0.8 | | |
| Ross ES | | ✓ | 0.6 | | | |
| School Without Walls (SWW)-SHS | ✓ | | 1.0 | | | |
| Seaton ES | ✓ | | 1.0 | | | |
| Thomson ES | ✓ | | 1.0 | | | |

| Ward 3 | | | | | | |
|---------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Deal MS | ✓ | | 1.0 | | | |
| Eaton ES | ✓ | | 1.0 | | | |
| Hearst ES | | ✓ | 0.2 | 0.4 | | |
| Janney ES | | ✓ | 0.8 | | | |
| Key ES | ✓ | | | 1.0 | | |
| Mann ES | | ✓ | 0.2 | 0.6 | | |
| Murch ES | ✓ | | 1.0 | | | |
| Oyster-Adams Bilingual EC | ✓ | | 1.0 | | | |
| Stoddert ES | | ✓ | 0.8 | | | |
| Wilson SHS | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 4 | | | | | | |
|-----------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Barnard ES | ✓ | | 1.0 | | | |
| Brightwood Education Campus | ✓ | | 1.0 | | | |
| Coolidge SHS | ✓ | | 1.0 | | | |
| Lafayette ES | ✓ | | 1.0 | | | |
| LaSalle-Backus EC | ✓ | | 1.0 | | | |
| Powell Education Campus | ✓ | | 0.4 | 0.6 | | |
| Raymond EC | ✓ | | 0.6 | 0.4 | | |
| Roosevelt SHS | ✓ | | 0.8 | 0.2 | | |
| Dorothy I. Height ES | ✓ | | 0.8 | 0.2 | | |
| Shepherd ES | ✓ | | 1.0 | | | |
| Takoma Education Campus | ✓ | | 1.0 | | | |
| Truesdell Education Campus | ✓ | | 0.2 | 0.8 | | |
| West Education Campus | ✓ | | 0.2 | 0.8 | | |
| Whittier Education Campus | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 5 | | | | | | |
|--|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Bunker Hill ES | ✓ | | 0.8 | 0.2 | | |
| Brookland MS | ✓ | | 0.2 | 0.8 | | |
| Browne Education Campus | ✓ | | 1.0 | | | |
| John Burroughs Education Campus | ✓ | | 1.0 | | | |
| Choice Academy MS/HS <i>See Note below</i> | | | | | | |
| Dunbar HS | ✓ | | 1 | | | |
| Langley Education Campus | ✓ | | 0.2 | 0.8 | | |
| Langdon ES | ✓ | | 0.2 | 0.8 | | |
| Luke C. Moore Academy | ✓ | | 1 | | | |
| Mamie D. Lee | ✓ | | 1.0 | | | |
| McKinley Tech MS | ✓ | | 0.8 | 0.2 | | |
| McKinley Tech HS | ✓ | | 1.0 | | | |
| Noyes Education Campus | ✓ | | 1.0 | | | |
| Phelps HS | ✓ | | 1.0 | | | |
| Wheatley Education Center | ✓ | | 1.0 | | | |

Note: Choice Youth Engagement has enrollment of 2. Telephone coverage provided.

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 6 | | | | | | |
|--|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Amidon-Bowen ES | | ✓ | 0.8 | | | |
| Brent ES | ✓ | | 0.2 | 0.8 | | |
| Capital Hill Cluster – Stuart Hobson | ✓ | | 0.2 | 0.8 | | |
| Capital Hill Cluster – Watkins Campus | | ✓ | 0.8 | | | |
| Eastern SHS | | ✓ | 0.8 | | | |
| Eliot-Hine MS | ✓ | | 0.8 | 0.2 | | |
| Jefferson Academy | | ✓ | 0.8 | | | |
| J. O. Wilson ES | ✓ | | 1.0 | | | |
| Ludlow-Taylor ES | ✓ | | 0.2 | 0.8 | | |
| Maury ES | ✓ | | 0.2 | 0.8 | | |
| Miner ES | ✓ | | 1.0 | | | |
| Payne ES | ✓ | | 0.2 | 0.8 | | |
| Peabody ES | ✓ | | 0.8 | 0.2 | | |
| Seaton ES | ✓ | | 1.0 | | | |
| School Within a School | ✓ | | 1.0 | | | |
| Tyler ES | ✓ | | 1.0 | | | |
| Vanness Early Ed. Center | ✓ | | 0.8 | 0.2 | | |
| Walker-Jones Education Center | ✓ | | 0.2 | 0.8 | | |
| Capital Hill Montessori @ Logan Center | ✓ | | 0.8 | 0.2 | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 7 | | | | | | |
|----------------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Aiton ES | ✓ | | 0.2 | 0.8 | | |
| Beers ES | ✓ | | 1.0 | | | |
| Burville ES | ✓ | | 1 | | | |
| Drew ES | ✓ | | 1.0 | | | |
| C. W. Harris ES | ✓ | | | 1.0 | | |
| Houston ES | ✓ | | 1.0 | | | |
| Kelly Miller MS | ✓ | | 1.0 | | | |
| Kimball ES | ✓ | | 0.8 | 0.2 | | |
| Nalle ES | | ✓ | 0.6 | | | |
| Plummer ES | ✓ | | 1.0 | | | |
| Randle Highlands ES | ✓ | | 1.0 | | | |
| River Terrace Special Ed. Center | ✓ | | 1.0 | 1.0 | | 1.0 |
| Smothers ES | ✓ | | 0.6 | 0.4 | | |
| Sousa MS | ✓ | | 1.0 | | | |
| Thomas ES | ✓ | | 1.0 | | | |
| Woodson SHS | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 8 | | | | | | |
|---------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Anacostia SHS | ✓ | | 1.0 | | | |
| Ballou SHS | ✓ | | 1.0 | | | |
| Garfield ES | ✓ | | 0.2 | 0.8 | | |
| Hart MS | ✓ | | 1.0 | | | |
| Hendley ES | ✓ | | 1.0 | | | |
| Johnson MS | ✓ | | 0.2 | 0.8 | | |
| Ketcham ES | ✓ | | 1.0 | | | |
| M. L. King ES | ✓ | | 0.8 | 0.2 | | |
| Kramer MS | ✓ | | 0.2 | 0.8 | | |
| Leckie ES | ✓ | | 1 | | | |
| Malcolm X ES | ✓ | | 1.0 | | | |
| Moten ES | ✓ | | 1.0 | | | |
| Orr ES | ✓ | | 0.8 | 0.2 | | |
| Patterson ES | ✓ | | 0.8 | 0.2 | | |
| Savoy ES | ✓ | | 1.0 | | | |
| Simon ES | ✓ | | 1.0 | | | |
| Stanton ES | ✓ | | 0.8 | 0.2 | | |
| Turner | ✓ | | 0.8 | 0.2 | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

District of Columbia Public Charter Schools Receiving Full-time vs. Part-time Coverage

As of January 14, 2016

| Ward 1 | | | | | | |
|-----------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Creative Minds PCS | ✓ | | 0.2 | 0.8 | | |
| HU School of Math & Science | ✓ | | 1.0 | | | |
| Meridian Charter | ✓ | | 0.8 | 0.2 | | |
| E. L. Haynes – Upper School | ✓ | | 1.0 | | | |
| E. L. Haynes – Lower School | ✓ | | 1.0 | | | |
| Next Steps/LAYC Academy | | ✓ | 0.6 | | | |

| Ward 2 | | | | | | |
|---------------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Elsie Whitlow Stokes | | ✓ | 0.6 | | | |
| Friendship Woodbridge Campus | ✓ | | 1.0 | | | |
| DC Bilingual | ✓ | | 0.6 | 0.4 | | |
| KIPP DC: Shaw Campus | ✓ | | 1.0 | | | |
| Thurgood Marshall Academy | ✓ | | 1.0 | | | |
| Excel Academy @ Birney | ✓ | | 1.0 | | | |
| Friendship Tech Prep Academy HS | ✓ | | 1.0 | | | |
| Friendship Southeast | ✓ | | 1 | 0 | | |
| Friendship Tech Prep Academy MS | ✓ | | .0.8 | 0.2 | | |
| Friendship Armstrong Campus | ✓ | | 1.0 | | | |
| DC Prep Anacostia | ✓ | | | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 3 | | | | | | |
|--|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Integrated Design Electronic Academy | ✓ | | 1.0 | | | |
| KIPP DC Blaine Campus | ✓ | | 1.0 | | | |
| Maya Angelou Middle School & High School | ✓ | | 0.8 | 0.2 | | |
| Democracy Prep PCS | ✓ | | 0.2 | 0.8 | | |
| Friendship Collegiate Woodson Campus | ✓ | | 1.0 | | | |
| Apple Tree PCS-Douglas Knoll | ✓ | | 1.0 | | | |
| KIPP DC: Hamilton Campus | ✓ | | 1.0 | | | |
| Inspired Teaching PCS - <i>See note</i> | ✓ | | 1.0 | | | |
| Lee Montessori- <i>See note</i> | ✓ | | 1.0 | | | |
| DC Scholars PCS | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 4 | | | | | | |
|---|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Hope Community Charter School | ✓ | | 1.0 | | | |
| Perry Street Prep | ✓ | | 1.0 | | | |
| Paul Junior High Charter; Paul International High | ✓ | | 1.0 | | | |
| Capital City Lower, Middle & Upper | ✓ | | 1.0 | | | |
| Washington Latin Middle & Upper | ✓ | | 0.6 | 0.4 | | |
| Center City -Petworth | | ✓ | 0.2 | 0.4 | | |
| Centeer City- Capital Hill | | ✓ | 0.4 | 0.2 | | |
| Ward 5 | | | | | | |
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Two Rivers | ✓ | | 1.0 | | | |
| William E. Doar | ✓ | | 0.2 | 0.8 | | |
| D. C. Preparatory Lower School | ✓ | | 0.2 | 0.8 | | |
| D. C. Preparatory Academy MS | ✓ | | 0.8 | 0.2 | | |
| Washington Yu Ying | ✓ | | 0.8 | 0.2 | | |
| Mundo Verde Bilingual | ✓ | | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 6 | | | | | | |
|---------------------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Kingsman Academy | ✓ | | 1 | | | |
| Friendship Blowe Pierce | | ✓ | 0.8 | | | |
| Friendship – Chamberlain | ✓ | | 1.0 | | | |
| Cesar Chavez | ✓ | | 1.0 | | | |
| Washington Math, Science & Technology | ✓ | | 0.8 | 0.2 | | |

| Ward 7 | | | | | | |
|-------------------------------------|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| D. C. Prep – Benning/Richard Wright | | ✓ | 0.8 | | | |
| Apple Tree Early Learning | | ✓ | 0.6 | | | |
| KIPP DC: Key, Promise & Leap | | ✓ | 1.0 | | | |
| KIPP DC Webb Campus | | ✓ | 1.0 | | | |

Q #17B: For all public and public charter schools, please provide an update on current nurse staffing coverage. Please provide a breakdown by school and indicate whether or not the nurse is full or part time.

| Ward 8 | | | | | | |
|---|--------------------|--------------------|------------------|--------------------------|-------------------|-------------------|
| School/Type | Full-time Coverage | Part-time Coverage | Registered Nurse | Licensed Practical Nurse | Health Technician | Nursing Assistant |
| Achievement Preparatory Academy (Lower) | ✓ | | 1.0 | | | |
| National Collegiate Prep | ✓ | | 1.0 | | | |
| Achievement Preparatory Academy (Upper) | ✓ | | 1.0 | | | |
| Ingenuity PCS | ✓ | | 1.0 | | | |
| KIPP DC: Aim, Discover, The Heights | ✓ | | 1.0 | | | |

Q17C What is the nurse to student ratio for all public and public charter schools?

SY 14- 15 - Based on enrollment of 71,100 = 1 Registered Nurse for every 578 students

SY 15 - 16 YTD - Based on enrollment of 80,440 = 1 Registered Nurse for every 582 students

It is the position of the National Association of School Nurses (NASN) that daily access to a registered professional school nurse (hereinafter referred to as a school nurse) can significantly improve students' health, safety, and abilities to learn. To meet the health and safety needs of students, families, and school communities, school nurse workloads should be determined at least annually, using student and community specific health data. The determination of adequate nurse staffing is a complex decision-making process (ANA, 2014; Weston, Brewer, & Peterson, 2012). Individual state laws which regulate nursing practice to protect public health, safety and welfare must be followed. Student acuity status must be determined, as well as student care needs, including medications, health procedures, care coordination, case management, and staff training / supervision. In addition, a community health needs assessment will identify the social determinants that impact the health of students so that school nurses and administrators can plan to address those needs. Social determinants of community health and health disparities must be accounted for when determining school nurse staffing. (CDC 2011b, 2014a; Fleming, 2011; Meyer, 2012; USDHHS, 2014b):



Children's School Services
 School Health Nursing Program
 In-Service Schedule
 Fiscal Year 2015- present

Question 17 – During FY 15 and FY 16 YTD, what activities were implemented to enhance public and public charter school nursing services?

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|---|---|--|--|---|--|
| Friday Oct. 10, 2014 1:00 – 4:30 pm | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | A discussion with District of Columbia Public School administration regarding responsibilities around special education and attendance and how CSS personnel support them. | <u>The Role of the School Nurse in Special Education and Student Attendance</u> Goal: The school nurse will be better able to support DCPS initiatives through a better understanding of the responsibilities these initiatives entail. Objectives: The school nurse will be able to: <ul style="list-style-type: none"> • Differentiate between the Individual Education Plan (IEP) and the 504 Plan process. • Describe his/her role in the development of an IEP/504. • Summarize opportunities for the nurse to engage with the attendance counselor. | Speakers: Valentine Breithbart, MPH Program Manager, Health Services Office of Youth Engagement District of Columbia Public Schools Mary Allen-Rochester, MSN, RN Case Manager Children's School Services Children's National Medical Center Kimberly Mayes, MSW Attendance Specialist Office of Youth Engagement District of Columbia Public School Debra Reed, LICSW Attendance Specialist, Office of Youth Engagement District of Columbia Public Schools | Directors: 1 Managers: 8 Staff Dev: 2 RN: 3 CHN: 75 LPN: 23 NA: 1 Total: 113 |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|--|---|--|---|--|---|
| Monday Nov. 10, 2014 8:00 am – 4:30 pm Morning | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | A full day of providing school nurses with information and training they have requested through the Annual Staff Development Needs Assessment Survey. Additionally, timely information related to topics of national and organizational concern. Multiple topics. | <p><u>The Ebola and D 68 Viruses</u> Goal: The school nurse will have a firm understanding of these two newsworthy disease processes. Objectives: The school nurse will be able to:</p> <ul style="list-style-type: none"> • Discuss the pathophysiology of the Ebola and D 68 viral infections. • Recognize the signs and symptoms of Ebola and D 68 infections. • Summarize which types of precautions to utilize in the event of possible exposure to each virus in the school setting and why. <p><u>Laws and Regulations Affecting School Nurses in the District of Columbia</u> Goal: Provide an overview of the laws and regulations that impact the practice of school nursing in the District of Columbia. Objective: The school nurse will be able to recognize and discuss the impact of DC laws and regulations relevant to the practice of school nursing.</p> <p><u>Diabetes: The First 24 Hours</u> Goal: School nurses will be exposed to the overwhelming amount of information families of newly diagnosed diabetic children receive within the first 24 hours of diagnosis. Objective: The school nurse will be able to describe the sequence of events for the child and the family as they receive a diagnosis of Diabetes.</p> | <p>Speakers: Dr. Xiaoyan Song, PhD, MBBS, MSc Director ,Infection Control and Epidemiology Children’s National Medical Center</p> <p>Eartha Isaac, BA Public Health Advisor District of Columbia Department of Health</p> <p>Jane Turek, MSN, RN Diabetes Nurse Educator Department of Endocrinology Children's National Medical Center</p> | Directors: 1 Managers: 8 Staff Dev: 2 RN: 23 CHN: 77 LPN: 25 NA: 1 Total: 126 |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|--|-------|-------------|---|--|------------|
| Monday Nov. 10, 2014 8:00 am – 4:30 pm Afternoon | | | <p><u>Breakout Session A:</u> Insulin Pen Form and Function Goal: Increase school nurses comfort level with Insulin Pens. Objective: The school nurse will demonstrate his/her ability to operate an insulin pen safely and effectively.</p> <p><u>Breakout Session B:</u> Insulin Dosing Using Carbohydrate Counting Goal: Introduce school nurses to the concept of carbohydrate counting in computing insulin dosage. Objective: The school nurse will be able to accurately compute insulin dosage based on carbohydrate counting, correction factors and insulin:carbohydrate ratios.</p> <p><u>Breakout Session C:</u> Magnet Review Goal: Prepare school nurses for the upcoming visit by the Magnet committee to re-designate CNMC as a Magnet facility. Objective: The school nurse will be able to describe Children’s School Services Magnet nursing examples related to the Magnet Model.</p> | <p>Michael Fordiani Novo-Nordisk Representative</p> <p>Shawn Hickey-Higgins, MSN, RN, NCSN, CHES Staff Development Specialist Children’s School Services</p> <p>Jade Bland, BSN, RN School Nurse Children’s School Services</p> <p>Cathy Raisher, BS, RN Nurse Manager</p> <p>Patricia Howard-Chittams, MSN, RN Nurse Manager</p> | |



| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|---|--|---|---|--|---|
| Friday Feb. 13, 2015 8:00 am – 4:30 pm Wards: 1,2,3, and 4 | The ARC of DC 1901 Mississippi Ave SE, Washington, DC 20020 | A program designed to teach anyone who has regular contact with youth how to help adolescents and young adults who are experiencing mental health or addiction challenges or are in crisis. | <u>Youth Mental Health First Aid</u> Goal: to educate communities to understand mental illness in young people and to intervene in a timely manner and save lives. Objectives: The school nurse will be able to: <ul style="list-style-type: none"> • Recognize common mental health challenges for youth, i.e. <ul style="list-style-type: none"> ○ Anxiety ○ Depression ○ Substance use • Discuss typical adolescent development • Assess risk of harm • Listen in a non-judgmental manner • Describe a 5 step action plan for how to help young people in crisis and non-crisis situations. • Discuss recovery and resiliency | District of Columbia Department of Behavioral Health | Director: 1 Manager: 4 Case Man: 1 Staff Dev.: 2 CHN: 36 RN: 17 LPN: 12 Tech: 1 Totals: 74 |



| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|---|---|---|--|---|---|
| Monday Feb. 23, 2015 8:00 am – 4:30 pm Wards: 5,6,7, and 8 | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | A program designed to teach anyone who has regular contact with youth how to help adolescents and young adults who are experiencing mental health or addiction challenges or are in crisis. | <u>Youth Mental Health First Aid</u> Goal: to educate communities to understand mental illness in young people and to intervene in a timely manner and save lives. Objectives: The school nurse will be able to: <ul style="list-style-type: none"> • Recognize common mental health challenges for youth, i.e. <ul style="list-style-type: none"> ○ Anxiety ○ Depression ○ Substance use • Discuss typical adolescent development • Assess risk of harm • Listen in a non-judgmental manner • Describe a 5 step action plan for how to help young people in crisis and non-crisis situations. • Discuss recovery and resiliency | District of Columbia Department of Behavioral Health | Director: 1 Manager: 4 Case Man: 2 Staff Dev: 2 CHN: 53 RN: 13 LPN: 14 Totals: 89 |
| Friday May 1, 2015 8:00 am – 4:30 pm | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | This Nurse’s Day celebration is designed to assist the school nurse with professional collaborations with peers, parents and professional colleagues. | <u>Virginia Lee Lintott Lectureship for School Nursing and School Health</u> Goal: to empower the school nurse with the skills and knowledge to build better personal and professional relationships. Objectives: The school nurse will be able to: <ul style="list-style-type: none"> • Describe the role of emotional intelligence in stress management. • Discuss the role of emotional intelligence in managing personal and professional relationships • Describe the role of trust in conflict management. | Speaker: Al Way Adjunct/Associate Professor American University | Director: 2 Nurse Manager: 8 Case Man: 3 Staff Dev. 2 CHN: 91 RN: 32 LPN: 29 Tech: 1 Total: 168 |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|---|---|--|--|--|---|
| Friday May 1, 2015 (continued) | | | <ul style="list-style-type: none"> • Demonstrate strategies to strengthen relationships and organizational influence based on the principals of emotional intelligence. • Integrate the principles of emotional intelligence into the school nurses role as an influential leader in the school setting. | | |
| Monday, August 10 – Wednesday, August 12, 2015 8:00 am – 4:30 pm | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | A three-day educational opportunity designed to provide school nurses with current and evidence based information regarding issues impacting the practice of school nursing. | <p><u>Virginia Lee Lintott Summer Institute for Learning</u></p> <p>Goal: to facilitate the provision of the highest quality school nursing care to the students of the District of Columbia Public and CSS-covered Public Charter Schools by affording the nurses access to current and evidence based education and training on various optics impacting school health.</p> <p>Objectives: The school nurse will be able to:</p> <p>Topic: Immunization Up-date</p> <ul style="list-style-type: none"> • Discuss CDC recommendations related to immunization administration for children. • Discuss proper immunization record assessment and administration schedule for childhood vaccines. • Describe current trends related to vaccine preventable diseases. <p>Topic: Oral Health</p> <ul style="list-style-type: none"> • Describe an overview of the DC Pediatric Oral Health Coalition program | <p>Speakers:</p> <p>Jacquelyn Campbell, RN, MSN, CPNP Immunization Specialist, Immunization Program, DC Department of Health</p> <p>Anupama RaoTate, DMD, MPH Associate Professor of Pediatrics, The George Washington University School of Medicine and Sciences</p> | <p>Directors: 2 Nurse Man: 7 Case Man: 2 Staff Dev.: 2 RNs: 56 CHNs: 72 LPNs: 25 Tech:: 2 Total: 168</p> |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|-----------|-------|-------------|---|---|------------|
| | | | <ul style="list-style-type: none"> Describe the state of oral health among children in the District of Columbia. Describe the disparities in oral health care among children locally and nationally. Discuss the impact of oral health on the overall health of children <p>Topic: Concussion Care and Training</p> <ul style="list-style-type: none"> Discuss the Concussion Protection Act of 2011 Define Traumatic Brain Injury/Concussion. Describe the impact of TBI/concussion on student health. Describe an overview of the DC Department of Health Concussion Care and Training Program. Explain the SCORE program. Discuss strategies for working effectively with school-based staff to manage student athletes. <p>Topic: Common Childhood Illnesses: Academic Implications</p> <ul style="list-style-type: none"> Describe the most prevalent childhood illnesses. Describe the impact of childhood illnesses on learning Identify strategies to manage childhood illness <p>Topic: Population Health: Implications for School Nurses</p> <ul style="list-style-type: none"> Describe the prevalent population health issues impacting school health. | <p>Shireen Atabaki, MD, MPH Associate Professor, Pediatrics and Emergency Medicine, The George Washington University School of Medicine and Health Sciences</p> <p>Rhonique Shields-Harris, MD, MHA, FAAP Chief Medical Officer, Vice President of Medical Affairs and Utilization Management Health Services for Children with Special Needs, Inc.</p> <p>Erin Maughn, PhD Research Director, National Association of School Nursing</p> | |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|-----------|-------|-------------|---|---|------------|
| | | | <ul style="list-style-type: none"> Describe prevalent population health issues affecting school aged children in the District of Columbia Describe implications for school nurses related to population health issues in the District of Columbia. <p>Topic: Mental Health Issues in Children: A Growing Issue</p> <ul style="list-style-type: none"> Identify common mental health conditions in school age children Describe the most common mental health conditions impacting children in the District of Columbia Describe the potential impact of childhood mental health conditions on behavior. Describe strategies for managing mental health issues experienced by children in the school setting. <p>Topic: Impact of Poverty and Health Disparities on Learning</p> <ul style="list-style-type: none"> Summarize the social- economic status of children in the District of Columbia Describe the impact of poverty on student health and learning. Discuss strategies for coping with poverty related issues experienced by children who present to the health suite. <p>Topic: Pharmacy Up-date</p> <ul style="list-style-type: none"> Identify medications commonly administered in the school setting | <p>Luis Morales, MSW, LICSW Social Worker, DC Department of Behavioral Health, School Mental Health Program</p> <p>Nathan Luecking, LICSW, MSW Clinical Social Worker, DC Department of Behavioral Health</p> <p>Molly Smith, MSW/LICSW Social Worker, DC Department of Behavioral Health, Mental Health Program</p> <p>Leslie Parks, Deputy Director, Center for School Health and Education, American Public Health Association</p> <p>Hellen Kiruthi, PharmD, Clinical Pharmacist, General Pediatrics, Children’s National Health System</p> | |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|-----------|-------|-------------|---|--|------------|
| | | | <ul style="list-style-type: none"> • Explain the mechanism of action of these medications in achieving the desired effect. • Identify common side effects and/or adverse effects of these medications. • Describe precautions to be taken when administering medication in the school setting. <p>Topic: Nutrition Innovative Strategies for Promoting Nutrition and Wellness</p> <ul style="list-style-type: none"> • Describe the role of nutrition in promoting childhood health • Describe the current state of childhood nutritional health in the District of Columbia • Describe current community related initiatives for promoting nutrition in the District of Columbia and what the implications are for school nurses. <p>Topic: Helping Administer to the Needs of the Student with Diabetes in School (H.A.N.D.S.)</p> <ul style="list-style-type: none"> • Summarize current knowledge and guidelines related to diabetes and diabetes management at school. • Identify the school nurse's role in developing and maintaining a student's individualized healthcare plan for safe and effective diabetes management at school. • Describe the management of hypoglycemia and hyperglycemia at school. | <p>Peggy Rahbani, PharmD, BCPS, clinical Pharmacist, General Pediatrics, Children's National Health System</p> <p>Laura Hansen, MPH, RD, LD Nutrition Education Specialist, Healthy Schools Act Initiatives Team, Wellness and Nutrition Services Division, Office of the State Superintendent of Education</p> <p>Karen N. Harriman, FNP-BC, MSN, CDE</p> <p>Sarah Butler, RN, MS, CDE, NCSN</p> | |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|--|---|---|--|---|--|
| | | | <ul style="list-style-type: none"> • Apply knowledge about blood glucose and ketone monitoring to managing diabetes at school. • Describe the importance of nutrition and activity in diabetes management at school. • Describe the role of insulin therapy in effective diabetes management at school. • Identify issues unique to the school setting that can impact safe and effective diabetes management. • Identify the key school personnel who will require education about diabetes management. • Discuss regional considerations that relate to diabetes management at school. | | |
| October 19, 2015 8:00 am – 4:30 pm | Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC | Provide an overview of current trends in the community, quality initiatives, and documentation to enhance nursing care in the health suite. | Goal: Provide an update on current trends in the community, quality initiatives, and documentation practices. Objectives: The school nurse will be able to: Topic: Synthetic Drugs <ul style="list-style-type: none"> • Describe current trends related to use of synthetic drugs among children in the District of Columbia. • Discuss the impact on a child’s health with use of synthetic drug. • Describe indications of use of synthetic drugs in the school age child. | Speakers: Lt. Andrew Struhar DC Metropolitan Police Department | Director: 2 Nurse Man: 8 Case Man: 2 CHN: 63 RN: 54 LPN: 26 Tech: 2 Total: 157 |

| Date/Time | Venue | Description | Topic/Goals/Objectives | Presenters | Attendance |
|--|--|--|---|---|--|
| | | | <ul style="list-style-type: none"> Describe resources available to the school nurse in the school setting. <p>Topic: Health Office Update</p> <ul style="list-style-type: none"> Describe standardize documentation practices for quality measures: <ul style="list-style-type: none"> Medically Fragile Students: IHPs and Action Plans Vision Screening for targeted grades BMI for targeted grades Other hot topic items as appropriate. <p>Topic: Asthma Initiative</p> <ul style="list-style-type: none"> Describe the asthma initiative in Wards 3, 6, & 8. <p>Describe standardize practices related to management and documentation related to documenting asthma action plans.</p> | <p>Charnetta Contee, CSS Database Specialist Angala Johnson, Nurse Manager Courtney Jones, Nurse Manager Patricia Howard-Chittams, Nurse Manager</p> | |
| <p>Friday Dec 4, 2015 8:00 am – 4:30 pm</p> | <p>Kellogg Conference Center @ Gallaudet University 800 Florida Ave. NE Washington, DC</p> | <p>Provide an overview of topics and quality initiatives to enhance care provided in the health suite and align nursing care with the Whole School, Whole Community, Whole Child Model (WSSC) in the school setting.</p> | <p>Goal: Provide an overview of the Whole School, Whole Community, Whole Child Model (WSSC) as blue-print for integrating health and education in the school setting.</p> <p>Objectives: The school nurse will be able to:</p> <p>Topic: Whole School, Whole Community, Whole Child Model: Role of the school nurse</p> <ul style="list-style-type: none"> Describe the historical background related to developing the WSSC model. Discuss the need for an integrated focus on health and education in the school setting. Describe WSSC model language and semantics used by education leaders in the school setting. | <p>Speaker: Theresa Lewallen, Chief Constituent Services Officer, ASCD</p> | <p>Director: 2 Manager: 8 Case Man. 3 Staff Dev.: 2 CHN: 79 RN: 30 LPN: 25 Tech: 1 Total: 150</p> |

| | | | | | |
|--|--|--|---|---|--|
| | | | <ul style="list-style-type: none"> Describe how the role the school nurse can be leveraged to support integration of health and education. <p>Topic: Managing dental emergencies in the school setting</p> <ul style="list-style-type: none"> Describe dental emergencies commonly originating in the school setting. Discuss strategies for managing dental emergencies in the school setting to support the best clinical outcomes. <p>Topic: Smiles for Life Curriculum Objective: Provide direction for online access of the Smiles for Life Curriculum and receiving CEUS. Objective:</p> <ul style="list-style-type: none"> Demonstrate internet access of the Smiles for Life Curriculum. Describe process for receiving CEUs and acknowledgment for completing modules. <p>Topic: HIV Children and Youth: Psychosocial Aspects in school-age population Objectives:</p> <ul style="list-style-type: none"> Identify psychosocial factors that affect children and adolescents infected with human immunodeficiency virus (HIV)/AIDS and how these factors relate to general chronic illness. Identify sources of stigma and discrimination against children and adolescents and explore how stigma affects disclosure of HIV status. Discuss Explore reasons why LGBTQ adolescents are at increased risk of | <p>Dr. Pierre Cartier Supervisory Dental Officer District of Columbia Department of Health Community Health Administration</p> <p>Cindy Tollini, MS, RN</p> <p>Michael Mancilla Michael Mancilla LICSW LGBT Health Programs Children's National Health System</p> | |
|--|--|--|---|---|--|

| | | | | | |
|--|--|--|--|--|--|
| | | | <p>HIV/AIDS infection and progression.</p> <p>Topic: Quality Improvement in Action at Children’s School Services</p> <ul style="list-style-type: none"> • Ward Level Quality Presentations <ul style="list-style-type: none"> ○ (Wards 1-8) • Or Asthma Initiative only | <p>Chantel Skipper, MSN, CPNP-AC, CPN, RN-BC PI Coordinator PI Committee Members for each ward</p> | |
|--|--|--|--|--|--|



**Children's School Services
Performance Oversight Hearing Questions
January 2016**



Questions 18.

Please provide the following utilization data for all nursing suites, broken down by school and Ward:

- A. Number of student encounters in FY15 and to date in FY16;
- B. Number of services provided broken down by type; and
- C. Total expenditures in FY15 and to date in FY16, broken down by health care services, fixed costs, and personnel.

