

Community Forum - April 13 ROUGH Notes from Flip Charts & Sticky Notes

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Bullying

Who is doing something?	Barriers – or why is this happening?	Possible Solutions/Strategies?	Who else needs to be around the table?	Misc.
Boy Scouts Girl Scouts ASHOKA Netsmartz National Association of Social Workers APS TNB Care for a Change – empathy think tank Martial Arts Therapeutic program that trains staff throughout the year Recreation Dept. has bullying Police (used to do peer mediation but found it works to empower bullies) Best Buddies Clubs Upstanders club at Wakefield	Questioning youth may not be comfortable Changing community Lack of empathy Bullied makes feel powerless – kids don’t want to seem that way Inconsistent delivery of curriculum in schools Whose responsibility is it – school? Community? Role of the bystander – provide training Youth need to recognize what’s going on Training for adults Knowing what to do with info and taking it seriously Definition – “repeated” bullying – have a common definition Social media (i.e. vine) going against the culture Changing the community culture – transient, lack of connectedness Time for training and investigation Bullying makes the target feel shamed How can we address the gap between reported bullying and self-reported bullying Selfie culture – youth don’t understand privacy implications Adult recognitions of needs of special needs youth Special Ed populations – they don’t recognize How unwilling are parents to accept that their child is a bully Vocabulary – victim vs. target Communication between school and community AND between parents and kids	MCPS has a 4 page document leads to follow-up Best Buddies Changing the School Culture Educate parents on the impact of bullying behavior on adults Formative years – collaborative space PREVENTION Start at 3 rd grade Mixing kids up – ELLs with cool kids College students mentoring for example) Getting peers to mentor Getting parents of bullies and bullied together Training for adults – especially parents Supportive faith communities for LGBTQ Get the untouchables “cool kids” to stand up and say it’s not funny Screening Bullies Digital literacy for kids and parents Community Service Training for adults Adults take youth protection course to be a leader (Scouts) “Start by Believing” “You have Options” Outreach campaign on social media School culture – peer to peer	School based counselors Social Psychologists Teachers of middle school and younger Students who were targeted Arlington little league Older Teens Civic Associations Parents Faith Community Business leaders who hire youth Call to men – good men project Community to support marketing	

Childhood Obesity

Who is doing something?	Barriers – or why is this happening?	Possible Solutions/Strategies?	Who else needs to be around the table?	Misc.
<p>DPR Office of Community Health Va Tech Extension Program APS Food Services does have a farm to school program, food selection and nutrition information Fit Arlington County Government Junior League – Kids in the Kitchen program VA Cooperative Ext AFAC DHS WIC – breastfeeding and supplemental support SNAP Education and supplemental support CACFP child care with additional HEAL policies and programs as part of Let’s Move! SFSP NSLP Parent Advocacy groups offer workshops Whole child conference DHS Community outreach Nu-you Youth Wellness Programs Extended day staff training on healthy lifestyle, eating and physical activity Intotal Health – Health promotions dept. Project family DPR Open Gym WIC – Zumba class offered for children with high BMI’s WIC – low income families with 0-5 year old and pregnant/breastfeeding Brian Wansink – Smarter Lunchroom Project Data to help cafeterias in schools market healthier options Skelly skills – provide free webinars on mindful eating for kids and families and build a free build a better diet for your family program</p>	<p>Language Literacy Busy parents Marketing Lack of green/garden space Lack of DPR fitness fun programs for 2-5 that are cost effective Lack of data long-term of sub-populations related to academics, developmental achievements Poor school board/unstable county board leadership Behavior changes takes time – hard to see quick results of our work Cultural/language Time for parents to shop, cook, etc. Knowledge to cut through marketing and make healthy choices Lack of funding Lack of parent participation Those most in need are not at the table No PE in upper grades Lack of access to educational training about how to prepare healthy meals Increase access to fitness programs at low cost Strategic plan for county with measurable goals WIC focus for 0-5 and CACFP Stigma – need to work past to guide families to make healthier choices Some have the knowledge but not the skills to put into practice Food deserts in neighborhoods Transportation Culture Finances Streamlined/comprehensive programming and strategies Lack of political attention/will Cultural beliefs and practices Language and culture Finances – it can be expensive Access to play areas/fitness outlets Technology – too much time on iPhones, etc. Silent epidemic Access to information regarding healthy food choices Food products Understanding nutritional value Healthy choices This is a family issue and parents need to be educated as well. Barrier is that the whole family in not usually included in the solutions Money and access to healthy food</p>	<p>Education Outreach Hands-on interactive activities Learn by doing and examples Yearly Statistics Simple data graphs showing health risks More sports for young kids like soccer for 2 year olds Simple, ways to understand messages Calorie count on menus Local Government policy changes Food subsidies Nutrition standards Lack of nutrition policies in daycare Health inequity – language barriers Weak connections with communities in need Cooking classes as part of Extended Day Info on sleep patterns for young kids Whole health Cooking classes that are community focused Access to affordable fresh food Mobile markets Comprehensive programs that complement the work done at schools with programs oriented to parents Partnerships between sectors Stronger partnerships Condensing existing programs under one umbrella Counseling on parenting for parents More afterschool activities for low-income families Because there is 50% participation in free/reduced lunch, we should change the menus and offer healthier alternatives Work together – one group can’t solve the problem alone. Collaborate to support each other’s efforts. Get everyone involved Increased communications with families Provide family centered activities around exercise and healthy eating Parent involvement Teacher involvement Community involvement Survey BMI across all 0-5 child care sites More green space/maximize green space School initiatives like Farm to School, CIS, Grow Your Own, Too Smart to Start</p>	<p>Private sector – providers of food, relevant corporations that somehow mandate what we eat Parents PE Teachers Fitness trainers Afterschool coordinators Health food store owners Urban planners Transportation planers Pike/pedestrian coordinators Sports associations/clubs School lunch staff Extended day staff Church food banks Arlington free clinic Obesity is the tip of the iceberg Emotional, financial issues Single families t higher risk and need more support Parent(s) of child who is diagnosed as obese/overweight Nutrition chefs from APS Food Services APS parent/citizen nutrition committee SNAP Virginia Hospital Center Parents or reps to carry information back to parents Data specialist looking long-term at trends of sup populations at risk and with ability to connect health with academic and developmental achievements/outcomes Food retailer of suppliers Community and economic development Safe routes to schools Preschools/VPI Day care/child licensing More clinicians People who feed kids like AFAC, food banks, APS Bright horizons Little Ambassadors Head Start Centers Political leaders Hispanic community leaders Parents to voice their issues/problems they deal with Childcare office APS office of early childhood education Family daycare providers Preschool programs Faith based organizations Policy makers City planners</p>	<p>Connect o PFC Consistency and Simplicity How to prioritize this issue?</p>

