

School Health Advisory Board Recommendations to the School Board January 2017

New Members The health advisory board welcomed several new highly qualified school board appointees as members who have added valuable expertise to our discussions.

Homework The health advisory applauds the effort of Dr. Matthew Haas in developing the new homework policy and supports its implementation. We recommend that efforts be made to ensure compliance and that data be collected in order to evaluate the implementation and make modifications if warranted. The homework policy is part of the effort to reduce student stress and increase engagement and creativity, which we have discussed in prior recommendations. We will be interested to see if this new policy has any impact on academic performance measures.

Scented Products For the health and safety of students and staff, recent board recommendations include banning the use of scented aerosol products in school buildings. A proposed policy will be presented at the next School Board meeting for information.

Scoliosis The issue of scoliosis screening in schools was raised in light of recent evidence that early detection and bracing can have a positive impact on slowing curve progression. After seeking consultation with UVA's Chair of Pediatric Orthopedics, who is considered a national expert in this area, it was determined that despite evidence showing bracing to be effective, screening in schools is impractical due to expense and over-referrals. Responsibility for scoliosis screening should fall to primary care physicians and the health advisory board recommends that the school division encourage parents to seek physical examinations for their children in early adolescence. It is recommended that girls be screened for scoliosis twice, at ages 10 and 12, and boys once at age 13-14. Parents can be notified along with the letters that go out to 5th graders about the Tdap requirement and with sports physical notices and materials for rising high schoolers. Of note, this screening is done routinely as part of yearly physicals at a doctor's office at every age.

Sports Physical Exams While we understand the desire families have for efficient and inexpensive sports physicals, the board strongly recommends that the \$10 sports physicals be discouraged because of the missed opportunity for continuity of care including preventive care in the form of anticipatory guidance, counseling, and immunization updates with the primary care physician. We recognize that these "quickie" physicals may be a timely option or the only option for some students, but strongly recommend that students who attend such physicals be informed of the focused nature of these exams and that they should see their regular doctor for a more comprehensive yearly visit.

Uninsured Students In considering the recommendations above, we are aware that there are students without health insurance or without a primary care doctor. It is not possible to know the exact number of uninsured students in the school system, as parental report of this information is not mandatory, but the health department estimates that 5.4% of children in Albemarle County under 18 are uninsured and this is consistent with our data on incoming kindergarteners. These students are at higher risk of having unrecognized or untreated illnesses. While the school system is not technically responsible for this, we should recognize that it is likely to impact the learning and success of these students as well as their short- and long-term health.

School Nurses We are thankful that almost all of our schools will have a full-time nurse, and look forward to all of them having this benefit. As you know, school nurses care for dozens of students daily and are responsible for treating minor illness or injury so that a child can stay in school, deciding that a child should go home or to a doctor, communicating with a child's doctor and even deciding when 911 should be called. The school nurse also may be an uninsured child's main (or only) contact with a healthcare provider.

Seat Belts on Buses The board heard from James Foley, the Director of Transportation Services, about the issue of seat belts on school buses. Mr. Foley explained current safety features on school buses that include: crush standards for size and height of vehicle relative to other vehicles on the road, reinforced sides, passenger compartments that are designed to cushion during impact and well-screened and trained drivers. School buses already are extremely safe compared to private vehicles, with typically 4-5 deaths during transport on buses yearly compared to 500 for students in private vehicles going to or from school. However, seat belts might prevent injuries from certain types of bus accidents such as those that involve a rollover. Belts also may help student behavior especially at the elementary school level, and their use helps reinforce the lesson that children should use seatbelts every time they ride in a vehicle.

In addition to the safety records of school buses, arguments against the installation of seatbelts include: insufficient cost benefit analyses (with an estimated cost of \$7,000-10,000 per existing bus to add seatbelts), fear that belts might be a hindrance during emergency evacuation, and concern that drivers won't be able to police the proper use of the seatbelts.