Question 18, by Ward

| Ward/Program | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams * | FY '16 YTD |
|-----------------|----------------|---------------|---------------|----------------|----------------|----------------|---------------|---------------|----------------|----------------|
| PCS | 46,234 | 19,284 | 3,167 | 24,954 | 93,639 | 24,707 | 9,848 | 1,846 | 27,421 | 63,822 |
| Ward 1 | 16,264 | 5,917 | 2,462 | 13,284 | 37,927 | 8,382 | 2,010 | 802 | 10,313 | 21,507 |
| Ward 2 | 14,193 | 4,179 | 907 | 6,869 | 26,148 | 6,193 | 1,301 | 165 | 5,177 | 12,836 |
| Ward 3 | 17,826 | 4,731 | 1,466 | 15,508 | 39,531 | 8,818 | 1,983 | 422 | 12,230 | 23,453 |
| Ward 4 | 23,365 | 7,386 | 3,043 | 17,804 | 51,598 | 10,155 | 2,741 | 1,321 | 12,846 | 27,063 |
| Ward 5 | 17,630 | 4,776 | 3,396 | 8,523 | 34,325 | 9,683 | 1,968 | 1,141 | 8,401 | 21,193 |
| Ward 6 | 26,896 | 9,730 | 2,114 | 14,705 | 53,445 | 12,377 | 5,212 | 1,069 | 10,224 | 28,882 |
| Ward 7 | 23,489 | 6,171 | 1,201 | 13,355 | 44,216 | 10,001 | 3,046 | 921 | 8,180 | 22,148 |
| Ward 8 | 38,574 | 10,002 | 3,284 | 20,677 | 72,537 | 18,496 | 3,722 | 1,172 | 17,711 | 41,101 |
| Subtotal | 224,471 | 72,176 | 21,040 | 135,679 | 453,366 | 108,812 | 31,831 | 8,859 | 112,503 | 262,005 |
| Summer 2015 | 29,701 | 546 | 246 | 311 | 30,804 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 254,172 | 72,722 | 21,286 | 135,990 | 484,170 | 108,812 | 31,831 | 8,859 | 112,503 | 262,005 |

* Includes all possible screenings performed by the nurse or physician (i.e. dental & physical exams) and documented in Health Office to include Hearing, Vision, Growth, Blood Pressure, Parasites, Dental, Oral, Scoliosis, Tuberculosis Results Exam, Audiology, and Physical Exams.



**Children's School Services
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Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|------|---|------------------|-------------|---------------|--------|--------------|------------------|-------------|---------------|--------|------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| PCS | Achievement Preparatory Academy PCS - Middle | 16 | 10 | 0 | 0 | 26 | 745 | 324 | 0 | 1,037 | 2,106 |
| PCS | Achievement Preparatory Academy PCS - Elementary | 10 | 0 | 0 | 0 | 10 | 188 | 1 | 0 | 29 | 218 |
| PCS | AppleTree Early Learning PCS - Oklahoma Ave | 81 | 8 | 0 | 101 | 190 | 34 | 1 | 0 | 16 | 51 |
| PCS | AppleTree Early Learning PCS - Southeast | 15 | 3 | 0 | 15 | 33 | 115 | 278 | 46 | 259 | 698 |
| PCS | Capital City PCS - High School | 338 | 58 | 0 | 70 | 466 | 194 | 40 | 0 | 41 | 275 |
| PCS | Capital City PCS - Lower School | 812 | 242 | 0 | 268 | 1,322 | 368 | 238 | 294 | 126 | 1,026 |
| PCS | Capital City PCS - Middle School | 553 | 329 | 0 | 173 | 1,055 | 288 | 75 | 3 | 69 | 435 |
| PCS | Center City PCS - Capitol Hill Campus | New School | | | | | 107 | 100 | 74 | 589 | 870 |
| PCS | Center City PCS - Petworth Campus | New School | | | | | 34 | 0 | 5 | 20 | 59 |
| PCS | Cesar Chavez PCS for Public Policy - Capitol Hill | 324 | 3 | 0 | 159 | 486 | 361 | 1 | 0 | 258 | 620 |
| PCS | Community Academy PCS - Amos 1 | 1,182 | 1,042 | 233 | 1,390 | 3,847 | Closed School | | | | |
| PCS | Community Academy PCS - Amos 2 | 1,052 | 164 | 0 | 669 | 1,885 | Closed School | | | | |
| PCS | Community Academy PCS - Amos 3 | 692 | 386 | 0 | 414 | 1,492 | Closed School | | | | |
| PCS | Community Academy PCS - Amos 5 | 693 | 146 | 0 | 442 | 1,281 | Closed School | | | | |
| PCS | Creative Minds International PCS | 367 | 71 | 0 | 350 | 788 | 224 | 73 | 0 | 240 | 537 |
| PCS | DC Bilingual PCS | 265 | 41 | 0 | 889 | 1,195 | 606 | 175 | 0 | 1,150 | 1,931 |
| PCS | DC International PCS | New School | | | | | 4 | 0 | 0 | 6 | 10 |
| PCS | DC Prep PCS - Anacostia Elementary | New School | | | | | 1 | 0 | 0 | 0 | 1 |
| PCS | DC Prep PCS - Benning Elementary | 901 | 1,309 | 0 | 822 | 3,032 | 313 | 190 | 0 | 62 | 565 |
| PCS | DC Prep PCS - Benning Middle | 235 | 279 | 0 | 14 | 528 | 424 | 255 | 0 | 20 | 699 |
| PCS | DC Prep PCS - Edgewood Elementary | 1,758 | 518 | 0 | 1,025 | 3,301 | 573 | 174 | 0 | 1,125 | 1,872 |
| PCS | DC Prep PCS - Edgewood Middle | 1,646 | 241 | 18 | 453 | 2,358 | 904 | 153 | 0 | 540 | 1,597 |
| PCS | DC Scholars PCS | New School | | | | | 443 | 34 | 0 | 128 | 605 |
| PCS | Democracy Prep PCS | 1,114 | 169 | 186 | 803 | 2,272 | 567 | 331 | 61 | 956 | 1,915 |
| PCS | E.L. Haynes PCS - Georgia Avenue | 649 | 1,088 | 191 | 777 | 2,705 | 405 | 180 | 0 | 438 | 1,023 |
| PCS | E.L. Haynes PCS - Kansas Avenue (Elementary School) | 217 | 604 | 80 | 1,193 | 2,094 | 294 | 109 | 141 | 310 | 854 |
| PCS | E.L. Haynes PCS - Kansas Avenue (High School) | 92 | 108 | 0 | 432 | 632 | 125 | 104 | 0 | 365 | 594 |
| PCS | Elsie Whitlow Stokes Community Freedom PCS | 731 | 7 | 0 | 671 | 1,409 | 368 | 17 | 0 | 701 | 1,086 |
| PCS | Excel Academy PCS | 1,920 | 504 | 0 | 1,046 | 3,470 | 492 | 382 | 0 | 1,040 | 1,914 |
| PCS | Friendship PCS - Armstrong | New School | | | | | 652 | 135 | 57 | 1,120 | 1,964 |
| PCS | Friendship PCS - Blow-Pierce Elementary | 723 | 530 | 0 | 285 | 1,538 | 343 | 257 | 0 | 465 | 1,065 |
| PCS | Friendship PCS - Blow-Pierce Middle | 346 | 172 | 0 | 118 | 636 | 127 | 115 | 0 | 179 | 421 |
| PCS | Friendship PCS - Chamberlain Elementary | 804 | 529 | 162 | 171 | 1,666 | 265 | 239 | 66 | 2 | 572 |
| PCS | Friendship PCS - Chamberlain Middle | 5 | 0 | 0 | 0 | 5 | 218 | 78 | 0 | 73 | 369 |
| PCS | Friendship PCS - Collegiate Academy | 419 | 5 | 0 | 522 | 946 | 534 | 0 | 0 | 216 | 750 |
| PCS | Friendship PCS - Southeast Elementary Academy | 1,360 | 681 | 101 | 547 | 2,689 | 223 | 66 | 0 | 1,048 | 1,337 |
| PCS | Friendship PCS - Technology Preparatory Academy | 968 | 324 | 0 | 170 | 1,462 | 815 | 165 | 54 | 518 | 1,552 |

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

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**Children's School Services
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Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|------|--|------------------|-------------|---------------|--------|--------------|------------------|-------------|---------------|--------|------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| PCS | Friendship PCS - Woodridge Elementary | 951 | 469 | 0 | 768 | 2,188 | 249 | 112 | 0 | 463 | 824 |
| PCS | Friendship PCS - Woodridge Middle | 509 | 356 | 0 | 294 | 1,159 | 246 | 219 | 0 | 286 | 751 |
| PCS | Hope Community PCS - Lamond | 930 | 0 | 0 | 90 | 1,020 | 280 | 1 | 0 | 580 | 861 |
| PCS | Hospitality High PCS | 89 | 483 | 0 | 46 | 618 | Closed School | | | | |
| PCS | Howard University Math and Science PCS | 362 | 131 | 176 | 194 | 863 | 102 | 0 | 0 | 88 | 190 |
| PCS | Ingenuity Prep PCS | 170 | 96 | 0 | 306 | 572 | 356 | 28 | 0 | 876 | 1,260 |
| PCS | Inspired Teaching Demonstration PCS | New School | | | | | 314 | 91 | 52 | 637 | 1,094 |
| PCS | Integrated Design Electronics Academy PCS | 1,002 | 79 | 0 | 86 | 1,167 | 513 | 105 | 0 | 145 | 763 |
| PCS | Kingsman Academy PCS | New School | | | | | 243 | 61 | 44 | 334 | 682 |
| PCS | KIPP DC - AIM Academy PCS | 705 | 487 | 0 | 204 | 1,396 | 460 | 335 | 3 | 183 | 981 |
| PCS | KIPP DC - Arts & Technology Academy PCS | 1,567 | 730 | 175 | 933 | 3,405 | 88 | 177 | 0 | 526 | 791 |
| PCS | KIPP DC - Connect Academy PCS | 66 | 1 | 0 | 21 | 88 | 274 | 10 | 0 | 286 | 570 |
| PCS | KIPP DC - Discover Academy PCS | 248 | 143 | 0 | 429 | 820 | 150 | 74 | 29 | 107 | 360 |
| PCS | KIPP DC - Grow Academy PCS | 596 | 307 | 404 | 216 | 1,523 | 179 | 35 | 124 | 322 | 660 |
| PCS | KIPP DC - Hamilton College Preparatory PCS | New School | | | | | 393 | 464 | 0 | 203 | 1,060 |
| PCS | KIPP DC - Heights Academy PCS | 651 | 1,026 | 314 | 323 | 2,314 | 433 | 466 | 52 | 190 | 1,141 |
| PCS | KIPP DC - KEY Academy PCS | 461 | 655 | 2 | 107 | 1,225 | 420 | 218 | 0 | 142 | 780 |
| PCS | KIPP DC - Lead Academy PCS | 962 | 559 | 0 | 194 | 1,715 | 449 | 296 | 0 | 524 | 1,269 |
| PCS | KIPP DC - LEAP Academy PCS | 553 | 61 | 0 | 246 | 860 | 177 | 30 | 0 | 350 | 557 |
| PCS | KIPP DC - Northeast Academy PCS | 83 | 109 | 0 | 18 | 210 | 200 | 510 | 0 | 165 | 875 |
| PCS | KIPP DC - Promise Academy PCS | 711 | 553 | 0 | 191 | 1,455 | 564 | 203 | 0 | 258 | 1,025 |
| PCS | KIPP DC - Quest Academy PCS | 17 | 39 | 0 | 3 | 59 | 371 | 325 | 68 | 695 | 1,459 |
| PCS | KIPP DC - Spring Academy PCS | 5 | 0 | 0 | 2 | 7 | 221 | 150 | 0 | 109 | 480 |
| PCS | KIPP DC - Valor Academy PCS | New School | | | | | 47 | 217 | 0 | 48 | 312 |
| PCS | KIPP DC - WILL Academy PCS | 573 | 339 | 0 | 211 | 1,123 | 255 | 275 | 2 | 287 | 819 |
| PCS | Lee Montessori PCS | New School | | | | | 52 | 151 | 170 | 233 | 606 |
| PCS | Maya Angelou PCS - Evans High School | 796 | 1 | 0 | 239 | 1,036 | 447 | 65 | 102 | 464 | 1,078 |
| PCS | Maya Angelou PCS - Evans Middle School | 307 | 0 | 177 | 40 | 524 | 8 | 0 | 0 | 8 | 16 |
| PCS | Meridian PCS | 2,289 | 1,947 | 567 | 714 | 5,517 | 654 | 464 | 202 | 201 | 1,521 |
| PCS | Monument Academy PCS | New School | | | | | 0 | 32 | 0 | 1 | 33 |
| PCS | Mundo Verde PCS | New School | | | | | 550 | 1 | 0 | 926 | 1,477 |
| PCS | National Collegiate Preparatory PCHS | 547 | 7 | 185 | 395 | 1,134 | 252 | 46 | 44 | 295 | 637 |
| PCS | Next Steps LAYC Academy PCS | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| PCS | Options PCS | 423 | 0 | 0 | 278 | 701 | Closed School | | | | |
| PCS | Paul PCS - International High School | 660 | 21 | 0 | 151 | 832 | 536 | 3 | 0 | 265 | 804 |
| PCS | Paul PCS - Middle School | 1,425 | 294 | 0 | 225 | 1,944 | 355 | 14 | 55 | 201 | 625 |
| PCS | Perry Street Preparatory PCS | 1,106 | 170 | 0 | 472 | 1,748 | 460 | 127 | 0 | 179 | 766 |

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

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**Children's School Services
Performance Oversight Hearing Questions
January 2016**



Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|--------|--|------------------|-------------|---------------|--------|--------------|------------------|-------------|---------------|--------|------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| PCS | The Children's Guild PCS | New School | | | | | 9 | 2 | 0 | 15 | 26 |
| PCS | Thurgood Marshall Academy PCS | 2,342 | 198 | 196 | 238 | 2,974 | 1,062 | 66 | 68 | 332 | 1,528 |
| PCS | Tree of Life PCS | 821 | 1 | 0 | 466 | 1,288 | Closed School | | | | |
| PCS | Two Rivers PCS | New School | | | | | 76 | 0 | 0 | 125 | 201 |
| PCS | Washington Latin PCS - Middle School | 769 | 11 | 0 | 302 | 1,082 | 356 | 12 | 0 | 393 | 761 |
| PCS | Washington Latin PCS - Upper School | 241 | 0 | 0 | 113 | 354 | 202 | 7 | 0 | 10 | 219 |
| PCS | Washington Mathematics Science Technology PCHS | 323 | 0 | 0 | 122 | 445 | 234 | 0 | 0 | 205 | 439 |
| PCS | Washington Yu Ying PCS | 1,166 | 399 | 0 | 1,506 | 3,071 | 357 | 97 | 0 | 1,550 | 2,004 |
| PCS | William E. Doar, Jr. - Edgewood | 1,520 | 41 | 0 | 822 | 2,383 | 758 | 69 | 30 | 1,068 | 1,925 |
| Ward 1 | Bancroft Elementary School | 1,106 | 1,468 | 0 | 2,125 | 4,699 | 374 | 299 | 0 | 1,164 | 1,837 |
| Ward 1 | Benjamin Banneker High School | 877 | 0 | 510 | 644 | 2,031 | 258 | 0 | 44 | 455 | 757 |
| Ward 1 | Bruce-Monroe Elementary School @ Park View | 2,150 | 703 | 350 | 1,426 | 4,629 | 872 | 55 | 0 | 1,059 | 1,986 |
| Ward 1 | Cardozo Education Campus | 1,687 | 354 | 1 | 914 | 2,956 | 538 | 318 | 80 | 596 | 1,532 |
| Ward 1 | Cleveland Elementary School | 1,448 | 610 | 516 | 310 | 2,884 | 517 | 344 | 224 | 391 | 1,476 |
| Ward 1 | Columbia Heights Education Center | 2,039 | 14 | 683 | 2,370 | 5,106 | 838 | 16 | 370 | 1,591 | 2,815 |
| Ward 1 | H.D. Cooke Elementary School | 1,575 | 98 | 0 | 821 | 2,494 | 497 | 3 | 0 | 951 | 1,451 |
| Ward 1 | Marie Reed Elementary School | 1,470 | 52 | 179 | 966 | 2,667 | 832 | 92 | 74 | 703 | 1,701 |
| Ward 1 | Oyster-Adams Bilingual School | 2,062 | 726 | 223 | 2,343 | 5,354 | 1,999 | 137 | 0 | 1,710 | 3,846 |
| Ward 1 | Tubman Elementary School | 753 | 1,650 | 0 | 994 | 3,397 | 1,152 | 592 | 10 | 1,520 | 3,274 |
| Ward 1 | Washington Metropolitan High School | 1,097 | 242 | 0 | 371 | 1,710 | 505 | 154 | 0 | 173 | 832 |
| Ward 2 | Ellington School of the Arts | 1,943 | 319 | 375 | 296 | 2,933 | 745 | 11 | 165 | 303 | 1,224 |
| Ward 2 | Garrison Elementary School | 1,276 | 522 | 0 | 864 | 2,662 | 481 | 77 | 0 | 601 | 1,159 |
| Ward 2 | Hardy Middle School | 1,829 | 1,651 | 12 | 990 | 4,482 | 795 | 466 | 0 | 691 | 1,952 |
| Ward 2 | Hyde-Addison Elementary School | 927 | 268 | 0 | 702 | 1,897 | 534 | 77 | 0 | 654 | 1,265 |
| Ward 2 | Ross Elementary School | 1,032 | 95 | 0 | 832 | 1,959 | 644 | 12 | 0 | 566 | 1,222 |
| Ward 2 | School Without Walls @ Francis-Stevens EC | 3,849 | 1,259 | 363 | 1,304 | 6,775 | 1,454 | 586 | 0 | 782 | 2,822 |
| Ward 2 | School Without Walls High School | 1,676 | 5 | 157 | 825 | 2,663 | 1,000 | 7 | 0 | 791 | 1,798 |
| Ward 2 | Thomson Elementary School | 1,661 | 60 | 0 | 1,056 | 2,777 | 540 | 65 | 0 | 789 | 1,394 |
| Ward 3 | Deal Middle School | 4,179 | 336 | 586 | 3,014 | 8,115 | 1,810 | 439 | 74 | 1,971 | 4,294 |
| Ward 3 | Eaton Elementary School | 1,219 | 1,284 | 0 | 1,127 | 3,630 | 746 | 550 | 0 | 1,328 | 2,624 |
| Ward 3 | Hearst Elementary School | 1,607 | 297 | 0 | 1,369 | 3,273 | 867 | 92 | 0 | 873 | 1,832 |
| Ward 3 | Janney Elementary School | 1,918 | 368 | 0 | 3,806 | 6,092 | 794 | 113 | 0 | 2,612 | 3,519 |
| Ward 3 | Key Elementary School | 1,492 | 352 | 530 | 728 | 3,102 | 586 | 9 | 225 | 880 | 1,700 |
| Ward 3 | Mann Elementary School | 994 | 216 | 0 | 524 | 1,734 | 655 | 110 | 0 | 703 | 1,468 |
| Ward 3 | Murch Elementary School | 1,788 | 452 | 0 | 654 | 2,894 | 1,473 | 85 | 0 | 1,086 | 2,644 |
| Ward 3 | Stoddert Elementary School | 2,084 | 459 | 0 | 1,855 | 4,398 | 801 | 204 | 0 | 1,484 | 2,489 |
| Ward 3 | Wilson High School | 2,545 | 967 | 350 | 2,431 | 6,293 | 1,086 | 381 | 123 | 1,293 | 2,883 |

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

Privileged and Confidential. Not for Dissemination.



**Children's School Services
Performance Oversight Hearing Questions
January 2016**



Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|--------|--|------------------|-------------|---------------|--------|--------------|------------------|-------------|---------------|--------|------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| Ward 4 | Barnard Elementary School | 2,082 | 196 | 393 | 2,056 | 4,727 | 782 | 83 | 86 | 1,185 | 2,136 |
| Ward 4 | Brightwood Education Campus | 1,478 | 967 | 338 | 1,348 | 4,131 | 480 | 323 | 290 | 1,072 | 2,165 |
| Ward 4 | Coolidge High School | 1,338 | 0 | 0 | 614 | 1,952 | 848 | 72 | 0 | 528 | 1,448 |
| Ward 4 | Dorothy I. Heights Elementary School | New School | | | | | 551 | 356 | 162 | 1,529 | 2,598 |
| Ward 4 | Lafayette Elementary School | 1,158 | 491 | 568 | 2,644 | 4,861 | 271 | 247 | 234 | 972 | 1,724 |
| Ward 4 | LaSalle-Backus Education Campus | 2,994 | 1,759 | 336 | 1,240 | 6,329 | 855 | 335 | 153 | 963 | 2,306 |
| Ward 4 | Powell Elementary School | 2,115 | 301 | 0 | 1,634 | 4,050 | 987 | 138 | 0 | 1,171 | 2,296 |
| Ward 4 | Raymond Elementary School | 2,224 | 377 | 160 | 2,604 | 5,365 | 1,006 | 198 | 92 | 1,492 | 2,788 |
| Ward 4 | Roosevelt High School | 1,402 | 306 | 0 | 743 | 2,451 | 666 | 79 | 0 | 400 | 1,145 |
| Ward 4 | Sharpe Health School | 1,014 | 773 | 730 | 120 | 2,637 | Closed School | | | | |
| Ward 4 | Shepherd Elementary School | 2,138 | 220 | 0 | 865 | 3,223 | 943 | 190 | 0 | 676 | 1,809 |
| Ward 4 | Takoma Education Center | 1,289 | 878 | 518 | 1,105 | 3,790 | 547 | 394 | 147 | 703 | 1,791 |
| Ward 4 | Truesdell Education Campus | 1,203 | 346 | 0 | 1,098 | 2,647 | 693 | 85 | 81 | 762 | 1,621 |
| Ward 4 | West Education Campus | 1,888 | 173 | 0 | 798 | 2,859 | 1,027 | 83 | 0 | 801 | 1,911 |
| Ward 4 | Whittier Education Campus | 1,042 | 599 | 0 | 935 | 2,576 | 499 | 158 | 76 | 592 | 1,325 |
| Ward 5 | Brookland Education Campus @ Bunker Hill | 1,068 | 24 | 0 | 367 | 1,459 | Closed School | | | | |
| Ward 5 | Brookland Middle School | New School | | | | | 525 | 283 | 201 | 390 | 1,399 |
| Ward 5 | Browne Education Campus | 2,090 | 241 | 57 | 1,324 | 3,712 | 1,021 | 216 | 81 | 710 | 2,028 |
| Ward 5 | Bunker Hill Elementary School | New School | | | | | 544 | 79 | 29 | 530 | 1,182 |
| Ward 5 | Burroughs Education Center | 1,658 | 941 | 497 | 602 | 3,698 | 611 | 231 | 0 | 1,013 | 1,855 |
| Ward 5 | CHOICE Academy @ Emery | 141 | 0 | 0 | 24 | 165 | 27 | 0 | 0 | 23 | 50 |
| Ward 5 | Dunbar High School | 1,691 | 253 | 504 | 796 | 3,244 | 1,383 | 11 | 17 | 735 | 2,146 |
| Ward 5 | Langdon Education Campus | 1,359 | 218 | 80 | 1,139 | 2,796 | 495 | 83 | 144 | 828 | 1,550 |
| Ward 5 | Langley Education Campus | 1,108 | 856 | 180 | 946 | 3,090 | 870 | 267 | 0 | 623 | 1,760 |
| Ward 5 | Luke C. Moore High School | 1,247 | 64 | 67 | 189 | 1,567 | 474 | 1 | 0 | 175 | 650 |
| Ward 5 | Mamie D. Lee School | 555 | 1 | 164 | 133 | 853 | Closed School | | | | |
| Ward 5 | McKinley Technology High School | 585 | 541 | 513 | 602 | 2,241 | 481 | 228 | 291 | 626 | 1,626 |
| Ward 5 | Mckinley Technology Middle School | 445 | 173 | 0 | 346 | 964 | 604 | 9 | 0 | 758 | 1,371 |
| Ward 5 | Noyes Education Campus | 2,537 | 790 | 1,162 | 792 | 5,281 | 961 | 435 | 378 | 468 | 2,242 |
| Ward 5 | Phelps High School | 1,198 | 2 | 0 | 442 | 1,642 | 892 | 2 | 0 | 398 | 1,292 |
| Ward 5 | Wheatley Elementary School | 1,948 | 672 | 172 | 821 | 3,613 | 795 | 123 | 0 | 1,124 | 2,042 |
| Ward 6 | Amidon-Bowen Elementary School | 1,458 | 602 | 0 | 967 | 3,027 | 747 | 248 | 18 | 815 | 1,828 |
| Ward 6 | Brent Elementary School | 921 | 48 | 0 | 934 | 1,903 | 571 | 61 | 0 | 574 | 1,206 |
| Ward 6 | Capitol Hill Montessori @ Logan | 1,981 | 118 | 0 | 649 | 2,748 | 911 | 27 | 0 | 728 | 1,666 |
| Ward 6 | Eastern High School | 2,460 | 224 | 122 | 914 | 3,720 | 1,055 | 140 | 135 | 435 | 1,765 |
| Ward 6 | Eliot-Hine Middle School | 2,742 | 513 | 449 | 538 | 4,242 | 502 | 307 | 109 | 353 | 1,271 |
| Ward 6 | J. O. Wilson Elementary School | 1,692 | 1,441 | 0 | 1,288 | 4,421 | 770 | 800 | 0 | 627 | 2,197 |

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

Privileged and Confidential. Not for Dissemination.



**Children's School Services
Performance Oversight Hearing Questions
January 2016**



Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|--------|--|------------------|-------------|---------------|--------|--------------|------------------|-------------|---------------|--------|------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| Ward 6 | Jefferson Academy | 1,174 | 176 | 0 | 513 | 1,863 | 474 | 102 | 0 | 215 | 791 |
| Ward 6 | Ludlow-Taylor Elementary School | 1,517 | 132 | 0 | 906 | 2,555 | 323 | 193 | 64 | 490 | 1,070 |
| Ward 6 | Maury Elementary School | 950 | 382 | 340 | 425 | 2,097 | 667 | 193 | 135 | 406 | 1,401 |
| Ward 6 | Miner Elementary School | 1,701 | 546 | 301 | 965 | 3,513 | 868 | 470 | 223 | 805 | 2,366 |
| Ward 6 | Payne Elementary School | 1,100 | 764 | 0 | 602 | 2,466 | 446 | 158 | 0 | 465 | 1,069 |
| Ward 6 | Peabody Elementary School | 570 | 31 | 0 | 432 | 1,033 | 297 | 17 | 0 | 182 | 496 |
| Ward 6 | School Within A School | 1,531 | 774 | 533 | 931 | 3,769 | 658 | 415 | 302 | 473 | 1,848 |
| Ward 6 | Seaton Elementary School | 893 | 866 | 0 | 840 | 2,599 | 408 | 323 | 0 | 510 | 1,241 |
| Ward 6 | Stuart-Hobson Middle School | 1,434 | 593 | 365 | 561 | 2,953 | 509 | 243 | 76 | 298 | 1,126 |
| Ward 6 | Tyler Elementary School | 1,848 | 1,071 | 4 | 1,447 | 4,370 | 756 | 456 | 0 | 1,056 | 2,268 |
| Ward 6 | Van Ness Elementary School | New School | | | | | 170 | 33 | 0 | 330 | 533 |
| Ward 6 | Walker-Jones Education Campus | 1,408 | 987 | 0 | 1,137 | 3,532 | 1,013 | 873 | 0 | 898 | 2,784 |
| Ward 6 | Watkins Elementary School | 1,516 | 462 | 0 | 656 | 2,634 | 1,232 | 153 | 7 | 564 | 1,956 |
| Ward 7 | Aiton Elementary School | 1,441 | 68 | 182 | 887 | 2,578 | 511 | 141 | 77 | 835 | 1,564 |
| Ward 7 | Beers Elementary School | 1,009 | 142 | 0 | 828 | 1,979 | 409 | 279 | 0 | 393 | 1,081 |
| Ward 7 | Burrville Elementary School | 1,939 | 752 | 0 | 1,328 | 4,019 | 832 | 339 | 0 | 839 | 2,010 |
| Ward 7 | C.W. Harris Elementary School | 1,393 | 503 | 0 | 821 | 2,717 | 616 | 61 | 0 | 411 | 1,088 |
| Ward 7 | Drew Elementary School | 1,084 | 235 | 385 | 477 | 2,181 | 524 | 81 | 125 | 488 | 1,218 |
| Ward 7 | Houston Elementary School | 1,414 | 435 | 25 | 1,044 | 2,918 | 447 | 257 | 0 | 807 | 1,511 |
| Ward 7 | Kelly Miller Middle School | 2,343 | 494 | 6 | 906 | 3,749 | 422 | 27 | 0 | 171 | 620 |
| Ward 7 | Kimball Elementary School | 2,564 | 714 | 0 | 851 | 4,129 | 891 | 258 | 0 | 878 | 2,027 |
| Ward 7 | Nalle Elementary School | 1,935 | 160 | 0 | 683 | 2,778 | 533 | 4 | 0 | 488 | 1,025 |
| Ward 7 | Plummer Elementary School | 1,033 | 367 | 177 | 1,321 | 2,898 | 372 | 93 | 75 | 383 | 923 |
| Ward 7 | Randle Highlands Elementary School | 1,716 | 405 | 0 | 1,281 | 3,402 | 953 | 105 | 0 | 918 | 1,976 |
| Ward 7 | River Terrace Special Education Center | New School | | | | | 977 | 448 | 283 | 372 | 2,080 |
| Ward 7 | Smothers Elementary School | 1,013 | 270 | 183 | 384 | 1,850 | 638 | 307 | 268 | 411 | 1,624 |
| Ward 7 | Sousa Middle School | 1,148 | 464 | 172 | 704 | 2,488 | 377 | 107 | 17 | 420 | 921 |
| Ward 7 | Thomas Elementary School | 2,268 | 984 | 0 | 1,535 | 4,787 | 895 | 539 | 0 | 289 | 1,723 |
| Ward 7 | Woodson SHS | 1,189 | 178 | 71 | 305 | 1,743 | 604 | 0 | 76 | 77 | 757 |
| Ward 8 | Anacostia High School | 2,425 | 395 | 315 | 718 | 3,853 | 1,168 | 259 | 353 | 773 | 2,553 |
| Ward 8 | Ballou High School | 2,054 | 630 | 233 | 1,117 | 4,034 | 1,328 | 0 | 120 | 1,156 | 2,604 |
| Ward 8 | Garfield Elementary School | 2,148 | 412 | 0 | 898 | 3,458 | 676 | 61 | 0 | 1,115 | 1,852 |
| Ward 8 | Hart Middle School | 2,497 | 256 | 3 | 1,314 | 4,070 | 745 | 51 | 0 | 724 | 1,520 |
| Ward 8 | Hendley Elementary School | 2,034 | 883 | 409 | 1,945 | 5,271 | 876 | 280 | 133 | 1,133 | 2,422 |
| Ward 8 | Johnson Middle School | 1,725 | 0 | 0 | 499 | 2,224 | 1,710 | 133 | 0 | 712 | 2,555 |
| Ward 8 | Ketcham Elementary School | 1,175 | 443 | 0 | 1,216 | 2,834 | 693 | 49 | 0 | 920 | 1,662 |
| Ward 8 | King Elementary School | 1,946 | 516 | 321 | 1,472 | 4,255 | 941 | 191 | 0 | 1,039 | 2,171 |

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

Privileged and Confidential. Not for Dissemination.