	<p>Lack of sustainable income that gives access to healthier food. Food that is low in nutritious levels tend to be cheaper which – with – budgets prefer to buy. Lack of data, particularly after Kindergarten Hesitation by APS to follow through on data gathering beyond kindergarten. Lack of education Eating healthy is more expensive Parent involvement No family time Lack of food prep at home Fast food meals – supersized and cheap Time Knowledge Money Obesity is correlated or at least more prevalent among lower income families, then those parents tend to have less time, money to address the problem. Parents/Caregivers not wanting to be told how to eat Video game culture Inertia Cultural understanding of weight Perceptions of food Relationship to food Simplification of health information – by language and reading levels Inconsistencies in dietary guidelines, nutrition science and government Seating out Lack of skills to put into practice Social emotional support Technologies Work schedules Complex problem with mixed messaging</p>	<p>Inform parents, let them know about long-term problems and have school activities that promote a healthier lifestyle Walk/bike to school Better access to play spaces We should all be giving parents/children a similar message in how to be healthy and fit Program beginning in 1st grade ala home economics that each about nutrition education all the way through from growing, harvesting or buying to processing and then cooking on a real budget Daily PE for all grades School curriculum that incorporates physical activity as well as PE Reduced costs for healthier foods Partner with grocery stores to offer healthy food choices at reasonable costs No shaming Consistent messaging Important to play Way food is processed Advertised What hunger is, what fullness is Holistic approach on the different kinds of hunger Parent and child activities Early Childhood – breast feeding and parent education</p>	<p>Early education centers Student representatives Civic Associations</p>	
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Comment: Let's not use pictures that shame the children as obese and try to refer to them as children who have been diagnosed as obese

Sam's review of the hand-out. Highlights only noted

- Pictures – why these were included – made the point about BMI being a population level measurement vs. it as an individual level. Review of the effects on a population level.
- Data exists at K level but not beyond. Currently looking at this year's entering Kindergarten.
- Is there a standard normal – the bell curve that Sam drew is based on the standard distribution from the 70-80's – our K data skews to the right with more children in the higher BMI percentiles
- Why should we care? The risks of the health effects increase as weight goes up and time goes on. Nutrition and exercise improve brain function and have been shown to influence position

Who's doing work around Obesity in Arlington?

- Many groups listed

Who else needs to be here? (Who's not in the room?) – many listed who were there in the room but others who were not included:

- Urban planners, transportation planners
- Data specialists
- Private sector – SYSCO, larger US Corporations – those who really influence what we eat, providers to grocery stores, private sector – especially those who have money, students (mostly high school age),
- Churches – important to the Latino community; have influential person lead the initiative within their community

What barriers exist to addressing these issues?