As of late 2015, the NHTSA has endorsed the use of 3-point seatbelts on school buses, although there is no federal regulation to this effect. The AAP also endorses the belts. Obviously, this is a cost issue as well as a safety issue. One option is that all new buses purchased have belts. The health advisory board recommends that ACPS should consider evidenced-based data when making recommendations for or against the installation of seatbelts.

Produce in CNP Christina Pitsenberger described her efforts to incorporate more local produce into the lunch program. She explained that the USDA provides a number of items as commodity entitlements and she is working with a local farmer who grows greens hydroponically to get the necessary certification so that CNP can use these greens. She will start using this local produce in some of the western schools as a pilot. The health advisory board supports her efforts and encouraged the incorporation of fresh local foods into the nutrition program. We would also like to remind stakeholders that the school breakfast/lunch program is self-sustaining, meaning that meals need to be appetizing to students so that they will purchase them.

EMF and Cell Phone Base Station on Grounds of Albemarle High School The board was asked to revisit this issue in light of a proposal to install a base station on the grounds of AHS. A review of the new literature did not indicate sufficient data to modify the previous recommendation from 2011. The amount of RF EMF that will be emitted by the proposed station is well below the standards for safety recommended by health and regulatory agencies. It is also below, or comparable to, many other sources of RF. While

there remains some concern about the safety of cell phone use, there is no new evidence that the EMF from base stations poses health risks on the ground when the base stations conform to US standards.

Synthetic Turf Fields The board was asked to look into the issue of health concerns related to the synthetic turf athletic fields that were installed at the three comprehensive high schools about 5 years ago. The turf fields were installed because it was determined that the synthetic turf would be preferable to natural turf due to the amount of time the field would be able to be used, reduced maintenance cost and effort, and the ease of retaining the quality of the playing surface. However, recent concerns have been raised that the crumb filler under the turf may be linked to cancer in elite athletes who spend a lot of time on synthetic turf fields.

The crumb filler is made from recycled tires and is known to contain many chemicals such as polycyclic hydrocarbons and metals such as lead. The faux foliage may also contain toxic metals such as chromium. There is concern that athletes may be exposed by fumes, ingestion, or penetration into the skin. However, studies to date have not shown that the amount of actual exposure to these chemicals is at a level considered dangerous.

On the other hand, there are very real benefits to synthetic turf, including more opportunities for children to get exercise with fewer cancelled games and practices due to wet fields. There also is no need for the fertilizers and insecticides used on grass. Most children and people who are not elite/professional athletes will not spend excessive time on these fields.

The EPA has commissioned an exhaustive meta-analysis and we expected the results and recommendations at the end of 2016; however, they released only a progress report with more information expected during 2017. The health advisory board will evaluate this report and may be able to make recommendations then. It was suggested the people responsible for maintaining the fields be monitored for adverse health consequences. We should also follow precautions suggested by the CPSC for playgrounds with crumb filler, including washing hands after playing on synthetic turf and before eating.

Mindfulness The board heard a presentation from teachers about efforts to incorporate mindfulness into the school day at various schools. They pointed out many of the benefits to both students and teachers, including improved concentration, calmness, self-regulation and sense of well-being; and reduction in anxiety, distress and reactivity; as well as improved sleep and immune function. Mindfulness has been shown to actually re-wire neural pathways in positive ways. It is a skill that has evidence-based documentation of benefits at any age. Many board members expressed interest in the benefits of teaching mindfulness in the schools.

Childhood Trauma The board heard a presentation from Dr. Nicholas King, Student Services Officer, about the impact of childhood trauma on student behavior, health and academic performance. Given the data regarding the prevalence of adverse childhood experiences (ACES), "toxic stress," and the evidence of their negative health consequences, the board recommends that the school board support Dr. King's proposed solutions including: child trauma education for teachers and staff, making schools trauma sensitive and screening children for ACES (although there may be privacy issues with this.) We again note

with dismay the loss of grant funding that was used for additional mental health support of students in our middle and high schools, but hope that these ideas will help some of our troubled students.

As Usual The SHAB welcomes the opportunity to help improve the health of our students and we are grateful that the School Board and Superintendent consider our students' mental and physical health a priority.