**Children's School Services
Performance Oversight Hearing Questions
January 2016**



Questions 18, by school

| Ward | School | Fiscal Year 2015 | | | | | Fiscal Year 2016 | | | | |
|--------------|-----------------------------|------------------|---------------|---------------|----------------|----------------|------------------|---------------|---------------|----------------|----------------|
| | | Office Visits | Medications | Special Needs | Exams* | FY '15 Total | Office Visits | Medications | Special Needs | Exams* | FY '16 YTD |
| Ward 8 | Kramer Middle School | 1,310 | 532 | 835 | 614 | 3,291 | 735 | 236 | 0 | 296 | 1,267 |
| Ward 8 | Leckie Elementary School | 3,179 | 1,290 | 686 | 1,727 | 6,882 | 1,879 | 827 | 431 | 1,852 | 4,989 |
| Ward 8 | Malcolm X Elementary School | 592 | 217 | 0 | 559 | 1,368 | 436 | 71 | 0 | 540 | 1,047 |
| Ward 8 | Moten Elementary School | 1,080 | 233 | 0 | 956 | 2,269 | 443 | 178 | 0 | 913 | 1,534 |
| Ward 8 | Orr Elementary School | 1,993 | 122 | 0 | 1,452 | 3,567 | 760 | 4 | 0 | 1,122 | 1,886 |
| Ward 8 | Patterson Elementary School | 2,195 | 804 | 304 | 1,358 | 4,661 | 814 | 233 | 63 | 1,362 | 2,472 |
| Ward 8 | Savoy Elementary School | 2,084 | 18 | 0 | 1,527 | 3,629 | 853 | 37 | 0 | 745 | 1,635 |
| Ward 8 | Simon Elementary School | 2,342 | 1,102 | 0 | 1,315 | 4,759 | 1,269 | 333 | 0 | 945 | 2,547 |
| Ward 8 | Stanton Elementary School | 4,792 | 1,186 | 0 | 1,300 | 7,278 | 1,612 | 561 | 0 | 1,323 | 3,496 |
| Ward 8 | Turner Elementary School | 3,003 | 963 | 178 | 690 | 4,834 | 1,558 | 218 | 72 | 1,041 | 2,889 |
| Summer 2015 | All Wards and PCS | 29,701 | 546 | 246 | 311 | 30,804 | | | | | |
| TOTAL | | 254,172 | 72,722 | 21,286 | 135,990 | 484,170 | 108,812 | 31,831 | 8,859 | 112,503 | 262,005 |

* Includes all possible screenings performed by the nurse or physician (i.e. dental & physical exams) and documented in Health Office to include Hearing, Vision, Growth, Blood Pressure, Parasites, Dental, Oral, Scoliosis, Tuberculosis Results Exam, Audiology, and Physical Exams.

New School. Coverage commenced FY16.
Closed School. Closed at end of FY15.

Privileged and Confidential. Not for Dissemination.



**Children's National Medical Center
FY2015 Expense Report -- Children's School Services Program**

Q18A: Total amount invoiced in FY15 broken down by health care services, fixed costs, and personnel



| | | FISCAL YEAR 2014 | | | | | | | | | | | | |
|-----------------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| | | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Grand Total |
| EXPENSES | | | | | | | | | | | | | | |
| PERSONNEL | | | | | | | | | | | | | | |
| | Salaries & Wages | 1,085,944 | 1,029,543 | 1,075,391 | 1,024,219 | 1,034,953 | 1,160,921 | 1,070,490 | 1,184,048 | 1,103,487 | 1,320,838 | 1,079,994 | 1,278,785 | 13,448,614 |
| | Employee Benefits | | | | | | | | | | | | | 0 |
| | P.S. Nursing (Contract Services) | 214,698 | 240,780 | 166,193 | 204,744 | 189,654 | 212,621 | 229,422 | 220,630 | 167,092 | | 151,385 | 192,526 | 2,189,745 |
| | TOTAL PERSONNEL | 1,300,642 | 1,270,323 | 1,241,584 | 1,228,963 | 1,224,607 | 1,373,542 | 1,299,912 | 1,404,679 | 1,270,579 | 1,320,838 | 1,231,379 | 1,471,311 | 15,638,359 |
| HEALTH CARE SERVICES | | | | | | | | | | | | | | |
| | Consultants/Experts | - | | 20,358 | (10,051) | - | 46,572 | 6,931 | 2,981 | 41,372 | 8,741 | 2,981 | 3,642 | 123,527 |
| | Travel and Transportation | 1,155 | 261 | 161 | 120 | 404 | 207 | 1,303 | 519 | 3,333 | 4,032 | 1,188 | 568 | 13,251 |
| | Supplies & Minor Equipment | 19,235 | 19,476 | 24,260 | 8,531 | 7,133 | 11,447 | 2,526 | 3,379 | 50,976 | 34,764 | 16,659 | 87,593 | 285,979 |
| | Other Direct Costs | 8,387 | 18,486 | 26,100 | 40,777 | 10,776 | 15,788 | 125,246 | (31,777) | (1,423) | | 54,389 | 252,266 | |
| | TOTAL HEALTH CARE SERVICES | 28,777 | 38,223 | 70,879 | 39,377 | 18,313 | 74,014 | 136,006 | (24,898) | 94,258 | 47,537 | 75,217 | 344,069 | 422,757 |
| FIXED COSTS | | | | | | | | | | | | | | |
| | Communications | 2,251 | 2,284 | 10 | 2,221 | - | 101 | 2,040 | - | - | | 122 | 422 | 9,451 |
| | TOTAL FIXED COSTS | 2,251 | 2,284 | 10 | 2,221 | 0 | 101 | 2,040 | 0 | 0 | 0 | 122 | 422 | 9,451 |
| | SUBTOTAL | 1,331,670 | 1,310,830 | 1,312,473 | 1,270,561 | 1,242,920 | 1,447,657 | 1,437,958 | 1,379,781 | 1,364,837 | 1,368,375 | 1,306,718 | 1,815,802 | 16,589,582 |
| | Indirect Cost/Overhead (9%) (*Error in calculation for Oct-Nov Corrected in December) | 146,484 | 144,191 | 65,273 | 114,350 | 111,863 | 130,289 | 129,416 | 124,180 | 122,835 | 123,154 | 117,605 | 163,422 | 1,493,062 |
| | TOTAL EXPENSE | 1,478,154 | 1,455,021 | 1,377,746 | 1,384,911 | 1,354,783 | 1,577,946 | 1,567,374 | 1,503,961 | 1,487,672 | 1,491,529 | 1,424,323 | 1,979,224 | 18,082,644 |



**Children's National Medical Center
FY2016 Expense Report -- Children's School Services Program**

Q18A: Total amount invoiced to date in FY16 broken down by health care services, fixed costs, and personnel



| | | FISCAL YEAR 2014 | | | | | | | | | | | | |
|-----------------------------|------------------------------------|------------------|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| | | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Grand Total |
| EXPENSES | | | | | | | | | | | | | | |
| PERSONNEL | | | | | | | | | | | | | | |
| | Salaries & Wages | 1,174,864 | 1,155,124 | | | | | | | | | | | 2,329,988 |
| | Employee Benefits | - | - | | | | | | | | | | | 0 |
| | P.S. Nursing (Contract Services) | 219,439 | 213,053 | | | | | | | | | | | 432,492 |
| | TOTAL PERSONNEL | 1,394,303 | 1,368,177 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,762,480 |
| HEALTH CARE SERVICES | | | | | | | | | | | | | | |
| | Consultants/Experts | 3,763 | 2,199 | | | | | | | | | | | 5,962 |
| | Travel and Transportation | 191 | 1,570 | | | | | | | | | | | 1,761 |
| | Supplies & Minor Equipment | - | 127,615 | | | | | | | | | | | 127,615 |
| | Other Direct Costs | (151,245) | 22,896 | | | | | | | | | | | |
| | TOTAL HEALTH CARE SERVICES | (147,291) | 154,280 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 135,338 |
| FIXED COSTS | | | | | | | | | | | | | | |
| | Communications | (222) | - | | | | | | | | | | | (222) |
| | TOTAL FIXED COSTS | (222) | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (222) |
| | SUBTOTAL | 1,246,790 | 1,522,457 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,769,247 |
| | Indirect Cost/Overhead (9%) | 112,211 | 137,021 | | | | | | | | | | | 249,232 |
| | TOTAL EXPENSE | 1,359,001 | 1,659,478 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,018,479 |



Children's School Services
 Performance Oversight Hearing Questions
 January 2016



Question 19

Please provide any update to the educational programs that school nurses offered students and other key stakeholders during FY15 and to date in FY16. At a minimum, please address the following:

- STD and HIV/AIDS prevention programs, including condom distribution;
- Teen pregnancy programs;
- Nutritional programs;
- Chronic illness assistance;
- Health referrals and assessments; and
- Identification of drug use, child abuse, and depression.

19A. - STD, HIV/AIDS, Teen Pregnancy Programs for FY 2015

| MONTH | BARRIERS PROVIDED | | | COUNSELING/ ED | | | STUDENT CONCERNS | | | | REFERRALS MADE | | | | | | | | |
|-----------------|-------------------|-------------------|-----------------|--------------------|------------|---------------------|------------------|-----------|------------|-----------|----------------|------------|----------|----------|----------|----------|----------|----------|----------|
| | FY15 | Female Condoms | Male Condoms | Dental Barriers | ABST | Demo of Barriers | STD/HIV | FP/PRE | GEN/HL | MEN/HL | FAMILY | DRUG | FP/STD | PCP | GEN/HL | MEN/HL | CRISIS | SHC | OTHER |
| October-14 | 185 | 4,344 | 66 | 85 | 20 | 87 | 16 | 3 | 10 | 0 | 20 | 18 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| November-14 | 137 | 3,821 | 93 | 86 | 30 | 74 | 9 | 12 | 16 | 3 | 39 | 21 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| December-14 | 156 | 2,740 | 69 | 10 | 2 | 2 | 3 | 2 | 1 | 0 | 14 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| January-15 | 135 | 3,575 | 79 | 99 | 5 | 101 | 18 | 8 | 51 | 3 | 56 | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| February-15 | 144 | 3,029 | 82 | 90 | 7 | 98 | 14 | 9 | 7 | 3 | 38 | 12 | 2 | 0 | 1 | 0 | 1 | 0 | 0 |
| March-15 | 220 | 3,986 | 133 | 121 | 215 | 118 | 18 | 1 | 6 | 3 | 17 | 21 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| April-15 | 151 | 3,422 | 58 | 252 | 218 | 250 | 16 | 2 | 5 | 1 | 45 | 51 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| May-15 | 150 | 3,692 | 137 | 105 | 1 | 97 | 21 | 5 | 20 | 3 | 33 | 43 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| June-15 | 90 | 2,510 | 80 | 60 | 0 | 68 | 17 | 0 | 13 | 0 | 15 | 38 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Aug & Sept 2015 | 227 | 4,934 | 147 | 64 | 23 | 68 | 16 | 0 | 6 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total ** | 1,595 | 36,053 | 944 | 972 | 521 | 963 | 148 | 42 | 135 | 16 | 280 | 218 | 8 | 2 | 2 | 0 | 4 | 0 | 0 |

| WARD | BARRIERS PROVIDED | | | COUNSELING/ ED | | | STUDENT CONCERNS | | | | REFERRALS MADE | | | | | | | | |
|-----------------|-------------------|-----------------|--------------------|----------------|---------------------|------------|------------------|-----------|------------|-----------|----------------|------------|----------|----------|----------|----------|----------|----------|----------|
| | Female Condoms | Male Condoms | Dental Barriers | ABST | Demo of Barriers | STD/HIV | FP/PRE | GEN/HL | MEN/HL | FAMILY | DRUG | FP/STD | PCP | GEN/HL | MEN/HL | CRISIS | SHC | OTHER | |
| Ward 1 | 414 | 6,360 | 243 | 0 | 0 | 0 | 4 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 2 | 20 | 2,250 | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 3 | 255 | 9,695 | 295 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 4 | 1 | 2,278 | 9 | 70 | 12 | 41 | 4 | 37 | 9 | 0 | 30 | 3 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |
| Ward 5 | 216 | 3,487 | 187 | 26 | 27 | 82 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 6 | 0 | 990 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 7 | 445 | 3,900 | 0 | 61 | 0 | 29 | 42 | 0 | 39 | 0 | 0 | 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 8 | 9 | 1,690 | 11 | 10 | 0 | 6 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 |
| PCS | 235 | 5,403 | 195 | 805 | 482 | 805 | 66 | 2 | 86 | 9 | 250 | 151 | 8 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total ** | 1,595 | 36,053 | 944 | 972 | 521 | 963 | 148 | 42 | 135 | 16 | 280 | 218 | 8 | 2 | 2 | 0 | 4 | 0 | 0 |

** Due to the fluctuations in school enrollment, no year-to-date (YTD) totals have been reported for student enrollment.



Children's School Services
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19A. - STD, HIV/AIDS, Teen Pregnancy Programs for FY 2016

| MONTH | BARRIERS PROVIDED | | | COUNSELING/ ED | | | STUDENT CONCERNS | | | | REFERRALS MADE | | | | | | | |
|-----------------|-------------------|---------------|-----------------|----------------|------------------|------------|------------------|----------|-----------|----------|----------------|-----------|----------|----------|----------|----------|----------|----------|
| | Female Condoms | Male Condoms | Dental Barriers | ABST | Demo of Barriers | STD/HIV | FP/PRE | GEN/HL | MEN/HL | FAMILY | DRUG | FP/STD | PCP | GEN/HL | MEN/HL | CRISIS | SHC | OTHER |
| FY16 | | | | | | | | | | | | | | | | | | |
| October 2015 | 211 | 4,838 | 112 | 57 | 6 | 156 | 26 | 0 | 12 | 0 | 4 | 8 | 4 | 0 | 0 | 0 | 3 | 0 |
| November 2015 | 220 | 4,550 | 125 | 88 | 96 | 73 | 19 | 5 | 7 | 0 | 10 | 14 | 3 | 0 | 0 | 0 | 0 | 0 |
| December 2015 | 31 | 1,674 | 5 | 5 | 0 | 2 | 11 | 0 | 5 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total ** | 462 | 11,062 | 242 | 150 | 102 | 231 | 56 | 5 | 24 | 0 | 14 | 27 | 7 | 0 | 0 | 0 | 3 | 0 |

| WARD | BARRIERS PROVIDED | | | COUNSELING/ ED | | | STUDENT CONCERNS | | | | REFERRALS MADE | | | | | | | |
|-----------------|-------------------|---------------|-----------------|----------------|------------------|------------|------------------|----------|-----------|----------|----------------|-----------|----------|----------|----------|----------|----------|----------|
| | Female Condoms | Male Condoms | Dental Barriers | ABST | Demo of Barriers | STD/HIV | FP/PRE | GEN/HL | MEN/HL | FAMILY | DRUG | FP/STD | PCP | GEN/HL | MEN/HL | CRISIS | SHC | OTHER |
| Ward 1 | 220 | 1,610 | 75 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 2 | 0 | 606 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 3 | 25 | 1,100 | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 4 | 0 | 540 | 5 | 15 | 13 | 10 | 13 | 0 | 2 | 0 | 6 | 8 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 5 | 36 | 1,433 | 16 | 36 | 36 | 145 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 6 | 0 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| Ward 7 | 30 | 1,050 | 0 | 25 | 0 | 12 | 25 | 0 | 20 | 0 | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ward 8 | 0 | 518 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PCS | 151 | 4,145 | 101 | 74 | 53 | 62 | 8 | 5 | 2 | 0 | 8 | 1 | 7 | 0 | 0 | 0 | 0 | 0 |
| Total ** | 462 | 11,062 | 242 | 150 | 102 | 231 | 56 | 5 | 24 | 0 | 14 | 27 | 7 | 0 | 0 | 0 | 3 | 0 |

** Due to the fluctuations in school enrollment, no year-to-date (YTD) totals have been reported for student enrollment.



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Question 19B - Health Education Sessions for FY 2015 and FY 2016

Please provide any update to the educational programs that school nurses offered students and other key stakeholders during FY15 and to date in FY16.

| Topic | FY 2015 | | FY 2016 | |
|---|------------|---------------|------------|--------------|
| | Sessions | Attendees | Sessions | Attendees |
| CSS HP: Active Lifestyles | 1 | 58 | 0 | 0 |
| CSS HP: Anatomy and Physiology Hygiene (Female) | 2 | 30 | 0 | 0 |
| CSS HP: Anatomy and Physiology Hygiene (Male) | 2 | 49 | 0 | 0 |
| CSS HP: Anatomy and Physiology: Neurological System | 1 | 1 | 0 | 0 |
| CSS HP: Contraception | 7 | 161 | 0 | 0 |
| CSS HP: HIV/AIDS | 3 | 51 | 1 | 12 |
| CSS HP: Hygiene | 57 | 2,615 | 4 | 59 |
| CSS HP: Making Choices | 16 | 661 | 0 | 0 |
| CSS HP: Oral Health | 24 | 590 | 3 | 119 |
| CSS HP: Peer Pressure | 3 | 28 | 0 | 0 |
| CSS HP: People We Trust | 3 | 58 | 2 | 44 |
| CSS HP: Pregnancy and Birth | 6 | 15 | 1 | 2 |
| CSS HP: Puberty | 28 | 454 | 4 | 88 |
| CSS HP: Refusal Skills | 1 | 16 | 0 | 0 |
| CSS HP: Safety | 16 | 513 | 0 | 0 |
| CSS HP: Self Esteem | 8 | 191 | 2 | 23 |
| CSS HP: Sexual Orientation | 1 | 7 | 0 | 0 |
| CSS HP: Sexually Transmitted Infections | 18 | 459 | 2 | 20 |
| CSS HP: Substance Abuse | 29 | 460 | 2 | 34 |
| CSS HP: The Food Guide Pyramid | 17 | 348 | 2 | 24 |
| CSS HP: Understanding Asthma | 13 | 189 | 1 | 5 |
| CSS HP: Understanding Obesity | 6 | 103 | 0 | 0 |
| Abuse Prevention | 67 | 2,350 | 15 | 654 |
| Asthma / Respiratory | 30 | 1,451 | 10 | 124 |
| Career Choices | 34 | 1,257 | 13 | 465 |
| Dental Care | 71 | 2,730 | 10 | 935 |
| Health Maintenance | 40 | 484 | 16 | 1,144 |
| Hiv / Std Education / Family Planning | 46 | 2,179 | 9 | 53 |
| Human Anatomy | 1 | 4 | 1 | 24 |
| Human Growth And Development | 9 | 184 | 8 | 167 |
| Hygiene | 122 | 2,441 | 17 | 304 |
| Nutrition | 78 | 6,600 | 11 | 279 |
| Pre/Post Natal Care | 9 | 21 | 1 | 54 |
| Safety | 65 | 2,439 | 6 | 427 |
| Substance Abuse Prevention Education | 13 | 123 | 1 | 3 |
| TOTAL EDUCATION SESSIONS | 860 | 29,762 | 148 | 5,161 |



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Question 20

Please provide an update to the data regarding preventative health screenings conducted by school nurses in FY15 and to date in FY16. For each screening conducted, explain how many students were screened; what percentage of students received screenings; how many screening were done per school; how many students were referred for additional services; and what follow-up is provided to ensure that appropriate care is received.

What follow-up is provided to ensure that appropriate care is received?

Answer:

Each nurse notifies the Principal of students who fails hearing and vision screenings to share with appropriate school staff. The school nurse also sends via mail a Screening Failure Notification Letter to the parent requesting they follow-up with the students physician and have the physician sign the letter as confirmation of follow-up care being received. Children's School Services Case Manager's will also follow-up with families who need additional resources.

FY 2015 YTD by Ward

| Ward | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------------|---------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|---------------|----------------|
| PCS | 25,056 | 5,154 | 21% | 40 | 5,968 | 24% | 274 | 3,444 | 14% |
| Ward 1 | 6,079 | 2573 | 42% | 61 | 2995 | 49% | 219 | 739 | 12% |
| Ward 2 | 3,195 | 1424 | 45% | 24 | 1723 | 54% | 113 | 560 | 18% |
| Ward 3 | 6,282 | 2386 | 38% | 8 | 2720 | 43% | 132 | 1193 | 19% |
| Ward 4 | 6,148 | 3467 | 56% | 74 | 3819 | 62% | 255 | 2295 | 37% |
| Ward 5 | 4,490 | 1428 | 32% | 81 | 1873 | 42% | 128 | 1426 | 32% |
| Ward 6 | 6,814 | 3109 | 46% | 47 | 3341 | 49% | 94 | 765 | 11% |
| Ward 7 | 5,503 | 2973 | 54% | 144 | 3176 | 58% | 197 | 1658 | 30% |
| Ward 8 | 7,539 | 4319 | 57% | 53 | 4465 | 59% | 177 | 4110 | 55% |
| Total | 71,106 | 26,833 | 38% | 532 | 30,080 | 42% | 1,589 | 16,190 | 23% |



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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|------|---|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | Achievement Preparatory Academy PCS - Elementary * | 267 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Achievement Preparatory Academy PCS - Middle * | 381 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | AppleTree Early Learning PCS - Oklahoma Ave | 161 | 11 | 7% | 0 | 9 | 6% | 0 | 18 | 11% |
| PCS | AppleTree Early Learning PCS - Southeast * | 178 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Capital City PCS - High School | 329 | 19 | 6% | 0 | 22 | 7% | 4 | 10 | 3% |
| PCS | Capital City PCS - Lower School | 322 | 41 | 13% | 0 | 45 | 14% | 4 | 35 | 11% |
| PCS | Capital City PCS - Middle School | 320 | 34 | 11% | 0 | 37 | 12% | 3 | 36 | 11% |
| PCS | Cesar Chavez PCS for Public Policy - Capitol Hill | 358 | 13 | 4% | 0 | 63 | 18% | 1 | 0 | 0% |
| PCS | Community Academy PCS - Amos 1 | 590 | 267 | 45% | 1 | 340 | 58% | 21 | 307 | 52% |
| PCS | Community Academy PCS - Amos 2 | 329 | 124 | 38% | 1 | 174 | 53% | 4 | 156 | 47% |
| PCS | Community Academy PCS - Amos 3 | 123 | 99 | 80% | 0 | 108 | 88% | 0 | 96 | 78% |
| PCS | Community Academy PCS - Amos 5 | 523 | 103 | 20% | 1 | 110 | 21% | 3 | 101 | 19% |
| PCS | Creative Minds International PCS | 181 | 53 | 29% | 0 | 60 | 33% | 4 | 0 | 0% |
| PCS | DC Bilingual PCS | 364 | 156 | 43% | 3 | 183 | 50% | 36 | 0 | 0% |
| PCS | DC Prep PCS - Benning Elementary | 442 | 338 | 76% | 0 | 298 | 67% | 2 | 4 | 1% |
| PCS | DC Prep PCS - Benning Middle | 152 | 5 | 3% | 0 | 4 | 3% | 0 | 1 | 1% |
| PCS | DC Prep PCS - Edgewood Elementary | 432 | 213 | 49% | 0 | 262 | 61% | 3 | 168 | 39% |
| PCS | DC Prep PCS - Edgewood Middle | 294 | 70 | 24% | 0 | 84 | 29% | 8 | 72 | 24% |
| PCS | DC Scholars PCS * | 389 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Democracy Prep PCS | 620 | 153 | 25% | 0 | 188 | 30% | 0 | 152 | 25% |
| PCS | E.L. Haynes PCS - Georgia Avenue | 377 | 180 | 48% | 0 | 223 | 59% | 4 | 56 | 15% |
| PCS | E.L. Haynes PCS - Kansas Avenue (Elementary School) | 358 | 235 | 66% | 0 | 253 | 71% | 3 | 203 | 57% |
| PCS | E.L. Haynes PCS - Kansas Avenue (High School) | 422 | 68 | 16% | 0 | 85 | 20% | 3 | 17 | 4% |
| PCS | Elsie Whitlow Stokes Community Freedom PCS | 350 | 191 | 55% | 0 | 166 | 47% | 0 | 18 | 5% |
| PCS | Excel Academy PCS | 569 | 258 | 45% | 0 | 261 | 46% | 1 | 253 | 44% |
| PCS | Excel Academy PCS LEAD * | 155 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |

* No student health records in Health Office.



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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|------|---|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | Friendship PCS - Blow-Pierce Elementary | 379 | 39 | 10% | 0 | 39 | 10% | 4 | 16 | 4% |
| PCS | Friendship PCS - Blow-Pierce Middle | 213 | 11 | 5% | 0 | 37 | 17% | 1 | 0 | 0% |
| PCS | Friendship PCS - Chamberlain Elementary | 375 | 54 | 14% | 0 | 63 | 17% | 7 | 0 | 0% |
| PCS | Friendship PCS - Chamberlain Middle * | 343 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Friendship PCS - Collegiate Academy | 883 | 138 | 16% | 1 | 123 | 14% | 1 | 0 | 0% |
| PCS | Friendship PCS - Southeast Elementary Academy | 576 | 113 | 20% | 1 | 113 | 20% | 0 | 88 | 15% |
| PCS | Friendship PCS - Technology Preparatory Academy | 499 | 15 | 3% | 0 | 50 | 10% | 1 | 0 | 0% |
| PCS | Friendship PCS - Woodridge Elementary | 284 | 179 | 63% | 0 | 173 | 61% | 1 | 23 | 8% |
| PCS | Friendship PCS - Woodridge Middle | 168 | 61 | 36% | 0 | 80 | 48% | 1 | 0 | 0% |
| PCS | Hope Community PCS - Lamond | 358 | 4 | 1% | 0 | 4 | 1% | 0 | 2 | 1% |
| PCS | Hospitality High PCS | 171 | 10 | 6% | 0 | 14 | 8% | 1 | 0 | 0% |
| PCS | Howard University Math and Science PCS | 294 | 4 | 1% | 0 | 0 | 0% | 0 | 4 | 1% |
| PCS | Ingenuity Prep PCS | 201 | 73 | 36% | 0 | 92 | 46% | 1 | 87 | 43% |
| PCS | Inspired Teaching Demonstration PCS * | 317 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Integrated Design Electronics Academy PCS | 217 | 10 | 5% | 0 | 36 | 17% | 1 | 0 | 0% |
| PCS | KIPP DC - AIM Academy PCS | 321 | 10 | 3% | 0 | 45 | 14% | 5 | 54 | 17% |
| PCS | KIPP DC - Arts & Technology Academy PCS | 212 | 238 | 112% | 12 | 278 | 131% | 17 | 163 | 77% |
| PCS | KIPP DC - College Preparatory PCS | 454 | 72 | 16% | 0 | 73 | 16% | 8 | 0 | 0% |
| PCS | KIPP DC - Connect Academy PCS | 301 | 1 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | KIPP DC - Discover Academy PCS | 330 | 12 | 4% | 1 | 52 | 16% | 0 | 173 | 52% |
| PCS | KIPP DC - Grow Academy PCS | 312 | 48 | 15% | 1 | 48 | 15% | 0 | 42 | 13% |
| PCS | KIPP DC - Heights Academy PCS | 415 | 9 | 2% | 0 | 16 | 4% | 3 | 156 | 38% |
| PCS | KIPP DC - KEY Academy PCS | 334 | 16 | 5% | 1 | 21 | 6% | 5 | 17 | 5% |
| PCS | KIPP DC - Lead Academy PCS | 302 | 35 | 12% | 0 | 41 | 14% | 1 | 21 | 7% |
| PCS | KIPP DC - LEAP Academy PCS | 304 | 28 | 9% | 0 | 26 | 9% | 0 | 16 | 5% |
| PCS | KIPP DC - Northeast Academy PCS | 126 | 1 | 1% | 0 | 1 | 1% | 0 | 0 | 0% |

* No student health records in Health Office.



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FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|--|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | KIPP DC - Promise Academy PCS | 400 | 14 | 4% | 1 | 16 | 4% | 1 | 12 | 3% |
| PCS | KIPP DC - Quest Academy PCS * | 282 | 0 | 0% | 0 | 0 | 0% | 0 | 3 | 1% |
| PCS | KIPP DC - Spring Academy PCS * | 102 | 0 | 0% | 0 | 1 | 1% | 0 | 0 | 0% |
| PCS | KIPP DC - WILL Academy PCS | 344 | 50 | 15% | 1 | 58 | 17% | 0 | 33 | 10% |
| PCS | Lee Montessori PCS * | 74 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Maya Angelou PCS - Evans High School | 252 | 80 | 32% | 2 | 80 | 32% | 10 | 34 | 13% |
| PCS | Maya Angelou PCS - Evans Middle School | 147 | 10 | 7% | 0 | 10 | 7% | 3 | 8 | 5% |
| PCS | Meridian PCS | 639 | 190 | 30% | 9 | 224 | 35% | 58 | 2 | 0% |
| PCS | Mundo Verde Bilingual PCS * | 404 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | National Collegiate Preparatory PCHS | 306 | 42 | 14% | 0 | 67 | 22% | 0 | 148 | 48% |
| PCS | Next Steps/Latin American Youth Center (LAYC) Career Academy * | 190 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Options PCS | 268 | 90 | 34% | 0 | 89 | 33% | 6 | 1 | 0% |
| PCS | Paul PCS - International High School | 325 | 26 | 8% | 0 | 36 | 11% | 4 | 1 | 0% |
| PCS | Paul PCS - Middle School | 376 | 33 | 9% | 0 | 54 | 14% | 6 | 1 | 0% |
| PCS | Perry Street Preparatory PCS | 619 | 96 | 16% | 0 | 124 | 20% | 2 | 23 | 4% |
| PCS | Thurgood Marshall Academy PCS | 395 | 38 | 10% | 0 | 90 | 23% | 9 | 0 | 0% |
| PCS | Tree of Life PCS | 286 | 112 | 39% | 0 | 135 | 47% | 1 | 70 | 24% |
| PCS | Washington Latin PCS - Middle School | 366 | 75 | 20% | 0 | 72 | 20% | 1 | 0 | 0% |
| PCS | Washington Latin PCS - Upper School | 304 | 24 | 8% | 0 | 26 | 9% | 0 | 0 | 0% |
| PCS | Washington Mathematics Science Technology PCHS | 335 | 11 | 3% | 0 | 38 | 11% | 0 | 38 | 11% |
| PCS | Washington Yu Ying PCS | 528 | 287 | 54% | 0 | 282 | 53% | 5 | 330 | 63% |
| PCS | William E. Doar, Jr. - Edgewood | 439 | 164 | 37% | 4 | 166 | 38% | 6 | 175 | 40% |
| Ward 1 | Bancroft Elementary School | 508 | 378 | 74% | 21 | 380 | 75% | 12 | 212 | 42% |
| Ward 1 | Benjamin Banneker High School | 449 | 110 | 24% | 0 | 134 | 30% | 0 | 0 | 0% |
| Ward 1 | Bruce-Monroe Elementary School @ Park View | 465 | 303 | 65% | 3 | 325 | 70% | 16 | 32 | 7% |
| Ward 1 | Cardozo Education Campus | 781 | 131 | 17% | 2 | 205 | 26% | 22 | 89 | 11% |

* No student health records in Health Office.