- Lack of funding
- Those most in need or affected are not at the table
- No PE in upper grades
- Lack of education
- Language
- Busy parents
- Lack of data,
- Lack of information
- Silent epidemic – lack of community awareness, problem doesn't show up until later
- Money and access to healthy food
- Knowledge but don't have the skills to put it into practice – purchasing and food prep
- NOT ON LIST but added: Social emotional health/spiral to; sleep patterns; way food is processed in this country
- The messages are complex – hard to convey what makes a healthy lifestyle - food vs. cigarettes
- Technology
- Lack of consistent messaging

What strategies or solutions are there?

- School curriculum
- Daily PE
- Policy Change
- Educational outreach
- Need for strategic planning
- Partnerships between various sectors – especially with private sector
- Out of school time activities
- Policy changes – menu labeling
- Get some data on sleep problems –
- Different messaging about nutrition education – and the concept of hunger and fullness
- Technology
- Play – remember that play is their natural state – crucial to their development and is culturally
- Consistent messaging
- Partnership

Miscellaneous Ideas

- Consistency of messaging to children
- Avoid shaming of children, parents, caregivers, messaging about food to eat
- Fun parent/child activities so that they exercise together provide more resources for parents
- Promoting breastfeeding

How do we get people fired up?

- Flip the frame – not about Obesity – talk about healthy lifestyles, Parents want their kid to have a healthy lifestyle.

Miscellaneous:

We need to sit at the table of the policy makers, businesses and churches to get out to them if they're not coming to these meetings - how do we do that?

As Arlington becomes more population dense there's a greater lack of green space and parents feel it is less safe to be outside; but these are more the parental perceptions of safety. This is a relatively safe area and the community does a good job of promoting bike and walk to school but parents are worried about safety in the short term and not the long term affects of not walking to school.

Places to eat – access to food is quick

Family dynamics – single family households parents might be struggling

Policy ideas – Environmental – the issue is wider than one targeted ITEM/VICE – Cigarettes

Mental Health

Who is doing something?	Barriers – or why is this happening?	Possible Solutions/Strategies?	Who else needs to be around the table?	Misc.
<p>NAMI APS Dept of Student Services APS Special Education Mindfulness into APS as a full curriculum Love the Skin You're In – Brie Mathers Google organizations doing this nationally School mental health workers NAMI – In Your Own Voice Numerous NAMI support groups to support parents whose kids have mental health challenges NAMI's Ending the Silence APS Health Education Pat Harvey Yoga for Kids READY Coalition PRS Crisis Link Textline APS PTAs Parent Groups Team Kids DHS Local universities AHC Kirk Martin The Calm – Celebrate the Calm</p>	<p>Better networking and collaboration Understanding of medical versus educational model What can be accomplished in schools vs. outside resources Depressive symptoms (how to cope) vs. depressions (managed with treatment) how to identify and provide appropriate services for each No mentors for regular teens Mentors only available for youth in crisis and defined groups Lack of or ineffective parent engagement Are males under-reporting due to the language used to describe symptoms? Access to services Lack of support in the home Limited finances Shame Blame model "what's wrong with the parents" Not enough parent communication Not enough boundaries at home – too much freedom STIGMA Lack of awareness of resources LGBTQ Awareness Understanding of the issues in the community Stigma Fear Issues that compound mental illness Substance abuse Child abuse Lack of support systems Peer acceptance (or lack of) Language/cultural barriers Requirement for parent to call DHS for service/intake is a barrier for some. DHS needs to loosen up on the process for intake Disparate communities within Arlington Different information – need different approaches for different audiences Public education on healthy coping strategies, listening, providing support for parents and youth Can we cram any more into the school day? No help for parents if teen is not in a crisis Mistaking a mental health issue for a behavioral issue CPS – fear Language Ethnicity Time Lack of outreach to students Lack of information Need more outreach to students</p>	<p>HS Students should have mental health first aid training Have HS students talk, meet with, mentor an elementary student regarding mental health concerns Get more info on the APS mental health cadre Integrate DHS mental health professionals in APS – this will reduce reluctance for families to seek help – they are more comfortable going to schools than to sequoia Refocus priorities for parents and children Require teacher's colleges to train teaching students to learn about mental illness Require teachers to learn about mental illness in their continuing education Additional resources dedicated to understanding the deeper issues – what is really going on Reach out to kids as early as 3rd grade Teach coping mechanisms Workshops for elementary teachers to look for warning signs and risk factors and how to help and build protective factors Better communication with dominion Hospital Provide DHS services in APS Teach coping mechanisms Get kids outdoors Connect with CHADD Mental health first aid training for ALL teachers QPR or Safe Talk – evidence-based or best practices for suicide prevention training for gatekeepers Mandatory parent information session at schools on mental health awareness Community level awareness Neutral/amnesty location with help for students too – bullied, stressed out, social anxiety to attend schools – have it count as attending school Provide 1:1 help Encourage parents to be more self-aware – kids follow parents examples Reduce threshold to get academic relief from a MH Issue Additional awareness of County Programs and services to support mental health Need to reach kids where they are – texting, social media, peer-peer, clubs, PSA, twitter</p>	<p>Principals Superintendent Kids PTAs Parents School Counselors School Psychologists Students Parents Teachers Nurses Representatives from immigrant communities, especially Latino and Ethiopian Social Workers Mental Health specialists Faith community NAMI national office Darcy Gruttadaro Families impacted by mental illness TNB School Student groups LGBT/Allies organizations QPOC Organizations Youth mentoring services Hospital/Primary Care physicians/pediatricians Law enforcement officers Youth organizations – scouts, sports, faith, arts Civic associations Outdoor education providers End users – those who have mental health and can tell us what they need</p>	<p>Anyone other than a parent – teens do not want to listen to their parents Reduce the stigma – help kids be more open to discuss mental illness issues All young people, including those with disabilities, benefit from work experience, paid or volunteer Look at families – dysfunction/trauma/who is involved Color run for mental health Mentors Train sport coaches who are not APS staffers Why don't we study and track depression and risk factors in elementary school? Protective factors in elementary school? Work on acceptance of differences and emphasize the wealth of diversity in our communities benefits us all Acknowledge exclusionary practices of APS staff and programs Change it/stop it Positive messages that life is measured by more than a GPA Reduce stress – stop pushing excellence in all things Success is a larger concept than an ivy league acceptance We have to recognize that Arlington is high stress, high achieving – average kids do not thrive or get attention</p>