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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|-------------------------------------|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 1 | Cleveland Elementary School | 308 | 36 | 12% | 2 | 66 | 21% | 6 | 2 | 1% |
| Ward 1 | Columbia Heights Education Center | 1,384 | 461 | 33% | 3 | 670 | 48% | 125 | 72 | 5% |
| Ward 1 | H.D. Cooke Elementary School | 400 | 254 | 64% | 10 | 247 | 62% | 3 | 1 | 0% |
| Ward 1 | Marie Reed Elementary School | 393 | 265 | 67% | 14 | 260 | 66% | 7 | 101 | 26% |
| Ward 1 | Oyster-Adams Bilingual School | 650 | 411 | 63% | 3 | 421 | 65% | 6 | 223 | 34% |
| Ward 1 | Tubman Elementary School | 498 | 107 | 21% | 3 | 164 | 33% | 11 | 3 | 1% |
| Ward 1 | Washington Metropolitan High School | 243 | 117 | 48% | 0 | 123 | 51% | 11 | 4 | 2% |
| Ward 2 | Ellington School of the Arts | 523 | 49 | 9% | 0 | 78 | 15% | 7 | 0 | 0% |
| Ward 2 | Francis-Stevens Education Campus | 414 | 266 | 64% | 2 | 310 | 75% | 5 | 1 | 0% |
| Ward 2 | Garrison Elementary School | 244 | 115 | 47% | 6 | 154 | 63% | 8 | 141 | 58% |
| Ward 2 | Hardy Middle School | 386 | 195 | 51% | 5 | 302 | 78% | 49 | 7 | 2% |
| Ward 2 | Hyde-Addison Elementary School | 305 | 154 | 50% | 1 | 167 | 55% | 1 | 0 | 0% |
| Ward 2 | Ross Elementary School | 166 | 143 | 86% | 4 | 143 | 86% | 5 | 111 | 67% |
| Ward 2 | School Without Walls High School | 590 | 169 | 29% | 0 | 163 | 28% | 0 | 1 | 0% |
| Ward 2 | Seaton Elementary School | 295 | 139 | 47% | 2 | 187 | 63% | 4 | 116 | 39% |
| Ward 2 | Thomson Elementary School | 272 | 194 | 71% | 4 | 219 | 81% | 34 | 183 | 67% |
| Ward 3 | Deal Middle School | 1,312 | 687 | 52% | 2 | 706 | 54% | 62 | 0 | 0% |
| Ward 3 | Eaton Elementary School | 475 | 147 | 31% | 0 | 106 | 22% | 3 | 142 | 30% |
| Ward 3 | Hearst Elementary School | 291 | 217 | 75% | 3 | 224 | 77% | 2 | 136 | 47% |
| Ward 3 | Janney Elementary School | 693 | 447 | 65% | 0 | 529 | 76% | 11 | 541 | 78% |
| Ward 3 | Key Elementary School | 383 | 131 | 34% | 3 | 158 | 41% | 2 | 0 | 0% |
| Ward 3 | Mann Elementary School | 302 | 10 | 3% | 0 | 10 | 3% | 0 | 19 | 6% |
| Ward 3 | Murch Elementary School | 620 | 49 | 8% | 0 | 58 | 9% | 1 | 2 | 0% |
| Ward 3 | Stoddert Elementary School | 418 | 300 | 72% | 0 | 337 | 81% | 17 | 353 | 84% |
| Ward 3 | Wilson High School | 1,788 | 398 | 22% | 0 | 592 | 33% | 34 | 0 | 0% |
| Ward 4 | Barnard Elementary School | 602 | 493 | 82% | 10 | 503 | 84% | 28 | 329 | 55% |



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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|--|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 4 | Brightwood Education Campus | 639 | 275 | 43% | 13 | 278 | 44% | 42 | 271 | 42% |
| Ward 4 | Coolidge High School | 395 | 77 | 19% | 2 | 160 | 41% | 9 | 13 | 3% |
| Ward 4 | Lafayette Elementary School | 697 | 477 | 68% | 3 | 522 | 75% | 7 | 159 | 23% |
| Ward 4 | LaSalle-Backus Education Campus | 349 | 247 | 71% | 0 | 280 | 80% | 61 | 190 | 54% |
| Ward 4 | Powell Elementary School | 446 | 250 | 56% | 10 | 267 | 60% | 26 | 332 | 74% |
| Ward 4 | Raymond Elementary School | 581 | 470 | 81% | 10 | 484 | 83% | 16 | 393 | 68% |
| Ward 4 | Roosevelt High School | 476 | 200 | 42% | 1 | 229 | 48% | 15 | 2 | 0% |
| Ward 4 | Sharpe Health School | 60 | 18 | 30% | 3 | 17 | 28% | 0 | 18 | 30% |
| Ward 4 | Shepherd Elementary School | 318 | 150 | 47% | 0 | 198 | 62% | 6 | 208 | 65% |
| Ward 4 | Takoma Education Center | 442 | 263 | 60% | 10 | 278 | 63% | 32 | 157 | 36% |
| Ward 4 | Truesdell Education Campus | 526 | 260 | 49% | 12 | 268 | 51% | 9 | 60 | 11% |
| Ward 4 | West Education Campus | 267 | 116 | 43% | 0 | 157 | 59% | 2 | 48 | 18% |
| Ward 4 | Whittier Education Campus | 350 | 171 | 49% | 0 | 178 | 51% | 2 | 115 | 33% |
| Ward 5 | Brookland Education Campus @ Bunker Hill | 225 | 110 | 49% | 1 | 128 | 57% | 3 | 13 | 6% |
| Ward 5 | Browne Education Campus | 353 | 212 | 60% | 16 | 230 | 65% | 24 | 442 | 125% |
| Ward 5 | Burroughs Education Center | 297 | 105 | 35% | 3 | 145 | 49% | 4 | 34 | 11% |
| Ward 5 | C. H. O. I. C. E. Academy Middle/High School | 5 | 4 | 80% | 1 | 4 | 80% | 1 | 2 | 40% |
| Ward 5 | Dunbar High School | 653 | 62 | 9% | 1 | 149 | 23% | 19 | 83 | 13% |
| Ward 5 | Langdon Education Campus | 340 | 230 | 68% | 35 | 234 | 69% | 10 | 228 | 67% |
| Ward 5 | Langley Education Campus | 289 | 160 | 55% | 8 | 184 | 64% | 3 | 185 | 64% |
| Ward 5 | Luke C. Moore High School | 350 | 30 | 9% | 0 | 43 | 12% | 5 | 25 | 7% |
| Ward 5 | Mamie D. Lee School | 56 | 24 | 43% | 10 | 23 | 41% | 3 | 5 | 9% |
| Ward 5 | Mckinley Middle School | 202 | 27 | 13% | 0 | 65 | 32% | 2 | 94 | 47% |
| Ward 5 | McKinley Technology High School | 645 | 27 | 4% | 0 | 45 | 7% | 0 | 165 | 26% |
| Ward 5 | Noyes Education Campus | 289 | 174 | 60% | 2 | 192 | 66% | 28 | 109 | 38% |
| Ward 5 | Phelps Architecture, Construction, and Engineering High School | 323 | 38 | 12% | 1 | 131 | 41% | 22 | 35 | 11% |



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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|---------------------------------|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 5 | Wheatley Elementary School | 463 | 225 | 49% | 3 | 300 | 65% | 4 | 6 | 1% |
| Ward 6 | Amidon-Bowen Elementary School | 345 | 195 | 57% | 7 | 201 | 58% | 1 | 131 | 38% |
| Ward 6 | Brent Elementary School | 368 | 142 | 39% | 2 | 182 | 49% | 9 | 95 | 26% |
| Ward 6 | Capitol Hill Montessori @ Logan | 310 | 149 | 48% | 0 | 131 | 42% | 4 | 22 | 7% |
| Ward 6 | Eastern High School | 1,025 | 135 | 13% | 1 | 141 | 14% | 18 | 0 | 0% |
| Ward 6 | Eliot-Hine Middle School | 257 | 152 | 59% | 2 | 150 | 58% | 8 | 84 | 33% |
| Ward 6 | J. O. Wilson Elementary School | 466 | 381 | 82% | 13 | 374 | 80% | 18 | 25 | 5% |
| Ward 6 | Jefferson Middle School Academy | 277 | 147 | 53% | 0 | 150 | 54% | 0 | 3 | 1% |
| Ward 6 | Ludlow-Taylor Elementary School | 340 | 265 | 78% | 0 | 280 | 82% | 3 | 12 | 4% |
| Ward 6 | Maury Elementary School | 366 | 37 | 10% | 1 | 43 | 12% | 3 | 5 | 1% |
| Ward 6 | Miner Elementary School | 398 | 303 | 76% | 11 | 307 | 77% | 9 | 3 | 1% |
| Ward 6 | Payne Elementary School | 277 | 65 | 23% | 2 | 96 | 35% | 2 | 120 | 43% |
| Ward 6 | Peabody Elementary School | 227 | 61 | 27% | 0 | 133 | 59% | 0 | 0 | 0% |
| Ward 6 | Stuart-Hobson Middle School | 423 | 74 | 17% | 0 | 69 | 16% | 3 | 4 | 1% |
| Ward 6 | SWS @ Goding | 248 | 213 | 86% | 1 | 225 | 91% | 0 | 0 | 0% |
| Ward 6 | Tyler Elementary School | 522 | 319 | 61% | 0 | 341 | 65% | 4 | 255 | 49% |
| Ward 6 | Walker-Jones Education Campus | 465 | 357 | 77% | 7 | 358 | 77% | 12 | 5 | 1% |
| Ward 6 | Watkins Elementary School | 500 | 114 | 23% | 0 | 160 | 32% | 0 | 1 | 0% |
| Ward 7 | Aiton Elementary School | 262 | 220 | 84% | 2 | 221 | 84% | 2 | 2 | 1% |
| Ward 7 | Beers Elementary School | 438 | 156 | 36% | 23 | 153 | 35% | 34 | 11 | 3% |
| Ward 7 | Burrville Elementary School | 360 | 297 | 83% | 22 | 295 | 82% | 3 | 164 | 46% |
| Ward 7 | C.W. Harris Elementary School | 291 | 171 | 59% | 3 | 171 | 59% | 2 | 134 | 46% |
| Ward 7 | Drew Elementary School | 201 | 161 | 80% | 1 | 160 | 80% | 10 | 2 | 1% |
| Ward 7 | H. D. Woodson High School | 639 | 2 | 0% | 0 | 92 | 14% | 18 | 4 | 1% |
| Ward 7 | Houston Elementary School | 279 | 215 | 77% | 7 | 214 | 77% | 22 | 187 | 67% |
| Ward 7 | Kelly Miller Middle School | 546 | 207 | 38% | 13 | 215 | 39% | 12 | 42 | 8% |



Children's School Services
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Question 20

FY 2015 YTD by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------------|------------------------------------|---------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|---------------|----------------|
| Ward 7 | Kimball Elementary School | 348 | 172 | 49% | 1 | 209 | 60% | 0 | 19 | 5% |
| Ward 7 | Nalle Elementary School | 384 | 205 | 53% | 10 | 192 | 50% | 1 | 117 | 30% |
| Ward 7 | Plummer Elementary School | 428 | 286 | 67% | 8 | 335 | 78% | 32 | 320 | 75% |
| Ward 7 | Randle Highlands Elementary School | 360 | 262 | 73% | 2 | 288 | 80% | 38 | 235 | 65% |
| Ward 7 | Smothers Elementary School | 275 | 75 | 27% | 4 | 89 | 32% | 4 | 30 | 11% |
| Ward 7 | Sousa Middle School | 284 | 190 | 67% | 7 | 193 | 68% | 8 | 186 | 65% |
| Ward 7 | Thomas Elementary School | 408 | 354 | 87% | 41 | 349 | 86% | 11 | 205 | 50% |
| Ward 8 | Anacostia High School | 661 | 126 | 19% | 1 | 122 | 18% | 14 | 192 | 29% |
| Ward 8 | Ballou High School | 755 | 185 | 25% | 3 | 219 | 29% | 27 | 303 | 40% |
| Ward 8 | Garfield Elementary School | 284 | 243 | 86% | 16 | 236 | 83% | 4 | 32 | 11% |
| Ward 8 | Hart Middle School | 479 | 177 | 37% | 1 | 232 | 48% | 26 | 433 | 90% |
| Ward 8 | Hendley Elementary School | 503 | 403 | 80% | 3 | 381 | 76% | 22 | 594 | 118% |
| Ward 8 | Johnson Middle School | 291 | 155 | 53% | 0 | 132 | 45% | 1 | 67 | 23% |
| Ward 8 | Ketcham Elementary School | 309 | 250 | 81% | 1 | 256 | 83% | 1 | 308 | 100% |
| Ward 8 | King Elementary School | 372 | 284 | 76% | 3 | 283 | 76% | 13 | 416 | 112% |
| Ward 8 | Kramer Middle School | 333 | 190 | 57% | 0 | 214 | 64% | 0 | 9 | 3% |
| Ward 8 | Leckie Elementary School | 478 | 347 | 73% | 3 | 358 | 75% | 1 | 275 | 58% |
| Ward 8 | Malcolm X Elementary School | 244 | 154 | 63% | 3 | 157 | 64% | 1 | 138 | 57% |
| Ward 8 | Moten Elementary School | 395 | 253 | 64% | 3 | 249 | 63% | 14 | 13 | 3% |
| Ward 8 | Orr Elementary School | 384 | 293 | 76% | 5 | 298 | 78% | 2 | 310 | 81% |
| Ward 8 | Patterson Elementary School | 380 | 274 | 72% | 4 | 264 | 69% | 2 | 232 | 61% |
| Ward 8 | Savoy Elementary School | 408 | 327 | 80% | 2 | 328 | 80% | 41 | 296 | 73% |
| Ward 8 | Simon Elementary School | 293 | 236 | 81% | 0 | 232 | 79% | 6 | 408 | 139% |
| Ward 8 | Stanton Elementary School | 578 | 318 | 55% | 4 | 373 | 65% | 1 | 53 | 9% |
| Ward 8 | Turner Elementary School | 392 | 104 | 27% | 1 | 131 | 33% | 1 | 31 | 8% |
| Total | | 71,106 | 26,833 | 38% | 532 | 30,080 | 42% | 1,589 | 16,190 | 23% |



Children's School Services
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Question 20

FY 2016 Total by Ward

| Ward | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------------|---------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|---------------|----------------|
| PCS | 27,255 | 5,161 | 19% | 154 | 6,143 | 23% | 744 | 3,310 | 12% |
| Ward 1 | 7,157 | 1451 | 20% | 11 | 2025 | 28% | 239 | 1176 | 16% |
| Ward 2 | 3,543 | 919 | 26% | 5 | 1246 | 35% | 115 | 541 | 15% |
| Ward 3 | 7,446 | 1533 | 21% | 10 | 2076 | 28% | 76 | 973 | 13% |
| Ward 4 | 7,703 | 2738 | 36% | 29 | 3239 | 42% | 422 | 1701 | 22% |
| Ward 5 | 5,327 | 1120 | 21% | 37 | 1573 | 30% | 222 | 1062 | 20% |
| Ward 6 | 7,658 | 2066 | 27% | 23 | 2009 | 26% | 99 | 951 | 12% |
| Ward 7 | 6,106 | 1787 | 29% | 17 | 1876 | 31% | 173 | 1108 | 18% |
| Ward 8 | 8,298 | 3444 | 42% | 50 | 3593 | 43% | 354 | 2987 | 36% |
| Total | 80,493 | 20,219 | 25% | 336 | 23,780 | 30% | 2,444 | 13,809 | 17% |



Children's School Services
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Question 20

FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|------|---|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | Achievement Preparatory Academy PCS - Middle | 355 | 111 | 31% | 5 | 137 | 39% | 36 | 112 | 32% |
| PCS | Achievement Preparatory Academy PCS - Elementary | 256 | 0 | 0% | 0 | 1 | 0% | 0 | 1 | 0% |
| PCS | AppleTree Early Learning PCS - Oklahoma Ave | 208 | 2 | 1% | 0 | 2 | 1% | 0 | 2 | 1% |
| PCS | AppleTree Early Learning PCS - Southeast | 215 | 79 | 37% | 0 | 80 | 37% | 0 | 13 | 6% |
| PCS | Capital City PCS - High School | 484 | 0 | 0% | 0 | 1 | 0% | 1 | 9 | 2% |
| PCS | Capital City PCS - Lower School | 376 | 12 | 3% | 0 | 12 | 3% | 3 | 8 | 2% |
| PCS | Capital City PCS - Middle School | 369 | 4 | 1% | 0 | 11 | 3% | 1 | 5 | 1% |
| PCS | Center City PCS - Capitol Hill Campus | 222 | 13 | 6% | 0 | 15 | 7% | 2 | 36 | 16% |
| PCS | Center City PCS - Petworth Campus | 243 | 3 | 1% | 0 | 4 | 2% | 0 | 2 | 1% |
| PCS | Cesar Chavez PCS for Public Policy - Capitol Hill | 528 | 0 | 0% | 0 | 51 | 10% | 5 | 29 | 5% |
| PCS | Creative Minds International PCS | 241 | 12 | 5% | 1 | 8 | 3% | 1 | 35 | 15% |
| PCS | DC Bilingual PCS | 500 | 301 | 60% | 3 | 296 | 59% | 69 | 118 | 24% |
| PCS | DC International PCS | 384 | 0 | 0% | 0 | 1 | 0% | 0 | 0 | 0% |
| PCS | DC Prep PCS - Anacostia Elementary | 135 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | DC Prep PCS - Benning Elementary | 472 | 3 | 1% | 0 | 3 | 1% | 0 | 4 | 1% |
| PCS | DC Prep PCS - Benning Middle | 224 | 0 | 0% | 0 | 0 | 0% | 0 | 1 | 0% |
| PCS | DC Prep PCS - Edgewood Elementary | 434 | 254 | 59% | 11 | 259 | 60% | 36 | 46 | 11% |
| PCS | DC Prep PCS - Edgewood Middle | 315 | 46 | 15% | 1 | 51 | 16% | 37 | 80 | 25% |
| PCS | DC Scholars PCS | 419 | 9 | 2% | 0 | 99 | 24% | 2 | 6 | 1% |
| PCS | Democracy Prep PCS | 591 | 210 | 36% | 5 | 231 | 39% | 28 | 217 | 37% |
| PCS | E.L. Haynes PCS - Georgia Avenue | 353 | 15 | 4% | 0 | 28 | 8% | 3 | 43 | 12% |
| PCS | E.L. Haynes PCS - Kansas Avenue (Elementary School) | 325 | 111 | 34% | 4 | 113 | 35% | 6 | 28 | 9% |
| PCS | E.L. Haynes PCS - Kansas Avenue (High School) | 482 | 0 | 0% | 0 | 20 | 4% | 4 | 33 | 7% |
| PCS | Elsie Whitlow Stokes Community Freedom PCS | 396 | 243 | 61% | 4 | 244 | 62% | 24 | 99 | 25% |
| PCS | Excel Academy PCS DREAM | 687 | 278 | 40% | 1 | 289 | 42% | 17 | 92 | 13% |
| PCS | Excel Academy PCS LEAD | 5 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Friendship PCS - Armstrong | 576 | 301 | 52% | 10 | 282 | 49% | 87 | 129 | 22% |
| PCS | Friendship PCS - Blow-Pierce Elementary | 387 | 33 | 9% | 0 | 147 | 38% | 7 | 49 | 13% |
| PCS | Friendship PCS - Blow-Pierce Middle | 172 | 16 | 9% | 0 | 27 | 16% | 4 | 27 | 16% |



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Question 20

FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|------|---|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | Friendship PCS - Chamberlain Elementary | 362 | 0 | 0% | 0 | 1 | 0% | 1 | 0 | 0% |
| PCS | Friendship PCS - Chamberlain Middle | 318 | 2 | 1% | 0 | 4 | 1% | 2 | 10 | 3% |
| PCS | Friendship PCS - Collegiate Academy | 747 | 0 | 0% | 0 | 14 | 2% | 7 | 67 | 9% |
| PCS | Friendship PCS - Southeast Elementary Academy | 530 | 334 | 63% | 1 | 330 | 62% | 40 | 93 | 18% |
| PCS | Friendship PCS - Technology Preparatory Academy | 494 | 65 | 13% | 2 | 171 | 35% | 9 | 76 | 15% |
| PCS | Friendship PCS - Woodridge Elementary | 275 | 155 | 56% | 1 | 163 | 59% | 3 | 27 | 10% |
| PCS | Friendship PCS - Woodridge Middle | 177 | 72 | 41% | 0 | 66 | 37% | 1 | 46 | 26% |
| PCS | Hope Community PCS - Lamond | 431 | 213 | 49% | 78 | 198 | 46% | 1 | 53 | 12% |
| PCS | Howard University Math and Science PCS | 294 | 1 | 0% | 0 | 1 | 0% | 0 | 13 | 4% |
| PCS | Ingenuity Prep PCS | 293 | 243 | 83% | 3 | 245 | 84% | 29 | 64 | 22% |
| PCS | Inspired Teaching Demonstration PCS | 356 | 223 | 63% | 0 | 231 | 65% | 4 | 101 | 28% |
| PCS | Integrated Design Electronics Academy PCS | 246 | 0 | 0% | 0 | 30 | 12% | 0 | 10 | 4% |
| PCS | Kingsman Academy PCS | 328 | 3 | 1% | 0 | 24 | 7% | 3 | 43 | 13% |
| PCS | KIPP DC - AIM Academy PCS | 325 | 10 | 3% | 0 | 32 | 10% | 10 | 24 | 7% |
| PCS | KIPP DC - Arts & Technology Academy PCS | 267 | 121 | 45% | 1 | 202 | 76% | 6 | 19 | 7% |
| PCS | KIPP DC - Connect Academy PCS | 308 | 22 | 7% | 0 | 16 | 5% | 2 | 30 | 10% |
| PCS | KIPP DC - Discover Academy PCS | 335 | 12 | 4% | 0 | 11 | 3% | 1 | 16 | 5% |
| PCS | KIPP DC - Grow Academy PCS | 325 | 90 | 28% | 0 | 91 | 28% | 32 | 15 | 5% |
| PCS | KIPP DC - Hamilton College Preparatory PCS | 486 | 0 | 0% | 0 | 14 | 3% | 3 | 22 | 5% |
| PCS | KIPP DC - Heights Academy PCS | 419 | 34 | 8% | 0 | 39 | 9% | 10 | 31 | 7% |
| PCS | KIPP DC - KEY Academy PCS | 327 | 5 | 2% | 0 | 9 | 3% | 2 | 30 | 9% |
| PCS | KIPP DC - Lead Academy PCS | 407 | 153 | 38% | 0 | 152 | 37% | 39 | 159 | 39% |
| PCS | KIPP DC - LEAP Academy PCS | 212 | 145 | 68% | 0 | 101 | 48% | 3 | 22 | 10% |
| PCS | KIPP DC - Northeast Academy PCS | 203 | 6 | 3% | 0 | 5 | 2% | 1 | 20 | 10% |
| PCS | KIPP DC - Promise Academy PCS | 494 | 26 | 5% | 2 | 24 | 5% | 5 | 30 | 6% |
| PCS | KIPP DC - Quest Academy PCS | 290 | 194 | 67% | 2 | 141 | 49% | 9 | 145 | 50% |
| PCS | KIPP DC - Spring Academy PCS | 209 | 11 | 5% | 1 | 13 | 6% | 2 | 14 | 7% |
| PCS | KIPP DC - Valor Academy PCS | 99 | 4 | 4% | 0 | 4 | 4% | 1 | 5 | 5% |
| PCS | KIPP DC - WILL Academy PCS | 283 | 59 | 21% | 1 | 124 | 44% | 39 | 62 | 22% |



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FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|--|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| PCS | Lee Montessori PCS | 100 | 95 | 95% | 0 | 95 | 95% | 28 | 10 | 10% |
| PCS | Maya Angelou PCS - Evans High School | 326 | 0 | 0% | 0 | 47 | 14% | 15 | 114 | 35% |
| PCS | Maya Angelou PCS - Evans Middle School | 41 | 0 | 0% | 0 | 1 | 2% | 0 | 1 | 2% |
| PCS | Meridian PCS | 792 | 21 | 3% | 2 | 25 | 3% | 7 | 39 | 5% |
| PCS | Monument Academy PCS | 27 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Mundo Verde PCS | 518 | 242 | 47% | 0 | 234 | 45% | 1 | 46 | 9% |
| PCS | National Collegiate Preparatory PCHS | 399 | 0 | 0% | 0 | 54 | 14% | 4 | 45 | 11% |
| PCS | Next Steps LAYC Academy PCS | 353 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Paul PCS - International High School | 458 | 0 | 0% | 0 | 22 | 5% | 0 | 31 | 7% |
| PCS | Paul PCS - Middle School | 305 | 23 | 8% | 0 | 49 | 16% | 0 | 20 | 7% |
| PCS | Perry Street Preparatory PCS | 339 | 6 | 2% | 0 | 14 | 4% | 1 | 26 | 8% |
| PCS | The Children's Guild PCS | 216 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% |
| PCS | Thurgood Marshall Academy PCS | 341 | 0 | 0% | 0 | 73 | 21% | 2 | 37 | 11% |
| PCS | Two Rivers PCS | 667 | 4 | 1% | 0 | 4 | 1% | 0 | 5 | 1% |
| PCS | Washington Latin PCS - Middle School | 352 | 18 | 5% | 0 | 59 | 17% | 13 | 50 | 14% |
| PCS | Washington Latin PCS - Upper School | 326 | 0 | 0% | 0 | 0 | 0% | 0 | 2 | 1% |
| PCS | Washington Mathematics Science Technology PCHS | 460 | 0 | 0% | 0 | 63 | 14% | 0 | 51 | 11% |
| PCS | Washington Yu Ying PCS | 602 | 276 | 46% | 0 | 290 | 48% | 5 | 218 | 36% |
| PCS | William E. Doar, Jr. - Edgewood | 439 | 217 | 49% | 15 | 245 | 56% | 30 | 144 | 33% |
| Ward 1 | Bancroft Elementary School | 535 | 229 | 43% | 2 | 239 | 45% | 12 | 145 | 27% |
| Ward 1 | Benjamin Banneker High School | 651 | 0 | 0% | 0 | 41 | 6% | 1 | 63 | 10% |
| Ward 1 | Bruce-Monroe Elementary School @ Park View | 484 | 203 | 42% | 0 | 247 | 51% | 4 | 98 | 20% |
| Ward 1 | Cardozo Education Campus | 1,010 | 18 | 2% | 0 | 77 | 8% | 3 | 154 | 15% |
| Ward 1 | Cleveland Elementary School | 332 | 71 | 21% | 2 | 81 | 24% | 11 | 36 | 11% |
| Ward 1 | Columbia Heights Education Center | 1,763 | 37 | 2% | 0 | 394 | 22% | 66 | 208 | 12% |
| Ward 1 | H.D. Cooke Elementary School | 421 | 268 | 64% | 1 | 272 | 65% | 30 | 55 | 13% |
| Ward 1 | Marie Reed Elementary School | 428 | 135 | 32% | 1 | 43 | 10% | 1 | 67 | 16% |
| Ward 1 | Oyster-Adams Bilingual School | 679 | 234 | 34% | 3 | 319 | 47% | 42 | 107 | 16% |
| Ward 1 | Tubman Elementary School | 582 | 256 | 44% | 2 | 293 | 50% | 66 | 227 | 39% |



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Question 20

FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|---|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 1 | Washington Metropolitan High School | 272 | 0 | 0% | 0 | 19 | 7% | 3 | 16 | 6% |
| Ward 2 | Ellington School of the Arts | 761 | 0 | 0% | 0 | 92 | 12% | 9 | 23 | 3% |
| Ward 2 | Garrison Elementary School | 259 | 155 | 60% | 1 | 176 | 68% | 9 | 71 | 27% |
| Ward 2 | Hardy Middle School | 379 | 76 | 20% | 0 | 154 | 41% | 20 | 127 | 34% |
| Ward 2 | Hyde-Addison Elementary School | 318 | 109 | 34% | 2 | 105 | 33% | 10 | 51 | 16% |
| Ward 2 | Ross Elementary School | 172 | 129 | 75% | 2 | 117 | 68% | 15 | 69 | 40% |
| Ward 2 | School Without Walls @ Francis-Stevens EC | 462 | 261 | 56% | 0 | 300 | 65% | 22 | 35 | 8% |
| Ward 2 | School Without Walls High School | 891 | 1 | 0% | 0 | 126 | 14% | 18 | 64 | 7% |
| Ward 2 | Thomson Elementary School | 301 | 188 | 62% | 0 | 176 | 58% | 12 | 101 | 34% |
| Ward 3 | Deal Middle School | 1,404 | 337 | 24% | 0 | 554 | 39% | 23 | 95 | 7% |
| Ward 3 | Eaton Elementary School | 537 | 194 | 36% | 3 | 256 | 48% | 18 | 135 | 25% |
| Ward 3 | Hearst Elementary School | 323 | 107 | 33% | 0 | 105 | 33% | 1 | 77 | 24% |
| Ward 3 | Janney Elementary School | 777 | 364 | 47% | 1 | 393 | 51% | 7 | 237 | 31% |
| Ward 3 | Key Elementary School | 399 | 83 | 21% | 2 | 150 | 38% | 0 | 46 | 12% |
| Ward 3 | Mann Elementary School | 379 | 128 | 34% | 0 | 128 | 34% | 0 | 46 | 12% |
| Ward 3 | Murch Elementary School | 638 | 186 | 29% | 4 | 185 | 29% | 5 | 85 | 13% |
| Ward 3 | Stoddert Elementary School | 441 | 130 | 29% | 0 | 207 | 47% | 7 | 118 | 27% |
| Ward 3 | Wilson High School | 2,548 | 4 | 0% | 0 | 98 | 4% | 15 | 134 | 5% |
| Ward 4 | Barnard Elementary School | 662 | 444 | 67% | 2 | 444 | 67% | 78 | 62 | 9% |
| Ward 4 | Brightwood Education Campus | 737 | 210 | 28% | 8 | 185 | 25% | 45 | 123 | 17% |
| Ward 4 | Coolidge High School | 564 | 7 | 1% | 0 | 63 | 11% | 17 | 115 | 20% |
| Ward 4 | Dorothy I. Heights Elementary School | 649 | 291 | 45% | 3 | 367 | 57% | 27 | 311 | 48% |
| Ward 4 | Lafayette Elementary School | 731 | 302 | 41% | 4 | 322 | 44% | 19 | 0 | 0% |
| Ward 4 | LaSalle-Backus Education Campus | 366 | 205 | 56% | 0 | 240 | 66% | 63 | 237 | 65% |
| Ward 4 | Powell Elementary School | 539 | 252 | 47% | 4 | 295 | 55% | 47 | 194 | 36% |
| Ward 4 | Raymond Elementary School | 599 | 286 | 48% | 4 | 385 | 64% | 56 | 144 | 24% |
| Ward 4 | Roosevelt High School | 745 | 1 | 0% | 0 | 26 | 3% | 2 | 77 | 10% |
| Ward 4 | Shepherd Elementary School | 337 | 208 | 62% | 0 | 164 | 49% | 0 | 79 | 23% |
| Ward 4 | Takoma Education Center | 481 | 234 | 49% | 4 | 280 | 58% | 49 | 19 | 4% |



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Question 20

FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|-----------------------------------|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 4 | Truesdell Education Campus | 608 | 163 | 27% | 0 | 208 | 34% | 6 | 97 | 16% |
| Ward 4 | West Education Campus | 315 | 102 | 32% | 0 | 127 | 40% | 13 | 121 | 38% |
| Ward 4 | Whittier Education Campus | 370 | 33 | 9% | 0 | 133 | 36% | 0 | 122 | 33% |
| Ward 5 | Brookland Middle School | 213 | 0 | 0% | 0 | 76 | 36% | 24 | 34 | 16% |
| Ward 5 | Browne Education Campus | 336 | 169 | 50% | 1 | 188 | 56% | 19 | 82 | 24% |
| Ward 5 | Bunker Hill Elementary School | 170 | 75 | 44% | 0 | 37 | 22% | 6 | 46 | 27% |
| Ward 5 | Burroughs Education Center | 305 | 210 | 69% | 12 | 202 | 66% | 16 | 124 | 41% |
| Ward 5 | CHOICE Academy @ Emery | 24 | 1 | 4% | 0 | 3 | 13% | 0 | 4 | 17% |
| Ward 5 | Dunbar High School | 948 | 3 | 0% | 0 | 122 | 13% | 15 | 126 | 13% |
| Ward 5 | Langdon Education Campus | 323 | 164 | 51% | 14 | 153 | 47% | 8 | 154 | 48% |
| Ward 5 | Langley Education Campus | 290 | 166 | 57% | 1 | 151 | 52% | 15 | 77 | 27% |
| Ward 5 | Luke C. Moore High School | 552 | 0 | 0% | 0 | 27 | 5% | 3 | 27 | 5% |
| Ward 5 | McKinley Technology High School | 921 | 0 | 0% | 0 | 130 | 14% | 13 | 61 | 7% |
| Ward 5 | Mckinley Technology Middle School | 234 | 53 | 23% | 4 | 110 | 47% | 28 | 94 | 40% |
| Ward 5 | Noyes Education Campus | 208 | 104 | 50% | 1 | 104 | 50% | 20 | 53 | 25% |
| Ward 5 | Phelps High School | 407 | 0 | 0% | 0 | 74 | 18% | 22 | 54 | 13% |
| Ward 5 | Wheatley Elementary School | 396 | 175 | 44% | 4 | 196 | 49% | 33 | 126 | 32% |
| Ward 6 | Amidon-Bowen Elementary School | 364 | 128 | 35% | 0 | 130 | 36% | 6 | 86 | 24% |
| Ward 6 | Brent Elementary School | 402 | 63 | 16% | 15 | 61 | 15% | 2 | 46 | 11% |
| Ward 6 | Capitol Hill Montessori @ Logan | 327 | 114 | 35% | 0 | 102 | 31% | 4 | 45 | 14% |
| Ward 6 | Eastern High School | 1,172 | 0 | 0% | 0 | 17 | 1% | 2 | 81 | 7% |
| Ward 6 | Eliot-Hine Middle School | 217 | 51 | 24% | 0 | 120 | 55% | 0 | 76 | 35% |
| Ward 6 | J. O. Wilson Elementary School | 525 | 244 | 46% | 0 | 228 | 43% | 17 | 35 | 7% |
| Ward 6 | Jefferson Academy | 285 | 5 | 2% | 0 | 10 | 4% | 0 | 29 | 10% |
| Ward 6 | Ludlow-Taylor Elementary School | 383 | 217 | 57% | 2 | 161 | 42% | 25 | 20 | 5% |
| Ward 6 | Maury Elementary School | 393 | 26 | 7% | 0 | 31 | 8% | 2 | 55 | 14% |
| Ward 6 | Miner Elementary School | 411 | 276 | 67% | 0 | 269 | 65% | 20 | 63 | 15% |
| Ward 6 | Payne Elementary School | 332 | 100 | 30% | 0 | 115 | 35% | 0 | 53 | 16% |
| Ward 6 | Peabody Elementary School | 238 | 2 | 1% | 0 | 3 | 1% | 0 | 9 | 4% |



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| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------|--|------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|-------------|----------------|
| Ward 6 | School Within a School | 298 | 140 | 47% | 4 | 40 | 13% | 5 | 43 | 14% |
| Ward 6 | Seaton Elementary School | 321 | 174 | 54% | 0 | 159 | 50% | 4 | 74 | 23% |
| Ward 6 | Stuart-Hobson Middle School | 430 | 3 | 1% | 0 | 5 | 1% | 0 | 75 | 17% |
| Ward 6 | Tyler Elementary School | 520 | 191 | 37% | 0 | 189 | 36% | 3 | 60 | 12% |
| Ward 6 | Van Ness Elementary School | 85 | 78 | 92% | 1 | 76 | 89% | 4 | 12 | 14% |
| Ward 6 | Walker-Jones Education Campus | 477 | 193 | 40% | 0 | 231 | 48% | 0 | 61 | 13% |
| Ward 6 | Watkins Elementary School | 478 | 61 | 13% | 1 | 62 | 13% | 5 | 28 | 6% |
| Ward 7 | Aiton Elementary School | 265 | 169 | 64% | 0 | 193 | 73% | 3 | 101 | 38% |
| Ward 7 | Beers Elementary School | 446 | 78 | 17% | 2 | 75 | 17% | 6 | 32 | 7% |
| Ward 7 | Burrville Elementary School | 358 | 224 | 63% | 2 | 198 | 55% | 46 | 114 | 32% |
| Ward 7 | C.W. Harris Elementary School | 307 | 83 | 27% | 0 | 85 | 28% | 1 | 33 | 11% |
| Ward 7 | Drew Elementary School | 256 | 178 | 70% | 0 | 161 | 63% | 10 | 39 | 15% |
| Ward 7 | Houston Elementary School | 280 | 187 | 67% | 2 | 185 | 66% | 20 | 197 | 70% |
| Ward 7 | Kelly Miller Middle School | 474 | 1 | 0% | 0 | 26 | 5% | 0 | 23 | 5% |
| Ward 7 | Kimball Elementary School | 355 | 222 | 63% | 0 | 211 | 59% | 1 | 135 | 38% |
| Ward 7 | Nalle Elementary School | 418 | 101 | 24% | 0 | 104 | 25% | 2 | 45 | 11% |
| Ward 7 | Plummer Elementary School | 422 | 119 | 28% | 0 | 134 | 32% | 0 | 52 | 12% |
| Ward 7 | Randle Highlands Elementary School | 357 | 153 | 43% | 2 | 169 | 47% | 10 | 91 | 25% |
| Ward 7 | River Terrace Special Education Center | 154 | 66 | 43% | 6 | 72 | 47% | 43 | 84 | 55% |
| Ward 7 | Smothers Elementary School | 284 | 74 | 26% | 0 | 71 | 25% | 1 | 18 | 6% |
| Ward 7 | Sousa Middle School | 258 | 52 | 20% | 0 | 98 | 38% | 27 | 110 | 43% |
| Ward 7 | Thomas Elementary School | 434 | 80 | 18% | 3 | 94 | 22% | 3 | 18 | 4% |
| Ward 7 | Woodson SHS | 1,038 | 0 | 0% | 0 | 0 | 0% | 0 | 16 | 2% |
| Ward 8 | Anacostia High School | 773 | 7 | 1% | 0 | 47 | 6% | 6 | 159 | 21% |
| Ward 8 | Ballou High School | 1,228 | 22 | 2% | 0 | 135 | 11% | 35 | 181 | 15% |
| Ward 8 | Garfield Elementary School | 349 | 206 | 59% | 1 | 202 | 58% | 25 | 208 | 60% |
| Ward 8 | Hart Middle School | 399 | 47 | 12% | 0 | 130 | 33% | 28 | 137 | 34% |
| Ward 8 | Hendley Elementary School | 489 | 295 | 60% | 4 | 228 | 47% | 28 | 178 | 36% |
| Ward 8 | Johnson Middle School | 299 | 67 | 22% | 0 | 156 | 52% | 32 | 112 | 37% |



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 Performance Oversight Hearing Questions
 January 2016



Question 20

FY 2016 Totals by School

| Ward | School | Enrollment | Hearing Screenings | % Hearing Screened | Hearing Referrals | Vision Screening | % Vision Screened | Vision Referrals | Growth Exam | % Growth Exams |
|--------------|-----------------------------|---------------|--------------------|--------------------|-------------------|------------------|-------------------|------------------|---------------|----------------|
| Ward 8 | Ketcham Elementary School | 318 | 227 | 71% | 8 | 228 | 72% | 26 | 218 | 69% |
| Ward 8 | King Elementary School | 400 | 268 | 67% | 3 | 230 | 58% | 34 | 156 | 39% |
| Ward 8 | Kramer Middle School | 254 | 54 | 21% | 0 | 84 | 33% | 8 | 64 | 25% |
| Ward 8 | Leckie Elementary School | 541 | 337 | 62% | 4 | 353 | 65% | 45 | 256 | 47% |
| Ward 8 | Malcolm X Elementary School | 260 | 146 | 56% | 0 | 133 | 51% | 7 | 86 | 33% |
| Ward 8 | Moten Elementary School | 435 | 298 | 69% | 20 | 255 | 59% | 5 | 95 | 22% |
| Ward 8 | Orr Elementary School | 433 | 231 | 53% | 4 | 259 | 60% | 12 | 232 | 54% |
| Ward 8 | Patterson Elementary School | 415 | 279 | 67% | 2 | 256 | 62% | 12 | 299 | 72% |
| Ward 8 | Savoy Elementary School | 360 | 208 | 58% | 0 | 188 | 52% | 7 | 125 | 35% |
| Ward 8 | Simon Elementary School | 306 | 205 | 67% | 1 | 202 | 66% | 21 | 116 | 38% |
| Ward 8 | Stanton Elementary School | 547 | 337 | 62% | 1 | 322 | 59% | 13 | 212 | 39% |
| Ward 8 | Turner Elementary School | 492 | 210 | 43% | 2 | 185 | 38% | 10 | 153 | 31% |
| Total | | 80,493 | 20,219 | 25% | 336 | 23,780 | 30% | 2,444 | 13,809 | 17% |

- 21. Please provide an update on all existing programs city-wide that purport to provide targeted prevention of teen pregnancy. Specifically, include what these reviews have discovered and any recommendations CHA has for future programs as a result of this review.**

DOH Funded Teen Pregnancy Prevention Programs, Fiscal Year 2015

During FY15, DOH oversaw BSA-supported teen pregnancy prevention grants to the DC Campaign to Prevent Teen Pregnancy (DC Campaign) and Crittenton Services of Greater Washington (Crittenton). Below is a brief summary of programmatic outcomes. A more in-depth assessment is included in the Fiscal Year 2015 Budget Support Act Teenage Pregnancy Prevention Programs.

Crittenton implemented a total of 19 programs during FY15, providing services to 232 students in ten DC Public and Public Charter Schools. These programs are designed to teach teen girls essential life skills such as healthy development, setting and achieving goals, overcoming obstacles, and making positive choices. Crittenton enlisted an independent firm to conduct a process and outcomes evaluation of their programs. The outcome evaluation found significant changes among participants in SNEAKERS, a primary prevention program that is described in the body of this report in detail. Outcomes include positive changes in knowledge, particularly around items related to safer sex and STI prevention, more positive attitudes toward safe sex, and a decrease in the frequency of cutting class, skipping school, getting detention, and getting suspended. The PEARLS' program is specifically for pregnant and parenting teens; so, attendance rate varied due to absences associated with doctor appointments, sickness, and maternity leave. As a result, the matched number of surveys for the PEARLS' programs was too low to compare pretest to posttest results.

The FY 2015 Budget Support Act of 2014 established a \$2,000,000 Teen Pregnancy Prevention Fund, to provide sub-grants to nonprofit organizations. The legislation names DC Campaign as the grant managing entity for FY15. The Act directed the Department of Health to provide a grant to the grant-managing entity. In November 2014, the sub-grant between DOH and DC Campaign was executed, and funds in the amount of two million dollars were transferred to DC Campaign by December 18, 2014. DC Campaign, as a grant-making entity, received 22 proposals in March 2015 from community-based organizations to provide teen pregnancy prevention services. In May 2015, a total of 17 sub-grants were awarded to provide services for 4,714 teens. DC Campaign maintains a balance of \$200,000 allocated for programs. For those awarded, program projects ranged from sexual health education to policy initiatives and included services varying from case management to summer job opportunities. Due to the variation of the sub-grantees' program designs, DOH recommended at the outset of the grant making process that DC Campaign utilize a portion of their administrative cost to procure an evaluation consultant to assist in developing a program logic model and evaluation plan. DC Campaign elected to use internal staff and declined technical assistance offered by DOH for their program evaluation. At the time of this memorandum, DC Campaign has not submitted an evaluation plan incorporating DOH suggestions nor a logic model. The reports that have been submitted reflect mainly output data, which is insufficient in demonstrating how the sub-grantees' programs are improving the health of teens in the District.

DOH received a report from DC Campaign on December 14, 2015 which included information on 16 sub-grantees, inclusive of a new sub-grantee, Community of Hope. The report does not include any information regarding sub-grants awarded to Planned Parenthood of Metropolitan Washington and Marshall Heights Community Development Organization, nor the project description for Community of Hope. DOH has no information on how funding for these sub-grantees has been utilized. The report on 16 of the sub-grantees does highlight the activities performed by sub-grantees which include: counseling and education, sexual health workshops, peer educator training, case management programs, pregnancy testing and meetings. Reported measures of success include number of participants who experience or cause pregnancy, number of teens using contraceptives and number of teens abstaining from sexual activity. It is unclear how this data was collected or how these measures were defined (i.e. barrier contraceptives used at every sexual encounter or any encounter). Since there is no logic model, the logical relationships between inputs, activities, outputs and outcomes are not defined. As such, it is unclear how the measures relate to the specific services or program provided by the sub-grantees and how the measures relate to the intended outcome of decreasing teen pregnancy. The evaluation is focused on process, and the processes are not necessarily evidence-based.

Recommendations for Future Funding

Many traditional approaches to teen pregnancy prevention in the District have included peer education and education-only initiatives. However, studies have identified other strategies to effectively reduce teen pregnancy on a population wide scale. The Centers for Disease Control identifies five components for community-wide teen pregnancy prevention efforts: 1) Community Mobilization and Sustainability; 2) Evidenced-Based Programs; 3) Increasing Youth Access to Contraceptive and Reproductive Health Care Services; 4) Stakeholder Education; and, 5) Working with Diverse Communities¹. DOH is incorporating best evidence as we strategize to improve adolescent health outcomes, including pregnancy prevention. These strategies include increasing availability of adolescent-friendly health services, creating community-clinical linkages and improving long-acting reversible contraceptive access and utilization.

Adolescent-Friendly Health Services

Access to and utilization of preventive services is a critical component of maintaining good health across the lifespan. A recent study published in *Pediatrics* finds that adverse adult health conditions were 13 to 52 percent higher among those who reported unmet health needs as adolescents, versus those who did not but were otherwise comparable.² The World Health Organization recognizes adolescent friendly health services as a key strategy to reduce death and disease among adolescents and reduce disease burden later in life. Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient.³ Many surveys of adolescents reveal their views about what they want from health

¹ *Reproductive Health: Teen Pregnancy*. (2015, December 9). Retrieved from Centers for Disease Control and Prevention: <http://www.cdc.gov/teenpregnancy/prevent-teen-pregnancy/>

² Gillespie, L. (2015, August 27). Bad Health Outcomes for Adults Who Don't Get Help As Teens. Retrieved from <http://khn.org/news/bad-health-outcomes-for-adults-who-dont-get-help-as-teens/>

³ McIntyre, P. (October 2002). Adolescent Friendly Health Services- An Agenda for Change. Retrieved 09/14/15 from http://apps.who.int/iris/bitstream/10665/67923/1/WHO_FCH_CAH_02.14.pdf

services; which includes a welcoming facility where they can ‘drop in’ and be attended to quickly, privacy and confidentiality without the need for parental permission to attend, a convenient place at a convenient time that is free or affordable, availability of a range of services without the need to come back or be referred elsewhere, and staff who treat them with respect and without judgment.⁴

Community Clinical Linkages for Adolescent Health

Creating community-clinical linkages play a vital role in increasing access to contraceptive and reproductive health care for adolescents and they allow school systems to establish partnerships with providers from various health and social service organizations within the community to deliver a continuum of health care services. Much can be learned from initiatives such as those funded by US Department of Health and Human Services’ Office of Adolescent Health and the Center for Disease Control to support community wide initiatives to reduce teen pregnancy and birth rates.⁵ Increasing linkages between teen pregnancy prevention programs and community-based clinical services such as mental health, in the Bronx, led to increased partnerships between high schools, community based organizations, and health care facilities, ultimately increasing service visits by an average of 21%. Creating community-clinical linkages for adolescents residing in at risk communities is a promising strategy to decrease teen pregnancy rates in the District.

LARC Utilization among Teens

An analysis by the Guttmacher Institute found that increasing use of contraception among adolescents accounted for an 86% decrease in U.S. teen pregnancies from 1995 to 2002. Among contraceptive options, Long-Acting Reversible Contraception (LARC), intrauterine devices (IUDs), and implants are among the safest and most effective methods at preventing pregnancy, with pregnancy rates of less than 1% annually for perfect and typical use. Short-acting contraceptives (condoms, oral contraceptives, patch, the vaginal ring, and depot injections) are more popular among adolescents, however, these have higher discontinuation and pregnancy rates compared with LARCs. National physician and public health organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the Centers for Disease Control recommend LARCs as a first line of contraceptive choice for adolescents and a key strategy to reducing teen pregnancies. Increasing LARC usage among teens, including enhancing education, availability and reasonable cost structures is an effective strategy to decrease teen pregnancy in the District of Columbia.

In Fiscal Year 2016, aligned with DOH’s aim to implement programs for District residents using the best available evidence, DOH released a competitive funding opportunity for community-based and school-based programs to prevent teen pregnancy in areas with greatest need. This process was terminated in January 2016 when DOH was notified that the local allocation of \$1.3 million for teen pregnancy prevention initiatives was to be granted to the DC Campaign to Prevent Teen Pregnancy as the single grant-managing entity. DC Campaign will award sub-

⁴ *Id.*

⁵ TPP Resource Center, Office of Adolescent Health (2015). Teen Pregnancy Prevention Communitywide Initiative. Retrieved from: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/about/communitywide.html

grants to implement teen pregnancy prevention programs in accordance with the administrative requirements of DOH.

DOH feels that it is imperative for all teen pregnancy prevention programs to be able to demonstrate outcomes based on objective criteria in order to: 1) justify the local financial investment and 2) identify effective strategies that may be implemented on a wider scale. Moving forward, DOH plans to work with community-based organizations to ensure government-funded initiatives are utilizing the best evidence and are appropriately evaluated to ensure all adolescents in the District can achieve their optimal health.

City-wide Teen Pregnancy Prevention Programs:

Currently, CHA does not have a comprehensive inventory of all of the existing programs in the city that provide targeted prevention of teen pregnancy. Beginning in late FY15, DOH, led by CHA and HAHSTA, convened with other District agencies, such as CFSA, OSSE, DCPS and DHS, to inventory sexual/reproductive health programs for adolescents. The goal of this partnership is to develop a resource map of existing programs and identify gaps to better meet the needs of District students. Based on the initial feedback, all partners agree that additional inter-agency meetings are needed to coordinate efforts across agencies. The coordination effort includes, but is not limited to: preventing the duplication of same or similar project/programs, using common terms and language, streamlining financial investments and standardizing outcome measures.

To date, the total city-wide financial investment for Teen Pregnancy Prevention Programs is unknown. However, the combined investment between DOH and DHS is estimated at approximately \$ 2.8 million. DOH and DHS have begun exploring the possibility of aligning their Teen Pregnancy Prevention Programs in FY17.

22. Please provide an update on any programs or pilots CHA is implementing to address childhood diabetes in D.C. Public Schools.

CHA continues to work on improving health outcomes for the District's children/youth by promoting coordination within the health care system, enhancing access to prevention, and fostering public participation in the design and implementation of programs. Evidence shows that physical inactivity and poor nutrition lead to a variety of chronic conditions and poor outcomes, including diabetes and obesity. Targeting these common risk factors is an effective way to prevent chronic disease and its complications and to improve health. Through collaborations with the Office of the State Superintendent of Education, CHA implements proven evidence-based programs around physical activity and nutrition in order to address the overall health and wellness of children and youth in D.C. Public Schools and achieve the greatest impact. Through these programs, the agency implements several strategies to promote the adoption of food service guidelines/nutrition standards, including sodium standards; promote the adoption of physical education and physical activity in schools; and promote the adoption of physical activity in early care and education centers. These strategies that target more upstream causes of chronic disease allow the agency to achieve broader improvements in the health and wellness of children and youth in the District of Columbia.

Strategies:

1. Promote the adoption of food service guidelines/nutrition standards, which include sodium
 - a. Provide professional development opportunities to at least 15 local education agencies to promote and create strategies to create a healthy nutrition environment.
 - b. Develop and implement a systematic process that measures the actual implementation of specific activities listed within each LEAs Local Wellness Policies that focus on a healthy school nutrition environment and the promotion of food service guidelines/nutrition standards, which include sodium restrictions.
 - c. Conduct quarterly professional development and TA sessions on the DC Healthy Schools Act and the incremental phase-in approach to nutrition standards that include sodium, Smart Snacks, access to drinking water, access to fruits and non-fried vegetables, school meals that meet or exceed USDA regulations to their nutrition standards, and limit promotion of less nutritious foods on school property.
2. Promote the adoption of physical education and physical activity in schools
 - a. Conduct site visits at schools for observation and evaluation of PE/PA curriculum implementation.
 - b. Review multi-component policies to determine whether they are comprehensive, being implemented, and evaluated.

- c. Provide quarterly training and technical assistance to schools on the chosen list of curricula based on alignment with National and local health education standards.
- 3. Promote the adoption of physical activity in early care and education (ECE) centers
 - a. Provide current food service guidelines tools to ECE facilities.
 - b. Work with the 86 ECE's to develop a physical activity plan and provide ongoing monitoring of implementation through site visits and surveys.
 - c. Provide physical education and healthy nutrition technical assistance that aligns with Caring for Our Children recommendations to ECE facilities.

The interventions are focused on both promotion of strategies that support the nutrition and PA policies within the Healthy Schools Act AND the training of school and early childhood staff on PA curricula such as SPARK, Building Our Kids Success (BOKS), My Little World, Dr. Diane Craft's Active Play. PE/PA curriculum assessments have been conducted using the Health Education Curriculum Assessment Tool (HECAT) to provide a recommendation list of evidence-based curriculum for schools to choose from and receive TA on implementation. All DCPS, Charter and ECE's are invited to trainings relevant to their population. Site visits are conducted with a targeted group of primarily Charter schools for more enhanced TA.

Child, Adolescent and School Health

23. Please provide an update on the existing school-based health centers including utilization in FY15 and to date in FY16 and services provided.

In FY 2015 DOH provided oversight of six (6) school-based health centers (SBHCs) in the District. SBHCs offer comprehensive primary and preventive health care within a school setting, reducing barriers for adolescents to access care. Each SBHC offers medical, oral, social and mental health services and education to enrolled students, and to the children of enrolled students. Parental consent is required for students to receive services during the school day; however, students can be seen without consent for issues such as pregnancy, substance abuse and mental health (based on the Minor Consent Law).

The District of Columbia Department of Health (DOH) provides grant funding, oversight and technical assistance to six (6) sites located within District of Columbia Public School (DCPS) senior high schools: Anacostia, Ballou, Cardozo Learning Center, Coolidge, Dunbar and Woodson. There are plans to open a SBHC at the newly renovated Roosevelt SHS. This center should be in operation at the beginning of School Year 2016-2017.

The centers/schools, Wards, providers and services are listed below:

| <i>Center/School</i> | <i>Ward</i> | <i>Provider</i> | <i>Services</i> |
|---|-------------|--|--|
| Anacostia Wellness Center/Anacostia SHS | 8 | MedStar Georgetown University Hospital | <ul style="list-style-type: none"> • Physical examinations; • Sexual health services; • Medication administration; • Immunization administration; • Oral health services; • Mental health screenings and referrals; • Social work services and referrals; • Health promotion education |
| Ballou SHS | 8 | Unity Health Care | |
| Cardozo EC | 1 | Unity Health Care | |
| Colts Wellness Center/Coolidge SHS | 4 | Howard University | |
| Crimson Tide Wellness Center/Dunbar SHS | 5 | Howard University | |
| Woodson Wellness Center/HD Woodson SHS | 7 | Unity Health Care | |

School-Based Health Center Utilization

FY 2016 data represents October 2015 and November 2015.

| <i>SBHC Combined Totals for All Centers</i> | | |
|--|-----------------------|---------------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 1034 | 101 |
| Acute Care/Follow-Up | 5165 | 1087 |
| Mental Health | 701 | 54 |
| Social Service Appointments | 1170 | 425 |
| Health Education Sessions | 1105 | 203 |

| <i>Anacostia Wellness Center</i> | | |
|---|-----------------------|---------------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 204 | 34 |
| Acute Care/Follow-Up | 1100 | 201 |
| Mental Health | 320 | 0 |
| Social Service Appointments | 15 | 10 |
| Health Education Sessions | 5 | 1 |

| <i>Ballou SBHC</i> | | |
|-----------------------------|-----------------------|---------------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 129 | 0 |
| Acute Care/Follow-Up | 1259 | 260 |
| Mental Health | 0 | 0 |
| Social Service Appointments | 455 | 51 |

| | | |
|---------------------------|----|---|
| Health Education Sessions | 12 | 2 |
|---------------------------|----|---|

| <i>Cardozo SBHC</i> | | |
|-----------------------------|----------------|--------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 160 | 4 |
| Acute Care/Follow-Up | 1064 | 265 |
| Mental Health | 3 | 1 |
| Social Service Appointments | 506 | 198 |
| Health Education Sessions | 4 | 9 |

| <i>Colts Wellness Center (Coolidge SHS)</i> | | |
|---|----------------|--------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 176 | 25 |
| Acute Care/Follow-Up | 426 | 77 |
| Mental Health | 154 | 32 |
| Social Service Appointments | 5 | 0 |
| Health Education Sessions | 528 | 83 |

| <i>Crimson Tide Wellness Center (Dunbar SHS)</i> | | |
|--|----------------|--------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 209 | 38 |
| Acute Care/Follow-Up | 351 | 54 |
| Mental Health | 223 | 21 |
| Social Service Appointments | 18 | 0 |
| Health Education Sessions | 555 | 108 |

| <i>Woodson Wellness Center</i> | | |
|--------------------------------|----------------|--------------------|
| | <i>FY 2015</i> | <i>FY 2016 YTD</i> |
| Well Visits | 156 | 0 |

| | | |
|-----------------------------|-----|-----|
| Acute Care/Follow-Up | 965 | 230 |
| Mental Health | 1 | 0 |
| Social Service Appointments | 171 | 166 |
| Health Education Sessions | 1 | 0 |

Child, Adolescent and School Health

24. Please provide the Department of Health's requirements for a public or public charter school's school nursing suite.

The Department of Health utilized recommendations from the National Association of School Nurses (NASN) to develop minimum criteria for school nurse health suites (Attachment A). The design of nurse health suites aims to allow for optimal care, comfort and privacy for school students. DOH provides frequently asked questions (FAQs) and health suite recommendations to public schools requesting DOH-supported nursing services (Attachment B). To obtain approval for school health suites, schools must meet criteria for equipment and supplies (Attachment C).

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Recommendations for Constructing School Nurses' Offices Designed to Support School Health Services

Cynthia S. McKibben, RN; Sonja J. DiPaolo, RN; and J. Scott Bennett, PE

ABSTRACT: When attempting to locate guidelines for designing school nurses' offices, one finds there are minimal resources that address this need. In an effort to solve this concern, the authors were instrumental in writing an article for *The Journal of School Nursing* published in April 1997. The current article is an updated perspective that defines recommendations to be utilized in new construction or renovation of school nurses' offices. It encompasses information on square footage, design, utilization of space, location, and necessary equipment. Prototypes are provided that apply to elementary, middle school, and high school settings. The article outlines the importance of continued collaboration between the school nurse and key people involved in the planning and construction process, such as the school principal, administrators, and the district engineer.

KEY WORDS: health rooms, school design, school health services, school nurse's office

INTRODUCTION

In order for students to learn to the best of their ability, skilled attention to their individual health care needs must be provided in the academic setting. Therefore, designing school nurses' offices that enhance delivery of health services and accommodate all students is essential and is an attainable goal. School nurses' offices need to have adequate size, with specific forethought in the design process that uses the expertise of the school nurse. The final product should allow for optimal care, comfort, and privacy.

BACKGROUND

Approximately 14 years ago, the authors began a project that resulted in the assessment of the 21 offices

for nurses in their school district. Most offices at that time were very small, usually with one source of running water (often in the bathroom), and there were only one or two cots for 500-plus students. The school nurses worked diligently to adapt their practices to the limitations of the environment, yet sometimes resisted the thought of change. Still, there was knowledge of how much more comprehensively the needs of students would be met if some improvements were made.

During the assessment meetings in each building, the school nurses were encouraged to think creatively about what changes would be beneficial to the present environment or to another location in the building. How would the nurse change the office should the opportunity arise? Was there another site in the building that would be better suited to the nurse's needs and that would provide a more spacious area? Were there any future remodeling or building projects scheduled for the school in which the nurse's office could be included? Following the assessment, each school nurse developed a list of suggested improvements to discuss with the building principal and administrators to make them aware that the nurse would like to be included in any future planning that might involve the nurse's office. This exercise resulted in awareness by administrators that the nurses were con-

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cerned about their working environment. It also encouraged the nurses to have their ideas well formulated so that they could be presented in a concise manner should the opportunity arise.

On the district level, a comprehensive list of recommendations of design elements and equipment that should be available in all nurses' offices was developed and was presented to the officials involved in allocation of funds for construction. The district engineer, who was in charge of all construction and renovation projects, was very receptive. He stated that he appreciated the plan because he did not have an adequate perception of what features this specialized area should contain (McKibben & DiPaolo, 1997). He has since become a very valuable ally in procuring funding and in planning the building or renovation of at least one nurse's office each year. To date, the district has constructed one new nurse's office and renovated 13 others.

Much has changed in the intervening years. In 1997, our justification for improved nurse's office facilities focused on providing support for students whose increased frequency and length of health room visits were often the result of the proliferation of two working parents; families without health care insurance; the interdistrict desegregation program; student immigrants with language and health care concerns; and the ever-increasing need to facilitate an array of specialized procedures for medically fragile students with physical, developmental, and emotional disabilities. As the demands of the clientele have evolved, so have the requirements placed on the initial designs and recommendations. The need for addressing government-mandated policy issues protecting privacy (United States Department of Health and Human Services, Office of Civil Rights-HIPPA, 2004), facilitating accessibility, and maintaining safety (Americans with Disabilities Accessibility Guidelines [ADAAG], 2004) require:

- Increased floor space and doorway widths.
- Enlarged bathrooms.
- Specific placement of sinks and fixtures.
- Isolation areas where tube feedings, suctioning, nebulizer treatments, and screenings can occur in privacy.
- Adequate storage space for specialized equipment.

With these requirements in mind, the following recommendations are helpful in assuring that school health programs facilitate adequate care for the nation's diverse student population. These recommendations can be altered to complement the space configuration and needs of any school in any district. The school nurse's office should be a means to enhance the mission of the district to ensure academic achievement.

RECOMMENDATIONS FOR DESIGN ELEMENTS FOR SCHOOL NURSE OFFICE

The following recommendations should be considered for inclusion in the construction of a new school nurse's office or in the renovation of an existing facility.

Size

- Schools with a population of 450–500 students require a minimum of 800 square feet, including the bathroom (which must be approximately 130 square feet and must follow ADA guidelines).
- Square footage should increase proportionately with the size of the student population.

Location

- The office should be easily accessible to all areas of the building and close to the principal's, counseling, and main offices.
- Doors should lead to the main hallway and to the exterior of the building, providing direct exit for emergency transport.
- Ascertain that infrastructure is such as to maintain the integrity of the renovation.
- Locate water, sewer, power, and heating, ventilation, and air conditioning access.
- Assess environmental contaminants: molds, asbestos, and lead.

Lighting

- Adequate illumination is desirable in all areas of nurse's office and bathroom for optimal viewing of rashes and injuries. This is achieved by incandescent and natural lighting.
- Install rheostatic controls on lights in resting and isolation areas.
- Provide for emergency lighting in case of power outage.
- Provide under-cabinet lighting in the treatment area and nurse's private office.