	<p>Silos Can the data be broken down by race/ethnicity and socioeconomic status? Reactive crisis solutions rather than preventative care The child doesn't want anyone to know or denies it The schools often blame is on something else Parents are frightened APS Mental Health trained staff to student ratios Lack of people trained to ID depression and especially suicidal ideation Training on ADHD, depression/anxiety, abuse, neglect etc.</p>	<p>Professionals in the county need a common language and perspective about the nature of the problem Reach out to Fairfax and Woodson HS to learn what they are doing Mental health focus in elementary school Provide a full menu of accommodations and services available to student's 504/IAT/IEP – put it on-line. De-criminalize non-attendance (truancy) process – screen for ___ Offer grace, homework assignment extensions, forgiveness without long IEP/IAT public process Need more programming targeted to teens with mental health challenges Work with PTAs to reach parents and education like NAMI's Parents and Teachers as Allies Collection box for teens – ask them what they need for help Mentors for any teen who needs one in the schools – a friend to talk to and give advice – sometimes schools is the only place to connect with a teen.</p>		<p>Initial alternatives to meds Focus on counseling, etc.</p>
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Positive Family Communications

Who is doing something?	Barriers – or why is this happening?	Possible Solutions/Strategies?	Who else needs to be around the table?	Misc.
AHC DPR Family events and kid events Parent Academy APCYF READY Coalition YAP Parent Groups Parenting Workshops a DHS Faith Communities STR Families Edu-Futuro APS Counselors	High cost of living Parents working long hours Too busy for classes Too tired to engage child in meaningful conversations Parents and kids spending too much time on cell phones and electronics No one wants to have difficult conversations High cost of childcare and aftercare Parents willing to allow kids free/unsupervised time after school to avoid paying more = more kids in trouble Family homelessness Youth having to be parents Parents work – don't have time for their kids Parents expectations kids don't want to disappoint Cultural practices – adults and kids don't talk to each other Kids won't talk to parents because they'll judge and hold accountable Parent awareness of assets/resources PTAs, but low involvement at MS/HS levels Limited/No coordination of parent education Too many classes, can't do them all Parents unaware fo the issue Parents "coaching" Smart phone use Talk about grades – point of contention "disappointment" Cultural – work is a high priority – Getting parents in involved in children's life	Apps that foster communications	APS Counselors Young Achievers Faith Community Coaches Teens Parents of different cultures	How to prioritize time for kids Importance of it Communicating it Require parent attendance at a workshop on responding to data presented before they get a login.

Additional Notes:

The needle hasn't moved, Arlington is similar to national average

Barriers include work schedules – hard working/lower income or high power/career focus

Parents of different cultures don't get all of the information from schools

They possibly can't attend due to schedules

Adults don't have the wherewithal to have difficult conversations with other adults – they lack skills to communicate with each other.

Knowing what to expect – adolescent development

What is working? DPR is working on family events – introducing skills through he back door

Lots of signage of upcoming events

Kids making things to bring home

A program called Families Unplugged