Windows

- At least one outside operable, but secure, window for natural lighting and ventilation is preferred. If this is not possible, an operable skylight could be a solution.

Electrical Outlets

- At least 12–15 easily accessible outlets should be distributed throughout the nurse's office and bathroom.
- Provide surge protectors for computer equipment.

Cots

- Allow one cot for every 200 students (calculated so that each nurse's office serving a population of 200 or more students would have at least two cots available).
- Suspend privacy curtains on ceiling tracks to separate the cots.
- Place at least one additional cot in the isolation room.

Accessibility for Disabled

- ADAAG should be incorporated in both the nurse's office and bathroom. These specify the width of doorways and the height and placement of stools, sinks, grab bars, and mirrors (Architectural and Transportation Barriers Compliance Board, 2002).

Flooring

- A tile or seamless poured-resin floor is preferred. The resinous floor is composed of quartz aggregate mixed into an epoxy resin and is considered more sanitary and durable than vinyl materials (Desco Coatings, Inc., 2004; Valspar Corp., 2004).
- Carpeting is optional in the nurse's private office.

Climate Control

- Dedicated climate controls for heating and air conditioning should be located in the nurse's office.
- Operable windows provide access to fresh air.
- Adequate exhaust fans ensure optimum air exchange for all areas.
- Install efficient and quiet heating, ventilation, and air conditioning systems.

Communications

- Install an intercom for announcements and general intrabuilding communications.
- An intercom switch provides emergency access to the main office.
- Telephone line should be dedicated to the nurse's office only.
- Provide a fail-safe telephone line for use during power outage.

Security

- Durable tamper-proof locks are needed for entryways to the health office, nurse's private office, cupboards containing medications, file cabinets, and cabinets containing equipment and supplies.
- The bathroom door should be keyed so that entrance may be gained from the outside.
- Controlled substances should be kept in a double-locked cabinet or in a safe.

Environment

- A relaxing, soothing atmosphere enhances a speedier recovery and healing process.
- Soft colors provide a calming effect on students and staff.
- A quiet atmosphere lessens frustration (Butin, 2000).

RECOMMENDATIONS FOR DESIGN CONFIGURATION FOR SCHOOL NURSE OFFICE

Nurse's offices should be divided into six spatial areas that would provide for optimal functionality of the facilities (Figures 1, 2, and 3).

1. Private Nurse's Office

The private office is for conferences, telephone calls, and record-keeping and should include:

- Modular furniture with a desk, adequate work area, and computer work surface.
- Nurse's desk facing the main entry of the office for full visibility of those entering or leaving the health office.
- A computer, including monitor, hard drive, and printer.
- Data ports to provide access to intradistrict and Internet communications.
- Telephone, fax machine, and paper shredder.
- Bookshelves for easy access to reference materials.
- Bulletin board.
- At least two four-drawer file cabinets for securing student records and storing files and instructional materials; the number depends on the size of the student population.
- Windows providing full visibility to treatment, rest, and isolation areas. These should be equipped with mini blinds to provide privacy when needed.
- Extra chairs to be used for conferences.

2. Treatment Area

This area is where student complaints are assessed, injuries treated, and medications dispensed. This area should include the following components:

- Secured wall cupboards and base cabinets.
- Lockable cabinets to provide space for medications and inhalers. Glass doors are not acceptable in storage areas for these items, because their contents are in full view of the population and provide easy access.
- Base cabinets with countertops to provide a work area and storage for supplies and screening equipment.
- An 8-foot-tall cupboard or walk-in closet for storage of scales, crutches, wheelchair, and other large items.

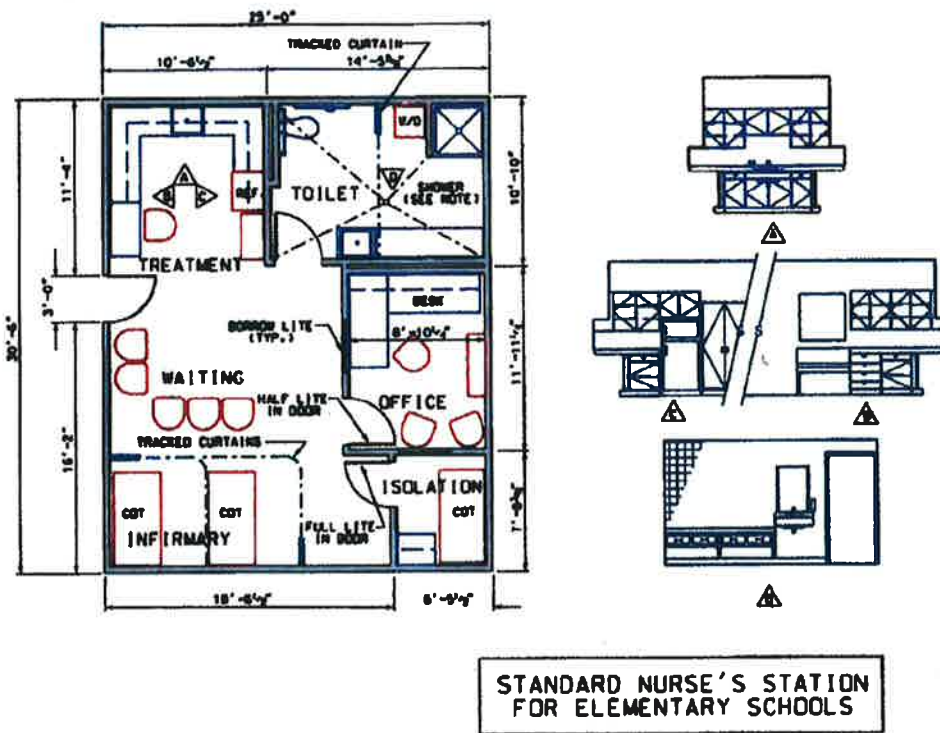


Figure 1. Standard Nurse's Office for Elementary Schools

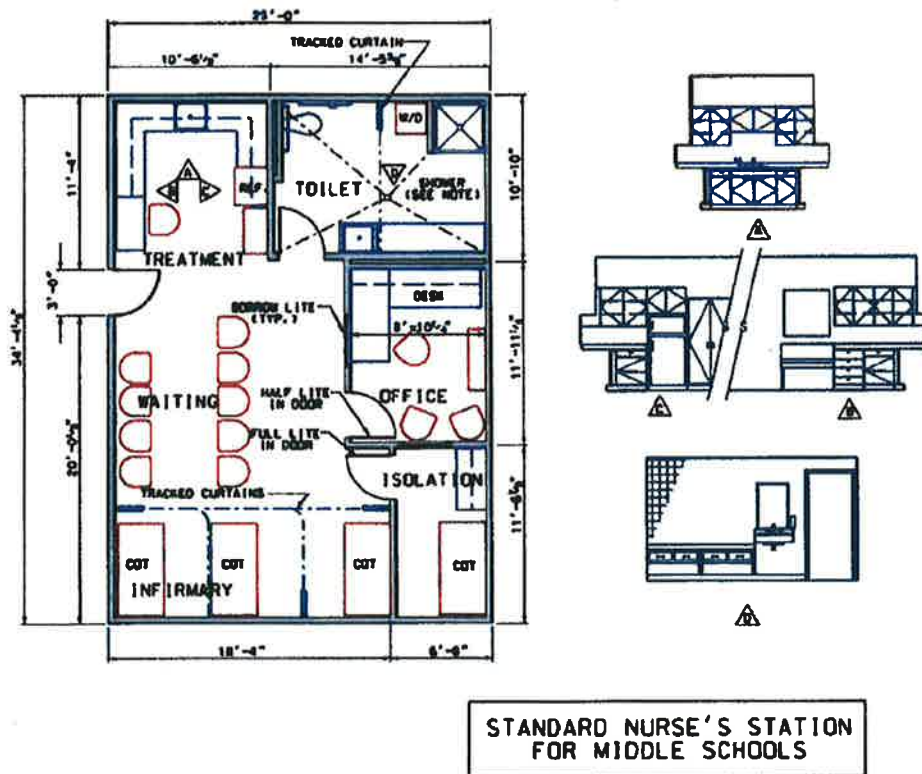


Figure 2. Standard Nurse's Office for Middle Schools

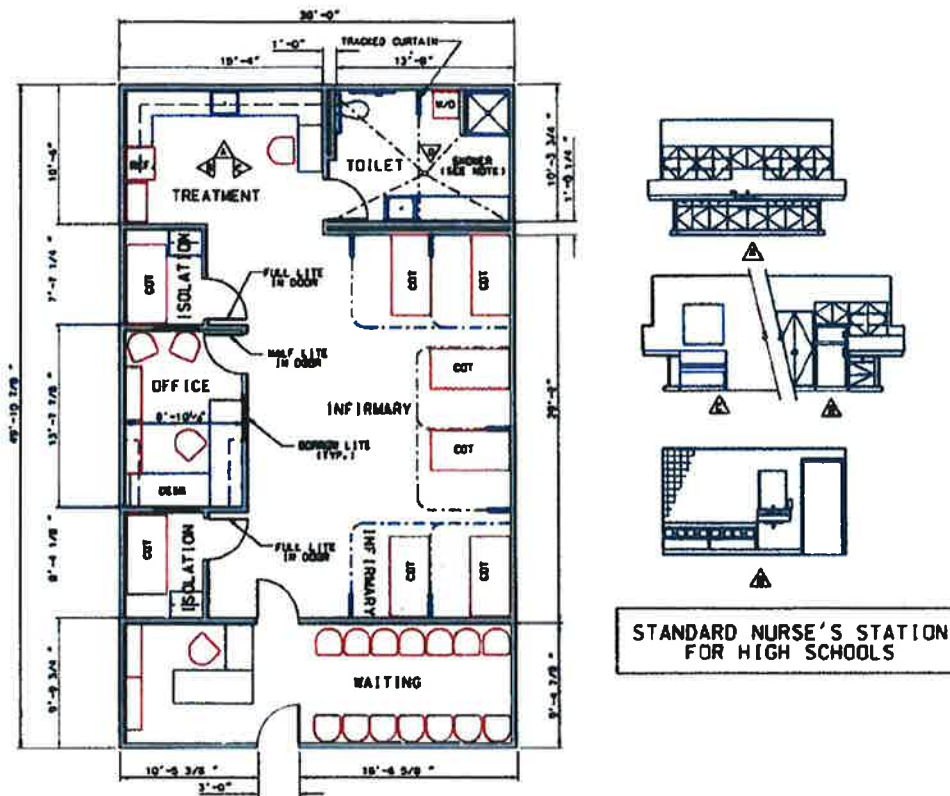


Figure 3. Standard Nurse's Office for High Schools

- A second computer with programs designed to access student information and to document student office visits, located so that the screen is not visible to students entering or being treated.
- Sink with eye-wash attached. A hands-free sink in the treatment and bathroom would be ideal.
- Adequate area above the sink for paper towel, soap, and cup dispensers.
- Trash receptacle for hazardous waste located inside a base cabinet adjoining the sink, with an opening in the countertop.
- Small refrigerator with ice-maker for storing medications, snacks, and ice packs.

3. Waiting Area

- A minimum of four chairs.
- Wall rack for educational materials.

4. Resting Area

- One cot for every 200 students.
- Curtains suspended on ceiling track to provide privacy for each cot.
- One incandescent and/or fluorescent light above each cot, controlled by a rheostat.
- Small tables or bookcases between cots.

5. Isolation Area

The rest area is where a student or staff member suspected of having a communicable disease, experiencing a migraine headache, having an emotional crisis, or receiving a specialized health care procedure can find comfort and privacy. It should contain the following equipment:

- Resting cot.
- Modular table and shelves for utility purposes and storage of equipment.
- Small incandescent light and large fluorescent light fixture above cot, controlled by a rheostat.
- Visibility from treatment area and private nurse's office by means of windows with mini blinds.

6. Bathroom

The bathroom's design should incorporate the following:

- Wheelchair accessibility.
- Toilet, sink, and dispensers for soap, paper towels, and toilet paper at appropriate height for student population.
- Grab bar adjacent to the toilet.
- Fold-down table adjacent to the toilet to provide a clean surface for procedures such as self-catheterization.

- Mirror mounted above the sink with the top tilted slightly forward for visibility by those in wheelchairs or those who are of short stature.
- Properly drained shower with seat, grab bar, and handheld spray fixture.
- A curtain suspended from a ceiling track separating the toilet and shower area from the remainder of the bathroom for optimal privacy.
- Stackable washer and dryer for clothes.
- Good lighting and ventilation to the outside.
- Cupboard for storing extra clothing and supplies.
- Padded changing table 28–30 inches above the floor with folding side rails.
- Drawers below changing table for storage of equipment.
- Diaper pail.
- Lift transfer mounted on a ceiling track for transfer from wheelchair to changing table.
- Unique needs of those students within a school population to determine the specific equipment that will be required.
- If it is anticipated that the bathroom will be inaccessible for extended periods of time while specific students are receiving procedures, a second smaller bathroom with toilet, sink, mirror, and storage cupboard should be considered.

CONCLUSION

The specialty of school nursing demands that one be able to function as an autonomous practitioner to address the varied and complex issues that school nurses throughout the country face in today's educational setting. A well-designed, appropriately equipped, fully functional nurse's office is important in meeting the health needs of the students. Having an office that is up-to-date and functional is an attainable goal. It is the responsibility of each school nurse to take the initiative to educate the principal, administrators, school board members, and other school personnel about the needs and goals of the school health service program. School nurses also should collaborate with parents, because they are very influential supporters of school nursing services.

If one is to have an impact on the district hierarchy, it is imperative that key players are fully cognizant of the vital position the school nurse plays in creating a healthy environment and promoting the health of student learners. In this era of limited funding, the school nurse must be an activist for a "piece of real estate" (Proctor, 1997) that is to be the area where health care is delivered. Although space in the school setting is limited and the priority is to allocate most of the space for academic, secretarial, and administrative purposes, the school nurse should be proactive and articulate in negotiating and justifying the re-

quirements for upgraded facilities. There will be those employees who require some education about the need for increased floor space, renovated facilities, and adequate equipment. The nurse must respond with concrete information to promote understanding of the benefits to the school community of the well-designed and adequately equipped nurse's office. Space provided for health care should be used for the purposes indicated in the recommendations. It should not be used at the discretion of staff members for other purposes, such as a timeout area, extra restroom, or for storage of items that are not related to health services. When defending the "real estate," the school nurse must be confident about asserting the right to maintain the integrity of the health services office.

Updating school nurses' offices is important as the challenges of this specialty evolve. In order to deliver state-of-the-art care, school nurses will require adequate space, specific equipment, and a design that facilitates the flow of students. Safe delivery of care and consideration of the privacy needs of those who visit the office are essential. However, acquiring a new office or office renovation will not occur spontaneously. School nurses need to be knowledgeable about how a fully functional office will appear and what it should include. They require specifics about the parameters of the design, as well as justification for equipment requested. They also need to articulate this information to appropriate school officials who can make this dream a reality. Diligence, persistence, and perseverance in cultivating opportunities are key to build a new office or to renovate an existing office that meets the care requirements of today's students.

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Frequently Asked Questions about the District of Columbia School Health Nursing Program

The following is designed to provide information on school nursing services, school health suite facility standards, and how to apply for school nursing services.

Does the Government of the District of Columbia provide school nursing services?

DC ST § 38-621 provides for 20 hours of nursing services in District of Columbia elementary and secondary public and public charter schools. School nursing services are sponsored by the DC Department of Health (DOH) and provided under a contract with Children's National Medical Center (CNMC)/Children's School Services (CSS).

In FY 2006, the Committee on Health of the DC Council requested DOH and CNMC to begin transitioning nursing coverage to 40 hours a week in DCPS by supplementing 20 hours of registered nursing services with 20 hours of coverage by Licensed Practical Nurses (LPNs). DOH now provides between 24 hours and 40 hours of services at public schools with nurses supported by the Department.

What are the professional requirements for a school nurse?

At a minimum, a current registered nursing license in the District of Columbia is required for this position.

What are the core health services provided by school nurses?

School nurses perform services which include:

1. Assessment and triage of sick and injured children
2. Providing emergency care as needed
3. Administering medications
4. Performing health assessments
5. Care of medically fragile students
6. Providing health services to children with special health care needs
7. Providing counseling on various health issues
8. BMI Screening
9. Vision Screening
10. Hearing Screening

Are schools required to provide parking for the school nurse?

Yes, schools are required to provide assigned parking on the school grounds. School buildings that don't have grounds must provide assigned parking within 1 block of the school.

How can my public charter school obtain a school nurse?

If your local education agency (LEA) would like the District of Columbia School Health Nursing Program (DCSHNP) to provide a school nurse, please send a letter of request to:

*Charlissa Quick, BSN, RN, MSA
School Health Division Chief
Community Health Administration
District of Columbia Department of Health
899 North Capitol Street, NE, 3rd Floor
Washington, D.C. 20002
(202) 442-9123
charlissa.quick@dc.gov*

Subsequent to the receipt of your letter, representatives of the DCSHNP will contact you within two (2) business days to acknowledge receipt of your request. DCSHNP staff will then coordinate an initial site visit with a Nurse Manager from the vendor within seven (7) business days. This team will meet with you and provide technical assistance to ensure that the nurse suite you are planning will enable the nurse to perform the required functions in accordance with professional school nursing standards. Within five (5) business days following the site visit, you will either receive a letter confirming that the space identified has been approved so that your school may receive nursing services, or that you have been denied with recommendations and instructions for a follow-up site visit, should you wish to continue the process.

What are the facility requirements for a school nurse suite?

The nurse suite design must facilitate federal privacy requirements under the Family Educational Rights and Privacy Act (FERPA) of 1974 which protects the privacy of student records, including health information. DOH and CSS have established the following assessment tool to assist public schools in determining the facility standards to which school nurse suites must adhere:

Health Suite Assessment Tool

Provision of health services must include health suites with adequate staff, supplies, equipment, technology and privacy to ensure effective and efficient assessment and triage of sick and injured students, provision of care, and evaluation of increasingly complex health needs. School health facilities, personnel, space, structure and equipment must adequately provide for privacy, and include consideration of projected school enrollment, health status of the student population, necessary supplies and equipment, services required, confidentiality and safety.

HEALTH SUITE CRITERIA

| Criteria | Met | Not Met | N/A | Comments |
|---|-----|---------|-----|----------|
| 1. Health suite should be located in a quiet area, easily accessible to all areas of the building, including the administrative offices. | | | | |
| 2. There should be at least one (1) bathroom that conforms to the Americans with Disabilities Act (ADA) guidelines. | | | | |
| 3. Health suite should be accessible for the disabled, with doors leading to main office, outer hallway and/or outside for access to emergency medical services and transportation. | | | | |
| 4. Health suite is a non-shared space used <i>only</i> for health-related services and provides for the privacy of students' health information. | | | | |
| 5. Blinds in the suite to provide privacy when needed. | | | | |
| 6. Health suite contains incandescent and natural lighting adequate for viewing rashes, injuries, etc. | | | | |
| 7. Adjustable overhead lighting in rest area. | | | | |
| 8. Provision of emergency lighting in case of a power outage. | | | | |
| 9. At least one outside window that may be opened for natural lighting and ventilation. | | | | |
| 10. At least one electrical outlet every six feet, with surge protection distributed throughout the health suite including in the bathroom. | | | | |
| 11. Adequate plumbing to ensure hot and cold running water for the assessment and treatment area. | | | | |

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|--|--|--|--|--|
| 12. Water source outside of the bathroom to allow for administration of medication, washing hands and providing first aid. | | | | |
| 13. ADA accessible water sources within the bathroom for washing hands and facilitating special needs. | | | | |
| 14. Sinks equipped with gooseneck faucets, wrist or foot control device, liquid soap, and a paper towel dispenser. | | | | |
| 15. Lockable wall and base cabinets for the storage of medications, supplies and equipment. (Avoid storage of medications in cabinets with glass doors since they provide visual access and minimal security.) | | | | |
| 16. Install base cabinets with cleanable counter tops to provide treatment areas. | | | | |
| 17. Install a floor to ceiling closet for storage of large equipment. | | | | |
| 18. Provide a lockable refrigerator of adequate size for storing medications and snacks for special needs students. | | | | |
| 19. A tile or seamless anti-microbial resinous floor which facilitates disinfection of soiled areas | | | | |
| 20. Easily cleanable hard walls. | | | | |
| 21. Provide heating and air conditioning controls that are separate from the rest of the building. | | | | |
| 22. Provide access to fresh air and exhaust fans to provide adequate ventilation. | | | | |
| Health office configuration that allows for specific, separate areas to provide optimal functionality: | | | | |
| 23. Include a waiting and triage area with four chairs for approximately every 300 students enrolled at the school. | | | | |
| 24. Provide an assessment and treatment area where injuries are cared for; include an exam table, sink with eye wash attached, countertop, supply cabinet, and access to a refrigerator and icemaker. | | | | |
| 25. Medication area, including locked cabinet, sink, and access to refrigerator. | | | | |

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|---|--|--|--|--|
| 26. Private nurse's office for administrative work, counseling, and meetings to include: windows to provide visual access to cot and waiting areas for monitoring students; blinds or one-way glass to provide privacy; a standard office desk; computer; printer; fax; telephone; file cabinets; guest chairs. | | | | |
| 27. Nurse's office with access to student records, telephone, computer, printer, and fax. | | | | |
| 28. Rest area with one cot for every 300 students. | | | | |
| 29. Isolation area with cot and chair for students with potentially infectious problems or who need privacy. | | | | |
| 30. Bathroom that is wheelchair accessible, with grab bar next to toilet, good lighting and ventilation, sink, storage, and floor drains | | | | |

Updated November 2015



**Government of the District of Columbia
Department of Health**



Health Suite Equipment and Supplies

PART I - HEALTH SUITE EQUIPMENT

In order to implement the District of Columbia School Health Nursing Program (DCSHNP) program leaders must accept responsibility for providing health suite supplies for immediate care. Supplies are ordered as necessary. The nurse should assume the responsibility to confer with the principal and/or designee in order to recommend supplies and equipment necessary for the provision of care.

| Criteria | Met | Not Met | NA | Comments |
|--|-----|---------|----|----------|
| 1. Sink with hot and cold running water. | | | | |
| 2. Eye wash station attached to water source for irrigating foreign substance eye injuries. | | | | |
| 3. Wall-mounted liquid soap dispensers adjacent to all sinks. | | | | |
| 4. Wall-mounted paper towel dispensers adjacent to all sinks. | | | | |
| 5. Double locked medication cabinet, or single locked medication cabinet with locked box to go inside. | | | | |
| 6. One resting cot for every 300 students, separated by privacy curtains or screens. | | | | |
| 7. Refrigerator with icemaker or ice trays. | | | | |
| 8. Desk with lockable drawers, adequate surface for telephone, work area and computer. | | | | |
| 9. Networked computer with monitor <ul style="list-style-type: none"> ▪ USB ports ▪ printer ▪ fax ▪ security software to ensure confidentiality of information. | | | | |
| 10. Separate dedicated phone line for the health suite office and fax. <ul style="list-style-type: none"> ▪ Phone line not shared among multiple users ▪ One dedicated telephone number that routes directly to the health suite | | | | |

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|---|--|--|--|--|
| 11. Lockable file cabinets with a minimum of four drawers for the storage of confidential files and other materials. | | | | |
| 12. Balanced scale with height measuring device and/or a wall mounted height-measuring device. | | | | |
| 13. Books and informational resources appropriate for the student population, and reference materials including: <ul style="list-style-type: none"> ▪ first aid manual ▪ medication reference ▪ pediatric and/or adolescent health references ▪ guide to specialized health care procedures ▪ medical dictionary ▪ physical assessment book ▪ school health guidelines, ▪ policies and procedures | | | | |
| 14. Pedal controlled, covered waste receptacle with disposable liners. | | | | |
| 15. Washable surfaces or disposable sheeting to allow for disinfecting between students. | | | | |
| 16. Sharps container for disposal of hazardous medical waste and procedures for disposal of hazardous waste containers. | | | | |
| 17. Blankets and pillows with disposable or plastic covers. | | | | |
| 18. First aid station with washable counter tops and adequate storage space. | | | | |
| 19. Clock with second hand, chairs, paper wastebasket, flashlight, and wheelchair. | | | | |
| 20. Peak flow meter with disposable mouthpieces. | | | | |
| 21. Sphygmomanometer and appropriate sized cuffs. | | | | |
| 22. Stethoscope | | | | |
| 23. Gooseneck and/or magnifying lamp | | | | |
| 24. Tape measure | | | | |
| 25. Magnifying glass | | | | |
| 26. Screening equipment as required by District of Columbia statutory and regulatory mandates | | | | |
| 27. Office supplies (pens, pencils, etc.) | | | | |

PART II - FIRST AID SUPPLIES - At the time of the Health Suite Assessment please inventory the supplies listed below to determine the current supply.

| Criteria | Met | Not Met | NA | Comments |
|--|-----|---------|----|----------|
| 1. Band-Aids <ul style="list-style-type: none"> • 1000 1"1400 Students • 1000 ¾ "1400 Students | | | | |
| 2. Tape of various widths, hypoallergenic | | | | |
| 3. Alcohol pads | | | | |
| 4. Emesis basins, 12 disposable | | | | |
| 5. Cold packs, reusable and disposable, 100 per 400 student | | | | |
| 6. Cotton -topped applicators, one (1) box CPR masks, pediatric and adult | | | | |
| 7. Germicidal wipes, one (1) container | | | | |
| 8. Eye pads, 100 sterile/400 students | | | | |
| 9. Synthetic or non-latex gloves, 20 boxes | | | | |
| 10. Masks, one (1) box | | | | |
| 11. Drinking water | | | | |
| 12. Cups <ul style="list-style-type: none"> • Drinking: paper, 200 per 400 students • Medicine: plastic, 200/40 students | | | | |
| 13. Paper towels with dispenser, one (1) case of 24 rolls | | | | |
| 14. Plastic bags, small and large re-sealable, 1000/400 student | | | | |
| 15. Roll paper for cots or examination table, one (1) case of 24 rolls | | | | |
| 16. Appropriate forms | | | | |
| 17. Assorted safety pins, one (1) bag | | | | |
| 18. Feminine sanitary napkins, 200 per 200 students | | | | |
| 19. Three (3) pairs of scissors (2 bandage and 1 office) | | | | |
| 20. Slings and/or triangular bandages, | | | | |
| 21. Soap (in a dispenser) | | | | |
| 22. Hand sanitizer | | | | |
| 23. Assorted splints | | | | |
| 24. Tissue, one (1) case of 24 | | | | |
| 25. Air freshener (In bathroom only) | | | | |
| 26. Tongue blades, adult and pediatric, one (1) box/400 students | | | | |
| 27. Digital thermometers, | | | | |
| 28. Probe covers, 400/400 student | | | | |

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|---|--|--|--|--|
| 29. Non-sterile 4 X 4's, 200/400 student | | | | |
| 30. Non-sterile 2 X 2's. 400/400 students | | | | |
| 31. Kling wrap, 10 yards each of 2", 3", and 4" | | | | |
| 32. Portable crisis kit (Run Bag) | | | | |
| 33. First Aid Kits It is recommended that first aid kits be located in designated classrooms one on each floor of the school building. The number of kits will vary according to the size of the facility. The kits can be restocked from the health suite supplies. | | | | |

Revised November 2015

Child, Adolescent and School Health

25. Please describe the criteria used to assign full-time and part-time nurses.

School nursing assignments are assessed daily based on the needs of the students within each school. In general, management reviews the following variables when assigning staff to schools:

- School Enrollment
- Number of Medically Fragile Students
- Number and Type of Medications to be Administered
- Number and Type of Special Needs Interventions
- Health Suite Utilization

Currently there is no weight assigned to these variables to account for differences amongst schools. To assign a specific weight may not provide an accurate picture of the health needs on any given day. For example, a school may have 500 students with 10 students identified as medically fragile. However, out of those medically fragile students, one may have an order for a regularly prescribed medication. The number of health suite visits may total 25 per week, with five (5) of those for the medication administration. In this instance, full-time nursing coverage may not be justified. Conversely, if there is a school with 350 students, with 10 identified as being medically fragile, 25 students with orders for regularly prescribed medications, two (2) special needs interventions and 80 health suite visits per week, full-time nursing coverage is more likely to be assigned.

In addition to the above items, management reviews staff attendance deviations daily. Following that review, staff may be reassigned to ensure, as best as possible, that appropriate coverage is provided to schools.

Child, Adolescent and School Health

26. How many schools have switched from full-time coverage to part-time coverage over FY15 and FY16 to date?

At the beginning of School Year 2014-15, August 2014, 115 schools had full time nursing coverage. At the end of that school year, June 2015, 138 schools reported full time coverage.

At the beginning of School Year 2015-16, August 2015, 157 schools had full time nursing coverage. As of January 2016, 144 schools reported full time coverage.

27. How many school nurses are certified as asthma educators?

Children's School Services (CSS) nurses provide asthma-related care and education to students who have provided appropriate documentation (Universal Health Certificate, Asthma Action Plan (AAP), and/or Authorization to Administer Medication) specifying the diagnosis and interventions needed within the school setting.

This school year, CSS, under the guidance of DOH's School Health Division, is employing the Whole School, Whole Community, Whole Child model approach to improve asthma-related outcomes for students. The goal of this approach is to strengthen a unified and collective approach to learning and health, recognizing that health, learning, school environment and the community are interconnected. Current strategies include proactive identification of students who need an Asthma Action Plan (AAP) and inhaler prior to presenting with symptoms by reviewing the past medical history and reviewing the Universal Health Certificate (UHC) for documentation of a diagnosis of asthma. Nurses collaborate with school staff to facilitate conversation with parents about medication orders/AAPs presented to office staff, as well as reaching out to parents/guardians who have yet to provide AAP/medications for students with a history of asthma. Nurses collaborate with primary care providers and the DOH-funded CSS school physician to ensure documentation can be received in a timely manner. Additionally, CSS Case Managers follow-up when families do not comply with requests for documentation and/or medication.

The School Health Nursing Program developed quality indicators to measure success of care for asthmatic students. These measures include:

- Percent of all students with a diagnosis of asthma who have a current Asthma Action Plan (AAP)
- Percent of all students with a current AAP who have a current prescription
- Percent of all students with a diagnosis of asthma who have a current prescription for a rescue inhaler
- Percent of health suite visits made by all students with asthma and a presenting complaint of respiratory symptoms for which the disposition is return to class after the visit.

As a result of this initiative, the number of students identified as having a diagnosis of asthma increased from 8,389 in September 2015 to 12,142 by December 2015. The number of AAPs received increased from 678 to 2,238 and the number of students with the disposition of return to class went from 933 to 1,972 for the same time period. The latter indicator being very important as the goal of school nursing interventions is to return the student to class in a timely manner, when possible.

Child, Adolescent and School Health

28. What is the process for informing parents of any changes taking place at their child's school in terms of nursing coverage?

The District's school nursing vendor, Children's School Services, provides updates and changes to coverage to individual schools through the nurse manager on a daily basis. A daily Nursing Coverage Report is also sent to DOH, DCPS Office of Youth Engagement, Health and Wellness Division and the DC Public Charter School Board. School administrative staff may inform parents of any changes taking place related to health services provided to students.

29. Please provide an update on those community partners that held events focused on preventative care, including screenings, during FY15 and to date in FY16. Specifically, please include the organizing group, the purpose of the event, and the number of individuals who were served, or participated, in the event. How many District residents were connected to care as a result of CHA’s health promotion, outreach, and health education activities in FY16?

The following is a list of events organized by community partners in FY15. Community events serve a critical role to build relationships and trust, to raise awareness of issues and services, and to develop brand recognition for organizations and agencies. However, evidence shows that connections to care, or community-clinical linkages, are best achieved when they are embedded within the workflow of a clinical or community system rather than dependent on periodic events or education. CHA is committed to support both community and clinical partners in engaging District residents and in promoting medical homes and regular preventive care.

Asthma Control Program

| <i>Name of Event/ Organizing Group</i> | <i>Date of Event</i> | <i>Requests/ Number served</i> | <i>Location/ Purpose of the Event</i> |
|--|-----------------------|--|---|
| DC Asthma Coalition | May 5, 2015 | 75+ | Students and faculty at Malcolm X Elementary school, an area of the District with high asthma prevalence, participated in a school-based asthma education program during Asthma Awareness month called Asthma Heroes. |
| Breathe DC | August/September 2015 | 150+ | Community partners provided information on asthma and asthma management for back- to-school events in five targeted schools |
| BCCD | June/August 2015 | 125+ | Asthma educational materials were distributed to community-based organizations for events during the year. Materials included booklets and asthma action plans |

Cardiovascular Disease and Diabetes Program

| <i>Name of Event/ Organizing Group</i> | <i>Date of Event</i> | <i>Requests/ Number served</i> | <i>Location/ Purpose of the Event</i> |
|--|----------------------|------------------------------------|---|
| American Heart Association "Dia De Mayo" | 05/07/15 | 50 | Bread for the City 1525 7 th Street, NW/AHA and DC Collaborative event to encourage stroke awareness |
| Roll Up Your Sleeves Health Expo | 05/09/15 | 150 | YMCA- 1325 W street, NW/Event to encourage blood pressure control |
| Diabetes Awareness Event | 05/10/15 | 150 | Second New Saint Paul Baptist Church 2400 Franklin Street, NE/Church event to encourage diabetes control. |
| Military and Family Community Health Fair | 05/16/15 | 50 | Central Union Mission |
| #MOVEINMAY Health and Wellness Fair | 05/22/15 | 150 | Idea Public Charter School, 1027 45 th Street, NE/Connect students to local community organizations, raise awareness and tools for healthy, active living. |
| Mayor Bowser's We Are Washington, DC Kick-off | 05/29/15 | Not available | 400 50 th Street, NE/Health fair for District residents. |
| 2015 Safe Summer Health Fair Kickoff and Block Party | 06/20/15 | Not available | 1610 T Street, SE/Summer kick-off event. |
| First Baptist Church Health Fair | 07/11/15 | 100 | 712 Randolph Street, NW/Health Fair for community residents. |
| Annual Family & Friends Day | 08/14/15 | 100 | Hattie Holmes Senior Center/Health fair for senior residents and their families. |
| Mayor's FRESH Faith Based Block Party @ Woodland Terrace | 08/15/15 | 100 | Woodland Terrace/Mayor's |
| Inner Inc. Health Fair | 08/15/15 | 20 | 1254 Pleasant Street, SE/Health fair for community residents. |
| First Baptist Church Health Fair | 08/29/15 | 100 | 712 Randolph Street, NW/Community health fair for District residents. |

| | | | |
|-------------------------------------|----------|-----|---|
| First Baptist Church Health Fair | 09/05/15 | 100 | 712 Randolph Street, NW/Men's health fair for District Residents. |
| Women's Health and Fitness Day | 09/30/15 | 100 | 441 Judiciary Square, NW/Health fair for District employees. |
| Million Hearts Symposium | 10/14/15 | 100 | Kaiser Family Foundation 1330 G Street, NW |
| Annual NBC4 Health and Fitness Expo | 01/09/15 | 150 | Washington Convention Center/Health fair for District residents. |
| | | | |

Cancer Programs Division

| <i>Name of Event/ Organizing Group</i> | <i>Date of Event</i> | <i>Requests/ Number served</i> | <i>Location/ Purpose of the Event</i> |
|--|----------------------|---|--|
| John Carroll Community Day | 08/25/15 | Mailed 100 brochures | Health Fair for Community Residents: John Carroll Ctr. 1400 Nalley Terrace, Landover, MD |
| In Step Seniors - UDC | 10/21/15 | Provided presentation at UDC on Breast Cancer 25 participants | Provided presentation at UDC on Breast Cancer awareness 4200 Connecticut Avenue, NW, WDC |
| Seabury Senior Center- Ward 5 | Month of October | Mailed 150 brochures & giveaway | Display for Breast Cancer Awareness Month 2501 18 th St. NE, WDC |
| Zeta Phi Beta – House of Praise | 9/26/15 | Ward 7 – serviced over 200 participants | Health Fair 1734 New Hampshire Avenue, NW, WDC |
| Dept. Mental Health – P.I.E.C.E. Program | 10/28/15 | 25-30 brochures & giveaway | Health Education on Early Breast Cancer Awareness 821 Howard Rd SE WDC |
| Child and family Services | | 100 brochures and literature | Presentation at Food and Friends on Breast Cancer 219 Riggs Rd. NE WDC |
| Her Story Matters Event – Ward 7 Health Alliance | 10/27/15 | 100 brochures & giveaways | Breast Cancer Awareness Event DOES- Minnesota Ave. NE WDC |
| General Meeting- Breast Cancer Awareness | 10/13/15 | Ward 7 – Dorothy Heights Library | Breast Cancer awareness Benning Road NE WDC |
| Breast Cancer Benefit Breakfast | 10/16/15 | Capitol Breast Care Center | Breast Cancer Awareness Event – Ronald Reagan Bldg. |
| Benefit to recognize Breast Cancer Survivors | 10/03/15 | Distributed approx. 40 brochures | Thelma Jones Breast Cancer Survivor Meeting 4 th Street SW |
| PW was highlighted in their Newsletter | October Newsletter | PW Highlighted in the Office on Aging Newsletter | Beacon Paper for Breast Cancer awareness Month |
| Judah Christian Center | Month of October | 50 brochures and pamphlets | 1715 Rhode Island Ave. NE, Washington DC 20018 |
| | | | |

Tobacco Control Program

| <i>Name of Event/ Organizing Group</i> | <i>Date of Event</i> | <i>Requests/ Number served</i> | <i>Location/ Purpose of the Event</i> |
|--|----------------------|--|--|
| Smoking Restriction Amendment Act Summit | 04/18/2015 | 25 participants | Parks and Recreational facilities |
| World Asthma Day | 05/5/2015 | 79 participants | Developed concept for Asthma Heroes, helped coordinate event, reviewed media plan in partnership with Breathe DC. This was a platform for elementary children to talk about how they manage their asthma action plan and asthma triggers, including cigarette smoke. |
| E-Cigarettes Focus Groups | 05/26-28/2015 | 63 participants | Ward 1, 5, and 7 at the DC Department of Parks and Recreation sites |
| World No Tobacco Day | 05/27/2015 | 20 participants | Wrote press release and coordinated South African Embassy participation, including a presentation from its Ambassador. Also, provided youth with technical assistance with their presentations. |
| The 3 rd Annual DC WIC Breastfeeding Event | 08/14/2015 | 150 participants | The Mead Center for American Theater |
| DC Calls It Quits Cessation Week Kick-Off/Press Conference | 09/21/2015 | 40 community partners 40 participants at press conference | Member of lead team that worked with the DC Tobacco Free Coalition and more than 40 local organizations in the District of Columbia to sponsor <i>DC Calls It Quits! Week</i> , a public awareness campaign aimed at informing residents about the importance of quitting smoking. |
| DC Calls It Quits - Ceremonial Resolution | 09/22/2015 | 60 participants | Resolution Signing at City Council |

| | | | |
|---|------------|--|--|
| DC Calls It Quits – Youth Outreach | 09/23/2015 | 10 youth were in attendance & 3 adults. Reached approximately 400 adults and youth. | Teens Who Don't (TWD)...Anti-tobacco Youth Coalition members distributed Quitline cards and materials at the Columbia Heights Metro stop in celebration of DC Calls It Quit Week |
| DC Calls It Quit Week/TWD ... | 09/23/15 | To get youth involved as it relates to encouraging DC residents to quit smoking. / 300 served | Columbia Heights Metro Station/ Purpose was to conduct outreach by promoting the quitline and educate residents on the harmful effects of tobacco smoke. |
| DC Calls It Quits – Twitter Chat | 09/24/2015 | 500 participants | DC Calls It Quits Cessation Week – Twitter Chat |
| DC Calls It Quits Summit | 09/25/2015 | 50 participants | DC Tobacco Control Summit at Howard University |
| Great Fresh Festival | 09/26/2015 | 200 participants | Williams' Farmers Market by talking with WIC participants and general public about the harmful effects of smoking. Passed out 1-800-QUIT-NOW smoking cards. |
| Councilman Grosso's Education Roundtable on Issues Facing District of Columbia Youth/ TWD ... | 10/21/15 | Teens Who Don't ... DC Anti-Tobacco Youth Coalition (TWD... DCATYC) was requested to give testimonies on youth tobacco use by their peers in DC. | Council of the District of Columbia/Purpose is to hear testimony from DC youth regarding issues that impact their lives as they make their way through the education system. |
| Butts Clean Up/ TWD ... | 10/24/15 | TWD ... wanted to do an outreach event to improve the environment in DC. The youth collected approximately 1800 cigarette butts. | Anacostia Park/Purpose was to collect cigarette butts throughout the park to assist with the environment. |
| Great American Smokeout (GASO) TWD ... | 11/19/15 | TWD ... was requested to do outreach in honor of GASO. | YMCA National Capital/Purpose was to engage members in conversation about |

| | | |
|------|--|---|
| YMCA | | quit smoking for at least one day in honor of GASO, the health risk of tobacco and anti-tobacco games |
|------|--|---|

30. Please provide an update on Project WISH's efforts and activities in FY15 and to date in FY16. At a minimum, please include:

- **The number of individuals that received free screenings;**
- **The number of individuals who received, or were referred for, diagnostic services;**
- **The number of education and outreach events conducted by the program; and**
- **Any community partners which work cooperatively as part of this program.**

In FY15 and to-date, Project WISH continued working to strengthen community relationships and improve the quality of services offered to our clients.

Clinical Services

Increased enrollment of women in expanded Medicaid and state-based health exchanges across the country has caused a subsequent decline in the number of screening and diagnostic services provided by Project WISH. Similar to other nationally funded breast and cervical cancer early detection programs, Project WISH is beginning to develop programs to increase access for underinsured women, implement evidence-based strategies to increase screening of all women, provide professional development services to providers in the District, and navigate women to available health insurance products.

During FY15, 315 screening mammograms and 85 Pap tests were performed for a total of 400 screenings. Diagnostic follow-up services are a critical component of Project WISH. During FY2015, 1,684 diagnostic referrals were made including 1,609 breast and 75 cervical diagnostic procedures. A total of 1,903 screening and diagnostic procedures were performed during the fiscal year through the project's six screening sites (Providence Hospital, Howard University Hospital, Center for Life, Breast Care for Washington, Capital Breast Care Center, Planned Parenthood) and two surgical oncologists.

During FY2015, Project WISH instituted a new Supplemental Diagnostic Assistance Program (SDAP). The new program provides financial reimbursement for women who are considered underinsured. Underinsured women include those who are insured through the DC Health Link and have high co-payments, deductibles or co-insurance for diagnostic services. Screening services are a covered benefit through the Affordable Care Act but diagnostic services may have associated costs.

Outreach and education

Project WISH provided education on the availability of the District's health care exchange and expanded Medicaid. Additionally, the program collaborates with an extensive cadre of community partners. Organizations such as Nueva Vida, African Women's Cancer Awareness

Association, African Wellness Center, Mongolian American Women's Association, Bread for the City, Office on Latino Affairs, Spanish Catholic Center, Ethiopian Community Development Corporation, Natalie Williams Breast Care Foundation, Casa de Maryland, Arlington Free Clinic, Community of Hope, La Clinica del Pueblo, United Planning Organization (UPO), among others, all work within their respective communities to educate, recruit and refer uninsured and underinsured women to Project WISH for screening.

Additionally, a list of 10 community partners who provided education to over 500 District residents in FY15 is provided in the response to Question 29.

31. Please provide an update on the work of the District's Comprehensive Cancer Control Program (CCCP) in FY15 and to date in FY16.

The District's Comprehensive Cancer Control Program (CCCP) initiated several long term interventions aimed at reducing the District's cancer burden.

Colorectal Cancer:

The CCCP spearheaded the Department of Health's commitment to colorectal cancer prevention and control by facilitating signing of the 80% by 2018 pledge. "80by2018," as it is known, is a national initiative developed by the CDC and the National Colorectal Cancer Roundtable (NCCRT) and other national partners to reach 80% screened for colorectal cancer by 2018 in order to eliminate colorectal cancer as a major public health problem. The DC Department of Health is one of more than 200 entities including other state and local health departments, health care systems and insurance providers, to have signed onto this pledge.

The CCCP received a new funding award from the Centers for Disease Control and Prevention (CDC) to implement evidence-based strategies to increase colorectal cancer screening. The CCCP has established partnerships with Howard University Hospital (HUH) and DCPCA. This partnership aims to implement patient reminder systems at HUH and DCPCA clinics, implement EMR-based provider reminders, and increase the number of family medicine physicians and other healthcare providers receiving training on the U.S. Preventive Services Task Force (USPSTF) recommendations on screening for colorectal cancer. This five year cooperative agreement will also engage the American Cancer Society and the DC Chapter of the American Academy of Family Physicians. Funding was received in June 2015.

The CCCP was also instrumental in establishing the District's first Colorectal Cancer Roundtable. The Roundtable is charged with guiding the District in its efforts to reach 80% colorectal cancer screening by 2018.

Cervical Cancer

The CCCP is implementing The HPV Ambassador program to increase uptake of the third dose of the human papillomavirus (HPV) vaccine among girls and boys (HPV vaccine is administered as a 3-dose series.) The Ambassador program is in its final testing phase before launch in the spring of 2016. This program was created to augment the Immunization Program's work to increase HPV vaccinations across DC.

Survivorship

The CCCP is working to improve the quality of life during the survivorship period by implementing the evidenced based Cancer Thriving and Surviving (CTS) program. Once training has been completed for CCCP staff, the District will be able to increase the number of CTS trained patient navigators, through local training of trainers, thereby building capacity to expand survivorship services throughout the District.

Partnership

Much of the past fiscal year's work has been in the reengagement of the cancer stakeholder community in light of the demise of the DC Cancer Consortium. The newly formed DC Cancer Action Partnership, is a volunteer stakeholder group charged with providing the community voice of cancer control in DC. The CAP accomplishes its mission through its four Action Teams – Risk Reduction, Screening and Early Detection; Diagnosis and Treatment; and Survivorship.

Cancer and Chronic Disease Prevention

32. Please provide an update on the data collected from the DC Cancer Registry to date.

The DC Cancer Registry (DCCR) collects, maintains, and reports cancer incidence on all cancers diagnosed and/or treated in the District. DCCR gathers its data from acute care hospitals, freestanding labs, physician offices, and other reporting agencies mandated under the existing law (Rule: 22-B215). The DC Department of Health (DOH) is also part of a reciprocal exchange agreement with neighboring states to help capture all occurrences of cancer among District residents. The District's cancer data is subjected to stringent protocols of completeness, accuracy and timeliness, making it one of the most successful surveillance programs at DOH. Academic medical centers, researchers, public health and advocacy agencies, and interested lay persons rely heavily on the reports generated by DCCR.

Currently, DC cancer registry has approximately 227,683 cancer cases in our database.

- 92,735 (41.5%) DC Residents
- 84,457 (37.8%) MD Residents
- 36,556 (16.4%) VA Residents

The DCCR data is closely reviewed by the North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR). DCCR was awarded the NAACCR Gold Standard Award for 2014 data submission, and another Gold Award for providing high quality cancer data to CDC NPCR. A total of 59,184 cancer cases were submitted to CDC and NAACCR as part of November 2015 Annual Data Submissions. The DC Cancer Registry is currently participating in the CDC NPCR-AERRO Electronic Pathology (E-Path) project to facilitate encrypted transmission of cancer data from pathology laboratories and to standardize E-Path reporting and increase the spectrum of data elements for DC cancer surveillance in an efficient and cost-effective way. DC Cancer Registry is collaborating in the CDC-NPCR Meaningful Use and NAACCR Physician Reporting as an on-going process to implement Physician and Meaningful Use Cancer Reporting Project. We have received electronic physician test data from Capital Women's Health and DCPCA. DCCR also collaborated with Vital Records and HIV/AIDS to link databases and improve quality and completeness of the cancer data.

At the time of this report, The DCCR is reporting 2,585 DC Residents were diagnosed with cancer in 2014. We estimate this number represents approximately 80% of the total number of cancer diagnoses for 2014. Final counts will be available once all data submission is complete. The total number will be completed for the next submission to CDC and NAACCR in November 2016.

33. Please provide an update on efforts undertaken by the Diabetes Control Program in FY15 and to date in FY16.

The Cardiovascular Disease and Diabetes Prevention Program has been implementing strategies to increase access to and utilization of evidence-based lifestyle change programs, such as the National Diabetes Prevention Program, as well as Diabetes Self-Management Programs recognized or accredited by the American Diabetes Association, the American Association of Diabetes Educators, and Stanford University. Strategies have also included clinical quality improvement interventions targeting health systems to improve identification of patients with pre-diabetes and diabetes, and referral of patients to these types of programs. Activities have included engagement of multi-sector stakeholders to address barriers to program expansion/scale, provider and patient awareness, and policy implications for program sustainability.

As part of its worksite wellness efforts, the Program is also working with United Healthcare, which covers the cost of the CDC-recognized Diabetes Prevention Program (DPP) as a benefit for clients, to increase awareness of the program among District government employees, increase participation in the program, and encourage other payers to include the program as a covered benefit.

DOH has maintained its *“Living Well Chronic Disease Prevention Partnership”* to coordinate Stanford Chronic Disease Self-Management Program (CDSMP) classes in high risk wards. Key partners include DC Office on Aging, DC Primary Care Association, Delmarva Foundation and the Community Wellness Alliance.

DOH plans to expand its *“Living Well Chronic Disease Prevention Partnership”* to include licensure to coordinate Stanford’s Diabetes Self-Management Program with partners.

Cancer and Chronic Disease Prevention

34. What are the Department of Health's plans for future chronic disease prevention programs?

Addressing the complex issues presented by chronic disease requires a comprehensive understanding of the shared risk factors for chronic disease (namely tobacco use, physical inactivity, and poor nutrition), as well as efforts that are community-wide and tailored to the needs of subgroups. Robust and coordinated clinical quality improvement activities are also a critical strategy for chronic disease prevention, particularly secondary and tertiary prevention, and improved health outcomes.

Through the implementation of the Chronic Disease State Action Plan, the Cancer and Chronic Disease Bureau aims: to enhance the capability of the DC health systems to provide data and conduct research to inform, prioritize, deliver, and monitor programs and population health; develop and implement policies that support cancer and chronic disease prevention and control by reducing environmental barriers to health behaviors; improve the capacity and coordination of the public and private health care systems in order to support early detection, manage risk factors, and reduce health disparities; improve the ability of the District healthcare system to deliver integrated high-quality cancer and chronic disease care; and to facilitate access to chronic disease outreach, education and navigation with focused attention on special populations.

Outcomes such as chronic disease and premature mortality are also largely determined by upstream factors such as the social and economic environment. The Department of Health's Health in All Policies approach and multi-sector collaboration around issues such as food access and smoke-free environments will help eliminate the District's persistent inequities in chronic disease and other health outcomes.

Primary Care

35. Please provide an update on the Health Professional Loan Repayment Program.

The Health Professional Loan Repayment Program (HPLRP) provides loan repayment to eligible District providers practicing in HPLRP-certified Service Obligation Sites for contract periods of two years. Since the inception of the program in 2008, the Primary Care Bureau (PCB) has provided loan repayment for 81 health professionals in 34 locations. In FY15, the Primary Care Bureau provided loan repayment for 33 health professionals located in 23 different locations, serving Wards 1,2,5,6,7, and 8. The overall annual expenditures for FY15 were \$794,401.

At a minimum, please provide:

Service location and terms of current participants

| Term | Discipline | Practice Site | Ward |
|-------------------------------|-------------------|---|-------------|
| 1 Year (3 rd Year) | Dental Health | Bread for the City | 2 |
| 2 Years | Primary Care | Central Detention Facility | 7 |
| 2 Years | Primary Care | Children's Health Center @ CHC | 5 |
| 2 Years | Primary Care | Children's Health Center @ CHC | 5 |
| 2 Years | Primary Care | Children's Health Center @ Good Hope Road | 8 |
| 1 Year (4 th Year) | Primary Care | Children's Health Center @ Good Hope Road | 8 |
| 2 Years | Primary Care | Children's Health Center @ Shaw/Comp | 1 |
| 1 Year (3 rd Year) | Primary Care | Community of Hope - Marie Reed | 1 |
| 2 Years | Dental Health | Conway Health and Resource Center | 8 |
| 2 Years | Mental Health | Conway Health and Resource Center | 8 |
| 1 Year (3 rd Year) | Dental Health | East of the River Health Center | 7 |
| 1 Year (3 rd Year) | Primary Care | HUH Family Health Center | 1 |
| 1 Year (4 th Year) | Primary Care | HUH Family Health Center | 1 |
| 2 Years | Primary Care | Mary's Center – Ontario Rd. | 1 |
| 2 Years | Primary Care | Minnesota Avenue Center | 7 |
| 2 Years | Primary Care | New Anacostia Health Center | 8 |
| 1 Year (3 rd Year) | Primary Care | PHS-OB-GYN Associates | 5 |
| 2 Years | Primary Care | PHS-Providence Family Medicine | 5 |
| 2 Years | Primary Care | PHS-Providence Family Medicine | 5 |
| 2 Years | Dental Health | Southwest Health Center | 6 |
| 2 Years | Mental Health | St. Elizabeth's Hospital | 8 |
| 2 Years | Mental Health | St. Elizabeth's Hospital | 8 |
| 2 Years | Mental Health | St. Elizabeth's Hospital | 8 |
| 1 Year (3 rd Year) | Mental Health | St. Elizabeth's Hospital | 8 |
| 1 Year (3 rd Year) | Primary Care | Upper Cardozo Health Center | 1 |
| 1 Year (3 rd Year) | Primary Care | Upper Cardozo Health Center | 1 |
| 1 Year (4 th Year) | Dental Health | Upper Cardozo Health Center | 1 |
| 1 Year (4 th Year) | Dental Health | Upper Cardozo Health Center | 1 |

| | | | |
|---------|---------------|------------------------------|---|
| 2 Years | Primary Care | Walker Jones Health Center | 6 |
| 2 Years | Mental Health | Whitman Walker Health – 1525 | 2 |
| 2 Years | Mental Health | Whitman Walker Health – 1525 | 2 |

Available funding;

Funding Available at Start of FY16: \$1,353,953

- Local Appropriation: \$325,682
- Federal: \$257,099
- Multi-Year Reserve Funds: \$ 771,172

FY15 and FY16 expenditures;

FY15 Expenditures: \$ 794,401

- Local Appropriation: \$325,581
- Federal: \$384,148
- Multi-Year Reserve Funds: \$84,672.72

FY16 Year-to-Date Expenditures (Pending): \$ 166,895

- Local: \$ 83,447.50
- Federal: \$ 83,447.50

FY16 Anticipated Expenditures: \$757,043

- Local Appropriation: \$325,682
- Federal: \$257,099
- Multi-Year Reserve Funds: \$174,262

List of acceptable service locations in the District

• FY 16 List of approved service locations in the District: (N=57)

| Organization Name | Site Name | Site Address |
|------------------------------------|---|--------------------------|
| Bread for the City | Bread for the City | 1525 7th St. NW |
| Bread for the City | Bread for the City- SE | 1640 Good Hope Road SE |
| Children’s National Medical Center | Children’s Health Center @ Adams Morgan | 1630 Euclid St. NW |
| Children’s National Medical Center | Children’s Health Center @ AHC | 111 Michigan Ave. NW |
| Children’s National Medical Center | Children’s Health Center @ CHC | 111 Michigan Ave. NW |
| Children’s National Medical Center | Children’s Health Center @ Good Hope Road | 2501 Good Hope Road SE |
| Children’s National Medical Center | Children’s Health Center @ MLK | 3029 MLK Jr. St. SE |
| Children’s National Medical Center | Children’s Health Center @ Shaw/Comp. | 2220 11th St. NW |
| Children’s National Medical Center | Children’s Health Project of DC (The ARC) | 1901 Mississippi Ave. SE |
| Community of Hope | COH-Family Health and Birth | 801 17th St. NE |

| | | |
|---|--|------------------------------------|
| | Center | |
| Community of Hope | COH-Marie Reed | 2250 Champlain St. NW |
| Community of Hope | COH-Conway Health and Resource Center | 4 Atlantic St. SW |
| Department of Mental Health | St. Elizabeth's Hospital | 1100 Alabama Ave. SE |
| Family & Medical Counseling Services, Inc. | Family and Medical Counseling Services, Inc. | 2041 MLK, Jr. Ave. SE |
| Howard University | HUH Family Health Center | 2139 Georgia Ave. NW 4th Floor |
| Kids Smiles | Kids Smiles DC | 4827 Benning Road SE |
| La Clinica del Pueblo | La Clinica del Pueblo | 2831 15th St. NW |
| Mary's Center for Maternal & Child Care, Inc. | Mary's Center - Georgia Ave. | 3912 Georgia Ave. NW |
| Mary's Center for Maternal & Child Care, Inc. | Mary's Center - Ontario Rd. | 2333 Ontario Rd. NW |
| Pathways to Housing | Pathways to Housing | 101 Q St. NE, Ste. G |
| Providence Hospital | PHS-Center for Geriatric Medicine | 1160 Varnum St. NE, Ste. 021 |
| Providence Hospital | PHS-Center for Life | 1150 Varnum St. NE, 2nd Floor |
| Providence Hospital | PHS-Internal Medicine | 1140 Varnum St. NE, Ste. 200 |
| Providence Hospital | PHS-OB-GYN Associates | 1160 Varnum St. NE, Ste. 216 |
| Providence Hospital | PHS-Perry Family Health Center | 128 M St. NW, Ste. 050 |
| Providence Hospital | PHS-Providence Family Medicine | 1140 Varnum St. NE, Ste. 103 |
| So Others May Eat | UHC-S.O.M.E | 60 O St. NW |
| | | |
| Unity Health Care | UHC-East of the River Health Center | 123 45th St. NE |
| Unity Health Care | UHC-801 East Building Health Center | 2700 MLK Jr. Ave. SE, #801 E Bldg. |
| Unity Health Care | UHC-Ballou Student Health Center | 3401 4th St. SE |
| Unity Health Care | UHC-Blair Shelter | 635 I St. NE |
| Unity Health Care | UHC-Cardozo Student Health Center | 1200 Clifton St. NW |
| Unity Health Care | UHC-CCNV SHELTER | 425 Second St. NW |
| Unity Health Care | UHC-Central Detention Facility | 1901 D St. SE |
| Unity Health Care | UHC-Central Union Mission | 1631 14th St. NW |
| Unity Health Care | UHC-Christ House Health Center | 1717 Columbia Road NW |
| Unity Health Care | UHC-Columbia Road Health Center | 1660 Columbia Road NW |
| Unity Health Care | UHC-Correctional Treatment Facility | 1901 E St. SE |
| Unity Health Care | UHC-Eastern High School | 1700 East Capitol St. NE |
| Unity Health Care | UHC-Friendship Health Center | 4713 Wisconsin Ave. NW |
| Unity Health Care | UHC-H.D. Woodson Health Center | 540 55th St. NE |
| Unity Health Care | UHC-Harbor Light Health Center | 2100 New York Ave. NE |
| Unity Health Care | UHC-Medical Outreach Van | 1717 Columbia Road, NW |

| | | |
|-----------------------------|------------------------------------|----------------------------|
| Unity Health Care | UHC-Minnesota Avenue Center | 3924 Minnesota Ave. NE |
| Unity Health Care | UHC-N Street Village Health Center | 1333 N St. , NW |
| Unity Health Care | UHC-Anacostia Health Center | 1500 Galen St. SE |
| Unity Health Care | UHC-Brentwood Site | 1251 Saratoga Ave. NE |
| Unity Health Care | UHC-New York Avenue Health Center | 1355 New York Ave. NE |
| Unity Health Care | UHC-Parkside | 765 Kenilworth Terrace, NE |
| Unity Health Care | UHC-Southwest Health Center | 850 Delaware Ave. SW |
| Unity Health Care | UHC-Stanton Road Health Center | 3240 Stanton Road SE |
| Unity Health Care | UHC-Upper Cardozo Health Center | 3020 14th St. NW |
| Unity Health Care | UHC-Walker Jones Health Center | 40 Patterson St. NE |
| Washington Hospital Center | WHC- Outpatient Services- BOP | 216 Michigan Avenue NE |
| Whitman Walker Clinic, Inc. | WWC-Max Robinson Medical Center | 2301 MLK Jr. Ave. SE |
| Whitman Walker Clinic, Inc. | WWC-Whitman- Walker Health-1525 | 1525 14th St. NW |

Any changes to the program.

- o The PCB made no changes to the program in FY15.

Primary Care

36. Please provide utilization data for the Ambulatory Care Clinic for FY15 and to date in FY16.

The Department of Health ceased providing funding for operation of the Ambulatory Care Center (ACC) in FY14. Unity maintained clinical operations at the site until it closed in July 2015. In place of funding general operations at the ACC and former Public Benefit Corporation (PBC) clinics, in FY15 DOH competitively funded the expansion of primary and/or specialty care services in privately- owned or leased sites in zip codes 20002, 20003, 20019, 20020, 20024, and 20032 (zip codes formerly served by the ACC and PBC clinics) through Diffusions of Care grants. In FY16, DOH has continued funding the ramp up of these expanded services that range from podiatry and behavioral health to primary medical care. The Diffusion grants funded a total of 17,767 patient visits in FY15. In FY16, the DOH is also providing the first full-year of funding for grants to implement innovations in the delivery of primary care services that increase access to primary care and/or improve health care outcomes for primary care patients.

Immunizations and Vaccinations

37. Please provide an update on the Immunization Program, including the most recent data regarding immunization rates. Include a breakdown of vaccination type and number by public, private, charter, and parochial schools.

The DC Department of Health Immunization Program has been actively engaged in ensuring that all students are compliant with their immunization requirements. The program tracks immunization compliance throughout the year and engages in special initiatives aimed at increasing immunization compliance rates. As of January 26, 2016 total immunization compliance rates for DCPS, public charter schools, private and parochial were 82.6%, 79.37%, 72.28% and 69.87%, respectively. The most recent data regarding immunization compliance by vaccine type for DC Schools can be found below.

| DCPS Total Vaccines (1/11/2016) | | | | | | | |
|---------------------------------|---------|------------|------|------------|-------------------------|------------|----------------|
| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 1 | 0.00% | 0 | 0.00% | 48180 | 100.00% | 48181 |
| DTaP | 1471 | 3.05% | 1105 | 2.29% | 46710 | 96.95% | 48181 |
| Human Papillomavirus | 2817 | 5.85% | 1590 | 3.30% | 45364 | 94.15% | 48181 |
| Hepatitis A | 2192 | 4.55% | 31 | 0.06% | 45989 | 95.45% | 48181 |
| Hepatitis B | 3196 | 6.63% | 51 | 0.11% | 44985 | 93.37% | 48181 |
| Hib | 432 | 0.90% | 1 | 0.00% | 47749 | 99.10% | 48181 |
| IPV | 3142 | 6.52% | 889 | 1.85% | 45039 | 93.48% | 48181 |
| MMR | 3351 | 6.96% | 1184 | 2.46% | 44830 | 93.04% | 48181 |
| Measles | 3 | 0.01% | 1 | 0.00% | 48178 | 99.99% | 48181 |
| Meningococcal | 2062 | 4.28% | 1590 | 3.30% | 46119 | 95.72% | 48181 |
| Mumps | 12 | 0.02% | 3 | 0.01% | 48169 | 99.98% | 48181 |
| Pneumo Conj 13 | 434 | 0.90% | 1 | 0.00% | 47747 | 99.10% | 48181 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 48181 | 100.00% | 48181 |
| Rubella | 9 | 0.02% | 2 | 0.00% | 48172 | 99.98% | 48181 |
| Td | 1264 | 2.62% | 37 | 0.08% | 46917 | 97.38% | 48181 |
| TdaP | 2038 | 4.23% | 1349 | 2.80% | 46143 | 95.77% | 48181 |
| Varicella | 3701 | 7.68% | 1246 | 2.59% | 44480 | 92.32% | 48181 |

PCSB Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|------|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 1 | 0.00% | 0 | 0.00% | 38499 | 100.00% | 38500 |
| DtaP | 2183 | 5.67% | 1160 | 3.01% | 36317 | 94.33% | 38500 |
| Human Papillomavirus | 2529 | 6.57% | 1225 | 3.18% | 35971 | 93.43% | 38500 |
| Hepatitis A | 2342 | 6.08% | 12 | 0.03% | 36158 | 93.92% | 38500 |
| Hepatitis B | 3268 | 8.49% | 76 | 0.20% | 35232 | 91.51% | 38500 |
| Hib | 1094 | 2.84% | 0 | 0.00% | 37406 | 97.16% | 38500 |
| IPV | 2852 | 7.41% | 934 | 2.43% | 35648 | 92.59% | 38500 |
| MMR | 3657 | 9.50% | 1251 | 3.25% | 34843 | 90.50% | 38500 |
| Measles | 4 | 0.01% | 0 | 0.00% | 38496 | 99.99% | 38500 |
| Meningococcal | 1620 | 4.21% | 1520 | 3.95% | 36880 | 95.79% | 38500 |
| Mumps | 6 | 0.02% | 2 | 0.01% | 38494 | 99.98% | 38500 |
| Pneumo Conj 13 | 1091 | 2.83% | 0 | 0.00% | 37409 | 97.17% | 38500 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 38500 | 100.00% | 38500 |
| Rubella | 5 | 0.01% | 2 | 0.01% | 38495 | 99.99% | 38500 |
| Td | 817 | 2.12% | 36 | 0.09% | 37683 | 97.88% | 38500 |
| TdaP | 2036 | 5.29% | 1370 | 3.56% | 36464 | 94.71% | 38500 |
| Varicella | 3847 | 9.99% | 1273 | 3.31% | 34653 | 90.01% | 38500 |

Private Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|-----|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |
| DtaP | 245 | 2.55% | 82 | 0.85% | 9368 | 97.45% | 9613 |
| Human Papillomavirus | 947 | 9.85% | 294 | 3.06% | 8666 | 90.15% | 9613 |
| Hepatitis A | 352 | 3.66% | 16 | 0.17% | 9261 | 96.34% | 9613 |
| Hepatitis B | 792 | 8.24% | 11 | 0.11% | 8821 | 91.76% | 9613 |
| Hib | 62 | 0.64% | 0 | 0.00% | 9551 | 99.36% | 9613 |
| IPV | 763 | 7.94% | 56 | 0.58% | 8850 | 92.06% | 9613 |
| MMR | 852 | 8.86% | 82 | 0.85% | 8761 | 91.14% | 9613 |
| Measles | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |
| Meningococcal | 1055 | 10.97% | 470 | 4.89% | 8558 | 89.03% | 9613 |
| Mumps | 2 | 0.02% | 0 | 0.00% | 9611 | 99.98% | 9613 |
| Pneumo Conj 13 | 65 | 0.68% | 0 | 0.00% | 9548 | 99.32% | 9613 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |

| | | | | | | | |
|-----------|------|--------|-----|-------|------|--------|------|
| Rubella | 2 | 0.02% | 0 | 0.00% | 9611 | 99.98% | 9613 |
| Td | 143 | 1.49% | 3 | 0.03% | 9470 | 98.51% | 9613 |
| TdaP | 876 | 9.11% | 389 | 4.05% | 8737 | 90.89% | 9613 |
| Varicella | 1064 | 11.07% | 82 | 0.85% | 8549 | 88.93% | 9613 |

Parochial Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|-----|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| DtaP | 118 | 2.08% | 30 | 0.53% | 5542 | 97.92% | 5660 |
| Human Papillomavirus | 419 | 7.40% | 154 | 2.72% | 5241 | 92.60% | 5660 |
| Hepatitis A | 192 | 3.39% | 1 | 0.02% | 5468 | 96.61% | 5660 |
| Hepatitis B | 861 | 15.21% | 1 | 0.02% | 4799 | 84.79% | 5660 |
| Hib | 35 | 0.62% | 0 | 0.00% | 5625 | 99.38% | 5660 |
| IPV | 849 | 15.00% | 19 | 0.34% | 4811 | 85.00% | 5660 |
| MMR | 875 | 15.46% | 32 | 0.57% | 4785 | 84.54% | 5660 |
| Measles | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| Meningococcal | 989 | 17.47% | 187 | 3.30% | 4671 | 82.53% | 5660 |
| Mumps | 2 | 0.04% | 0 | 0.00% | 5658 | 99.96% | 5660 |
| Pneumo Conj 13 | 33 | 0.58% | 0 | 0.00% | 5627 | 99.42% | 5660 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| Rubella | 1 | 0.02% | 0 | 0.00% | 5659 | 99.98% | 5660 |
| Td | 102 | 1.80% | 1 | 0.02% | 5558 | 98.20% | 5660 |
| TdaP | 919 | 16.24% | 161 | 2.84% | 4741 | 83.76% | 5660 |
| Varicella | 1030 | 18.20% | 28 | 0.49% | 4630 | 81.80% | 5660 |

Immunizations and Vaccinations

37. Please provide an update on the Immunization Program, including the most recent data regarding immunization rates. Include a breakdown of vaccination type and number by public, private, charter, and parochial schools.

The DC Department of Health Immunization Program has been actively engaged in ensuring that all students are compliant with their immunization requirements. The program tracks immunization compliance throughout the year and engages in special initiatives aimed at increasing immunization compliance rates. As of January 26, 2016 total immunization compliance rates for DCPS, public charter schools, private and parochial were 82.6%, 79.37%, 72.28% and 69.87%, respectively. The most recent data regarding immunization compliance by vaccine type for DC Schools can be found below.

| DCPS Total Vaccines (1/11/2016) | | | | | | | |
|---------------------------------|---------|------------|------|------------|-------------------------|------------|----------------|
| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 1 | 0.00% | 0 | 0.00% | 48180 | 100.00% | 48181 |
| DTaP | 1471 | 3.05% | 1105 | 2.29% | 46710 | 96.95% | 48181 |
| Human Papillomavirus | 2817 | 5.85% | 1590 | 3.30% | 45364 | 94.15% | 48181 |
| Hepatitis A | 2192 | 4.55% | 31 | 0.06% | 45989 | 95.45% | 48181 |
| Hepatitis B | 3196 | 6.63% | 51 | 0.11% | 44985 | 93.37% | 48181 |
| Hib | 432 | 0.90% | 1 | 0.00% | 47749 | 99.10% | 48181 |
| IPV | 3142 | 6.52% | 889 | 1.85% | 45039 | 93.48% | 48181 |
| MMR | 3351 | 6.96% | 1184 | 2.46% | 44830 | 93.04% | 48181 |
| Measles | 3 | 0.01% | 1 | 0.00% | 48178 | 99.99% | 48181 |
| Meningococcal | 2062 | 4.28% | 1590 | 3.30% | 46119 | 95.72% | 48181 |
| Mumps | 12 | 0.02% | 3 | 0.01% | 48169 | 99.98% | 48181 |
| Pneumo Conj 13 | 434 | 0.90% | 1 | 0.00% | 47747 | 99.10% | 48181 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 48181 | 100.00% | 48181 |
| Rubella | 9 | 0.02% | 2 | 0.00% | 48172 | 99.98% | 48181 |
| Td | 1264 | 2.62% | 37 | 0.08% | 46917 | 97.38% | 48181 |
| TdaP | 2038 | 4.23% | 1349 | 2.80% | 46143 | 95.77% | 48181 |
| Varicella | 3701 | 7.68% | 1246 | 2.59% | 44480 | 92.32% | 48181 |

PCSB Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|------|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 1 | 0.00% | 0 | 0.00% | 38499 | 100.00% | 38500 |
| DtaP | 2183 | 5.67% | 1160 | 3.01% | 36317 | 94.33% | 38500 |
| Human Papillomavirus | 2529 | 6.57% | 1225 | 3.18% | 35971 | 93.43% | 38500 |
| Hepatitis A | 2342 | 6.08% | 12 | 0.03% | 36158 | 93.92% | 38500 |
| Hepatitis B | 3268 | 8.49% | 76 | 0.20% | 35232 | 91.51% | 38500 |
| Hib | 1094 | 2.84% | 0 | 0.00% | 37406 | 97.16% | 38500 |
| IPV | 2852 | 7.41% | 934 | 2.43% | 35648 | 92.59% | 38500 |
| MMR | 3657 | 9.50% | 1251 | 3.25% | 34843 | 90.50% | 38500 |
| Measles | 4 | 0.01% | 0 | 0.00% | 38496 | 99.99% | 38500 |
| Meningococcal | 1620 | 4.21% | 1520 | 3.95% | 36880 | 95.79% | 38500 |
| Mumps | 6 | 0.02% | 2 | 0.01% | 38494 | 99.98% | 38500 |
| Pneumo Conj 13 | 1091 | 2.83% | 0 | 0.00% | 37409 | 97.17% | 38500 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 38500 | 100.00% | 38500 |
| Rubella | 5 | 0.01% | 2 | 0.01% | 38495 | 99.99% | 38500 |
| Td | 817 | 2.12% | 36 | 0.09% | 37683 | 97.88% | 38500 |
| TdaP | 2036 | 5.29% | 1370 | 3.56% | 36464 | 94.71% | 38500 |
| Varicella | 3847 | 9.99% | 1273 | 3.31% | 34653 | 90.01% | 38500 |

Private Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|-----|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |
| DtaP | 245 | 2.55% | 82 | 0.85% | 9368 | 97.45% | 9613 |
| Human Papillomavirus | 947 | 9.85% | 294 | 3.06% | 8666 | 90.15% | 9613 |
| Hepatitis A | 352 | 3.66% | 16 | 0.17% | 9261 | 96.34% | 9613 |
| Hepatitis B | 792 | 8.24% | 11 | 0.11% | 8821 | 91.76% | 9613 |
| Hib | 62 | 0.64% | 0 | 0.00% | 9551 | 99.36% | 9613 |
| IPV | 763 | 7.94% | 56 | 0.58% | 8850 | 92.06% | 9613 |
| MMR | 852 | 8.86% | 82 | 0.85% | 8761 | 91.14% | 9613 |
| Measles | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |
| Meningococcal | 1055 | 10.97% | 470 | 4.89% | 8558 | 89.03% | 9613 |
| Mumps | 2 | 0.02% | 0 | 0.00% | 9611 | 99.98% | 9613 |
| Pneumo Conj 13 | 65 | 0.68% | 0 | 0.00% | 9548 | 99.32% | 9613 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 9613 | 100.00% | 9613 |

| | | | | | | | |
|-----------|------|--------|-----|-------|------|--------|------|
| Rubella | 2 | 0.02% | 0 | 0.00% | 9611 | 99.98% | 9613 |
| Td | 143 | 1.49% | 3 | 0.03% | 9470 | 98.51% | 9613 |
| TdaP | 876 | 9.11% | 389 | 4.05% | 8737 | 90.89% | 9613 |
| Varicella | 1064 | 11.07% | 82 | 0.85% | 8549 | 88.93% | 9613 |

Parochial Total Vaccines (1/11/2016)

| Vaccine | Overdue | | Due | | Compliant (not overdue) | | Total Enrolled |
|----------------------|---------|------------|-----|------------|-------------------------|------------|----------------|
| | # | % of Total | # | % of Total | # | % of Total | |
| DT | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| DtaP | 118 | 2.08% | 30 | 0.53% | 5542 | 97.92% | 5660 |
| Human Papillomavirus | 419 | 7.40% | 154 | 2.72% | 5241 | 92.60% | 5660 |
| Hepatitis A | 192 | 3.39% | 1 | 0.02% | 5468 | 96.61% | 5660 |
| Hepatitis B | 861 | 15.21% | 1 | 0.02% | 4799 | 84.79% | 5660 |
| Hib | 35 | 0.62% | 0 | 0.00% | 5625 | 99.38% | 5660 |
| IPV | 849 | 15.00% | 19 | 0.34% | 4811 | 85.00% | 5660 |
| MMR | 875 | 15.46% | 32 | 0.57% | 4785 | 84.54% | 5660 |
| Measles | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| Meningococcal | 989 | 17.47% | 187 | 3.30% | 4671 | 82.53% | 5660 |
| Mumps | 2 | 0.04% | 0 | 0.00% | 5658 | 99.96% | 5660 |
| Pneumo Conj 13 | 33 | 0.58% | 0 | 0.00% | 5627 | 99.42% | 5660 |
| Pneumo Conj 7 | 0 | 0.00% | 0 | 0.00% | 5660 | 100.00% | 5660 |
| Rubella | 1 | 0.02% | 0 | 0.00% | 5659 | 99.98% | 5660 |
| Td | 102 | 1.80% | 1 | 0.02% | 5558 | 98.20% | 5660 |
| TdaP | 919 | 16.24% | 161 | 2.84% | 4741 | 83.76% | 5660 |
| Varicella | 1030 | 18.20% | 28 | 0.49% | 4630 | 81.80% | 5660 |

Immunizations and Vaccinations

38. **How many children were vaccinated as a result of the HPV Vaccination and Reporting Act of 2007 during FY15 and to date in FY16? Please provide an accounting of health education meetings with District residents, including parents and providers, related to HPV.**

According to the CDC, the District of Columbia experienced one of the highest improvements in HPV compliance rates in the United States between the years 2013 and 2014.¹ The District had double digit increases in HPV immunization coverage for both girls and boys as shown in the table below.

| | Δ Female (%) from 2013 to 2014 | Δ Male (%) from 2013 to 2014 |
|---------------|--------------------------------|------------------------------|
| ≥ 1 HPV | +19.6% | +0.4% |
| ≥ 2 doses HPV | +24.8% | +14.1% |
| ≥ 3 doses HPV | +26.7% | +10.0% |

In support of the HPV Vaccination and Reporting Act of 2007, DOH engaged in a number of activities aimed at increasing immunization compliance rates in the District of Columbia. These efforts included:

- HPV Stakeholder Training Sessions (~550 community health professionals trained)
- Comprehensive media campaign focused on the “HPV is Cancer Prevention” message. The campaign utilized the following mediums to advertise: print, online, Pandora Music Radio, DC movie theatres and television.
- The program contracted with four Health Promoters (physicians) who visited sixty-one (61) doctor’s offices in the District and educated providers on the importance of making a strong recommendation for HPV.
- The Immunization program generated reminder/recall letters that were sent home to all families of children in grades 6-12 who were found to be non-compliant with the HPV vaccination requirement as of October 2015. These letters were sent home to the families of boys and girls in District public, public charter, private and parochial schools. The first round of letters (2,467) were sent October 15, 2015. The final round of letters (20,297) were sent on 1/13/2016.

¹ Centers for Disease Control National Immunization Survey 2013 and 2014

Immunizations and Vaccinations

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¹ Centers for Disease Control National Immunization Survey 2013 and 2014

Additional Questions

39. What would the CHA require to create an Oral Health Surveillance System to comprehensively track student and adult oral health data?

The purpose of an Oral Health Surveillance System (OHSS) is to monitor the burden of oral disease and the use of the oral health care delivery system, particularly dental homes. It provides the capacity to systematically collect, analyze, and disseminate information on oral health status in a given jurisdiction and in specific sub-populations such as children and pregnant women. Data can be used to inform programs and policies to ensure routine use of dental services and improved oral health for DC residents. In September 2015, CHA was awarded the Grants to States to Support Oral Health Workforce from the Health Resource and Services Administration. This funding will support the planning, development and implementation of OHSS, including the necessary human and technical resources. CHA will allocate additional funding, if needed, to support its development. To date, CHA is in the planning process for the DC OHSS.

Additional Questions

40. With which Social Determinants of Health are we seeing the starkest inequities?

Please see AMP response.

Additional Questions

41. **DC Healthy Communities Collaborative: We understand there was a Needs Assessment completed by a coalition of the FQHCs and Hospitals that will be published soon and involved robust input from community members throughout all DC Wards.**

- **How will DOH incorporate findings from this existing needs assessment and address city-wide needs?**

The Department's State Health Planning and Needs Assessment research will be multi-pronged and will include: literature reviews, reviews of existing research conducted in the District – including the work of the DCHCC, and original data collection and analysis. The Department's solicitation for a vendor to carry out the state health planning and needs assessment scope of work specifically named the DCHCC document as critical reference material. With regards to addressing city-wide needs, the work to be carried out by the vendor will be comprehensive and will identify the needs that are of highest priority for the city – with an emphasis on achieving health equity. The resulting documents will outline recommendations for how the city can best address these highest priority needs.

- **How is DOH ensuring that its own health needs assessment is inclusive of the input of community representatives from ALL DC wards?**

DOH plans to publish the next needs assessment in 2019. Housed within the Center for Planning, Policy and Evaluation, DC Healthy People 2020 (HP2020) is finalizing a collective community health improvement plan. This plan includes city-wide health objectives and targets for the year 2020. Over 100 representatives from more than 30 government agencies, universities, health provider institutions and community based organizations have been involved in the development process, allowing DC HP2020 to incorporate community input in its planning. In addition, there has been an open call for public input on DC Healthy People goals, objectives, and strategies via email or phone starting July 2015-present. Thirdly, DOH has leveraged CHA outreach activities and partner sites, such as SNAP-Ed community events, WIC clinics and homeless shelters, to solicit direct input from residents. At these community gatherings, HP2020 staff conducted surveys about residents' most pressing health needs. DC Healthy People community engagement activities will be ongoing, working to incorporate the voice of ALL DC wards in setting health priorities and understanding the health status of our community in the years to come.

Additional Questions

- 42. Many projects from the Department of Health involve community based strategies that use Community Health Workers, Home Visitors, and others that are on the ground. In what ways does the Department of Health ensure that these staff and community members are at the table when decisions are made and how often are they involved?**

The Community Health Administration routinely engages stakeholders in program planning, implementation and evaluation through a variety of mechanisms including participation in district wide councils, convening of advisory groups/boards, conducting community needs assessments and obtaining consumer feedback through focus groups. Examples of stakeholder engagement efforts are described below.

The Perinatal and Infant Health Bureau participates in several committees with local and national partners to improve women's and infant health. The Perinatal Collaborative committee includes providers, managed care organizations, hospitals, and birthing centers. The meetings are convened monthly by the Department of Health Care Finance to gain partner recommendations to implement effective strategies that will improve perinatal outcomes in the District. PIHB also serves as a partner for the Office of the Chief Medical Examiner's Fatality Review Division, which is responsible for reviewing the circumstances of the deaths of individuals within certain populations, including their interaction with District government services. Specifically, DOH staff participates in both the Child Fatality Review and Infant Mortality Review committees. The purpose of the reviews is to provide analysis and recommendations to the public and private District entities serving defined populations, to improve service delivery and address systemic problems. Each Fatality Review Committee is mandated either by statute or Mayor's Order to publish an annual report. PIHB also convenes advisory groups for the newborn hearing and newborn metabolic screening programs. These groups are comprised of health providers, social service providers and consumers.

The Home Visiting (HV) Council and its members are integral partners to ensure that the communities (particularly those in Wards 5, 7 and 8), are engaged throughout the process of developing and updating the District's federal Home Visiting State Plan, as well as the needs assessment. The HV Council currently consists of organizations implementing evidence-based and non-evidence-based home visiting programs in the District and other key stakeholders in the field of maternal and child health, early education and community advocacy, working to leverage resources; and prevent of duplication of services. DOH's Home Visiting program makes a concerted effort to ensure that concerns and/or ideas of these stakeholder communities, and of the larger District, are integrated in federal applications and reports. Additionally, DOH sought input from the HV Council regarding the FY 16 MIECHV Formula Grant application. DOH will continue to collaborate with these groups to ensure that it continually receives feedback on the services being provided and how these services are being received by the community so that adjustments may be made, if necessary. The members of these groups also are major stakeholders in implementing initiatives related to the coordination of home visiting services as well as integrating these services into the larger early childhood system.

The School Health Division participates in the DCPS Health and Wellness Advisory Committee meeting. Members of this committee include seven (7) District agency staff members, four (4) community members, and six (6) DCPS Central Office Staff. The meetings are convened quarterly by the Office of Youth Engagement (OYE) to gain community feedback and program support on several priority school health initiatives, including, but not limited to: immunizations and annual physicals; oral health; local wellness policy implementation; pregnancy and HIV/STI prevention; LGBTQ-inclusive initiatives; and supports for expectant and parenting students.

The Maternal and Child Health (MCH) Block Grant Program (Title V) engages stakeholders to inform program planning through community needs assessments and advisory groups. During the needs assessment process, input is elicited from a variety of stakeholders including health practitioners, MCH community-based service providers, parents/guardians, adolescents and MCH advocates through focus groups (English and Spanish), key informant interviews and online surveys. Findings are used to identify priority needs within the District's maternal and child health populations to best determine allocation of grant resources. Title V works with the Children and Youth with Special Health Care Needs (CYSHCN) Advisory Board, comprised of parents of children with special health care needs, youth with special health care needs, government agencies and health care representatives. The mission of the Board is to provide advice and recommendations from a community-based perspective to CHA on planning and implementing initiatives for children and youth with special health care needs in the District of Columbia.

The Nutrition and Physical Fitness Bureau (NPFB) relies on public and private stakeholders to promote its health and wellness agenda. There are formal and informal agreements with partners including the University of the District of Columbia (UDC), DC Public Schools, the Office of the State Superintendent of Education, the Department of Parks and Recreation and the DC Office on Aging. Non District government stakeholders include DC Greens, the Capital Areal Food Bank, Martha's Table, the Washington Youth Garden, and the Arcadia Center for Sustainable Food and Agriculture. Each of these partners coordinate programs that enhance access to population based health initiatives. NPFB and its partners employ a variety of community based strategies that engage community health workers, home visitors, nutrition educators, breastfeeding peer counselors, and Farmers' Market Brigade Champions.

To ensure that NPFB goals and objectives are clearly communicated to stakeholders and that community members have opportunities to provide input in Bureau programming, staff participate on advisory panels, provide train the trainer services, and attend community meetings. Additionally, the NPFB convened its annual community engagement meetings for stakeholders 2015. Attendees, included program administrators, trainers, and frontline staff. The meetings served as the precursor to the WIC and SNAP-Ed state planning process. The input provided resulted in plans with a more place based focus that includes the family unit as a whole. Both plans were approved by USDA.

The Bureau of Cancer and Chronic Disease (BCCD) convenes multi-sector and multi-disciplinary partners for various disease specific committees and coalitions, including the Chronic Disease Leadership Team, which engages stakeholders in the development and execution of the Chronic Disease State Plan. Diligent efforts are made by BCCD staff to ensure

that there is diverse representation on these committees to allow for input from a variety of perspectives. Specific engagement efforts include:

- The Cardiovascular Disease and Diabetes Program “Diabesity” Committee, a subgroup of the Chronic Disease Leadership Team in partnership with local physicians, academia, and community organizations. The committee addresses policy, systems, and environmental changes to improve the prevention and treatment of diabetes and obesity, the accessibility and consumption of healthy foods, and to increase physical activity in worksites and schools in the District.
- The Comprehensive Cancer Control Program (CCCP) works closely with its community partner the DC Cancer Action Partnership (CAP). The CAP is actively engaged in setting the agenda for addressing cancer in the District as well as implementing programs aimed at reducing the District’s cancer burden and is comprised of both public and private organization and District residents.
- The Tobacco Control Program has a healthy and effective relationship with the DC Tobacco Free Coalition. The TCP communicates regularly with the DC TFC and is an ex-officio non-voting member of the coalition’s executive committee. The TCP is currently engaging the DC Tobacco Free Coalition and additional stakeholders in its strategic planning efforts. The TCP is establishing quarterly feedback opportunities for stakeholders on program development and activities, providing regular, transparent opportunities for TCP grantees and stakeholders to address critical issues in tobacco control in the District. In FY 15 the TCP and its partners hosted the DC Calls It Quits Cessation Awareness Campaign that brought together over 40 stakeholders from various sectors to promote cessation services and address future sustainability of cessation services in the District.
- The Preventive Health Block Grant Program utilizes an advisory board comprised of representatives from the health sector, community based health and wellness organizations and government agencies to provide guidance for program planning and the allocation of grant resources. The Preventive Health Block Grant Program also hosts an annual town hall which is open to the public. This forum allows for any interested resident or organization to provide testimony that is incorporated into formulating program initiatives.

The Primary Care Bureau’s primary stakeholders are individuals and organizations that provide primary care to District residents. To engage these stakeholders, the Bureau conducts outreach and provides guidance to health professional training programs, to human resources managers at stakeholder organizations, and to individual providers. In addition, the Bureau gathers feedback from stakeholders through surveys and through regular meetings and discussions with grantees and the DC Primary Care Association – the membership organization for the Bureau’s primary stakeholders.

Additional Questions

43. Please provide a list of all grants Unity Healthcare receives from the Department of Health.

In Fiscal Year 2015 CHA and HAHSTA issued the below grants to Unity Healthcare. All grants were awarded competitively based on Unity's responsiveness to DOH-developed Requests for Applications for specific programs and services. As can be seen below, Unity is no longer receiving a grant to support the general operating costs of the Ambulatory Care Center and former Public Benefit Corporation Clinics (ACC/PBC); the competitively-awarded five-year ACC/PBC grant ended in FY14.

| | | | |
|--------|----------------------|--|----------------|
| CHA | PO528617 | To provide nutrition services to participants of The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | \$333,500.00 |
| CHA | PO517227 | To provide intensive Transitional Care Management (TCM) for approximately 150 moderate-to-high complexity Medicare and Medicaid patients being discharged after inpatient hospitalizations | \$140,211.00 |
| CHA | PO510584 | To expand primary care and dental services at Anacostia Health Center | \$700,000.00 |
| CHA | PO507715 | Operational services of the school-based health center at Cardozo Sr. High School | \$337,500.00 |
| CHA | PO507707 | Operational services of a school-based health center at Ballou Sr. High School | \$337,500.00 |
| CHA | PO507708 | Operational services of a school-based health center at Woodson Sr. High School | \$337,500.00 |
| HAHSTA | PO517003 | Ryan White CARE Act Program Part A services - outpatient ambulatory HIV medical care, medical case management and treatment adherence for 1,385 clients | \$1,067,269.00 |
| HAHSTA | PO512842 PO514631 | HIV testing services for persons obtaining HIV testing only at clinic and outreach sites (otherwise not receiving other medical services) | \$174,868.00 |

Child, Adolescent and School Health

44. School Based Health Centers: Provide the following information for each school based health center:

- **Overall enrollment number**
- **Number of youth who receive services weekly**
- **Number of youth who received sexual health services in the 2014-15 school year**
- **Number of youth who received “confidential reproductive health services”**
- **Total amount of grants made to support clinic services.**

This District’s Minor Consent Law, 22-B600.7, states that a minor of any age may consent to health services which he or she requests for the prevention, diagnosis, or treatment of the following medical situations:

- (a) Pregnancy or its lawful termination;
- (b) Substance abuse, including drug and alcohol abuse; and
- (c) A mental or emotional condition and sexually transmitted disease.

For data collection purposes, DOH and SBHC providers agreed to define *Sexual Health Services* as STI/STD screenings and testing. *Reproductive Health Services* were listed under the family planning heading. These services may include LARCs, reproductive health counseling, prenatal visits and referrals. This was done to align more closely with billing codes.

School-Based Health Centers

| | FY 2015 SBHC Enrollment (as of September 2015) | FY 2016 SBHC Enrollment (as of November 2015) | FY 2015 Sexual Health ¹ / Reproductive Health Services ² | FY 2016 Sexual Health ¹ / Reproductive Health Services ² (as of November 2015) | FY 2015 / FY 2016 Grant Awards |
|---|--|---|--|--|--------------------------------|
| Anacostia Wellness Center | 523 | 357 | 548 / 469 | 104 / 115 | \$337,500 / \$325,000 |
| Ballou SBHC | 404 | 221 | 1089 / 560 | 135 / 1 | \$337,500 / \$325,000 |
| Cardozo EC | 470 | 276 | 676 / 374 | 118 / 0 | \$337,500 / \$325,000 |
| Colts Wellness Center (Coolidge SHS) | 248 | 283 | 139 / 100 | 17 / 18 | \$325,000 / \$325,000 |
| Crimson Tide Wellness Center (Dunbar SHS) | 380 | 441 | 51 / 55 | 7 / 5 | \$337,500 / \$325,000 |
| Woodson Wellness Center | 402 | 246 | 625 / 349 | 129 / 0 | \$337,500 / \$325,000 |
| Total | 2427 | 1824 | 3128 / 1907 | 510/139 | \$2,012,500 / \$1,950,000 |

¹Sexual health services refer to STI/STD screenings.

²Reproductive health services refer to family planning services.

Additional Questions

45. What has CHA identified as areas of interest for the remainder of FY16 and for FY17?

Changes in the national health care landscape have necessitated public health to redefine its roles in improving population health. Historically, public health departments worked to fill gaps in health care by providing direct services to the underserved. The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 expanded access to health services through expansion of insurance coverage and enhanced opportunities for clinical preventive health care through provision of free preventive screenings and exams. Additionally, advances in technology have led to wider capabilities to collect and analyze data to inform the success of public health programming. In response to these transformations, DOH is shifting its focus from a direct service provider to a convener and capacity builder. As a governmental agency, staffed with public health subject matter experts, DOH is well positioned to lead the multitude of District stakeholders in addressing complex health issues, such as poor perinatal health outcomes and youth violence. Within those efforts, DOH is working to build the capacity of community based organizations (CBOs) working daily to improve the lives of their community members. Additionally, DOH is enhancing its data infrastructure and providing assistance to CBO to better determine the impact of public health interventions funded by public investments.

During FY16, the Community Health Administration (CHA) has identified three major areas to focus for improved health outcomes: perinatal health, adolescent health, and comprehensive school health. The life course approach informs CHA's efforts in all three areas. This approach acknowledges that social exposure, such as trauma, stress and nutrition, during gestation, childhood, adolescence and young adulthood cumulatively influence a person's health outcomes later in life. CHA will continue established efforts to enhance early protective factors and improve perinatal health outcomes, exemplified by MIECHV, Healthy Start and WIC. It will also work with clinical systems to ensure the delivery of high-quality prenatal and preventive care for all District women. To improve adolescent health, as well as perinatal health, CHA is shifting focus upstream to capture preconception adolescents and work to engage them early in preventive health and reproductive life planning. CHA's approach to improving adolescent and young adult health also includes broader skills-building efforts to promote resilience in areas such as interpersonal relationships and coping with stressors. Finally, CHA is transforming its school health services to align with the Whole School, Whole Community, Whole Child (WSCC) model, which recognizes learning, health and the school as being part and reflection of the local community. WSCC builds on elements of the traditional coordinated school health model and emphasizes alignment and integration between education and health to improve and protect children's physical, emotional, social, and cognitive development.