

MEMORANDUM

TO: Arlington School Board

FROM: Health and Physical Education Advisory Committee

DATE: February 15, 2013

SUBJECT: Recommending Year Report

The Health and Physical Education Advisory Committee (HPEAC) reviews the elementary, middle, and high school health and physical education program and focuses on curriculum content and how effectively the delivery of instruction is meeting the needs of Arlington students.

The Health and Physical Education Advisory Committee (HPEAC) submits the following report with recommendations to the Arlington Public Schools (APS) Advisory Council on Instruction (ACI) for review and subsequent submission to the Arlington County School Board.

BACKGROUND

The HPEAC feels that it is imperative that we focus on one very important recommendation at this time: implementing Health Specialists across all APS secondary schools. Currently, only one middle school (Williamsburg) and the three main high schools have designated Health Specialists, in addition to Physical Education teachers. The staff at the other middle and high schools have the dual role of both health educator and physical education teacher. In recent years, the secondary health curriculum has grown significantly as a result of new state health education lessons and, as a result, the teaching responsibilities have also increased significantly.

Secondary health education now includes the following:

- Personal and family health (i.e. pregnancy prevention, STIs)
- Peer and adult relationships, including safe dating
- Physical health
- Gang avoidance
- Tobacco, inhalants, alcohol and other substance use prevention (including prescription and non-prescription drugs)
- Communicable and non-communicable disease prevention
- Nutrition, weight management, eating disorders, and body image issues
- Bullying, peer pressure
- Emotional and mental health
- Personal wellness and lifelong fitness
- Internet safety

- Volunterism
- Community health
- First aid and safety; injury prevention and management

Health education in schools has several goals. The students learn to: 1.monitor and improve their health, 2. Prevent disease, and 3. Reduce risk behaviors. Much of the current health care costs of this country come from preventable diseases. Obesity and tobacco-related illnesses are just two of the areas where education in secondary school can have a huge impact. If a healthy lifestyle can be established during secondary school, (i.e. healthy eating habits, an exercise routine, and no smoking), the future health care cost savings are enormous.

Health education in secondary school takes place during students' scheduled HPE class time. Students receive 9 weeks of health education annually in middle school (grades 6-8). In high school, 9th graders have 18 weeks of health education and 10th graders have 9 weeks. Each week of health education translates into approximately 4-5 hours/week of actual classroom time. After 10th grade, HPE is not required and there is no health education course in the 11th or 12th grade curriculum. Arlington has a culturally diverse population so teaching materials, exercises and approaches should be free of cultural bias (1) and extra time and effort may be necessary to insure that this goal is met.

The Center for Disease Control (CDC) has extensive recommendations for training and professional development of health educators (2). Health education in-services are provided for all HPE teachers and (health teachers are required to attend.) While all HPE staff are trained and certified in both physical and health education, the extensive and rapidly changing curriculum in health education requires significant time and attention to plan and teach. The state of Virginia groups health and physical education together, but Arlington does not need to do this if it is not the most effective model for our staff and students.

Recommendation #1:

The committee recommends that all secondary students be taught health education by a health specialist, whose majority of teaching load is health education.

2011-2017 Strategic Plan Alignment

The committee's recommendation will help APS meet the 2012 School Board Charge and attain Goal 5 of the strategic plan, which is to "Meet the Needs of the Whole Child." All the components of the health education curriculum help meet the goal which is to "nurture student's intellectual, personal, social and emotional development with services and strategies.....to learn and develop their potential." Improving how health education

is delivered will, in turn, improve the health and well-being of the student population in Arlington.

Rationale:

1. Results from the Arlington 2010 Youth Risk Behavior Survey (3) 2850 students in 6th, 8th, 10th and 12th grades revealed many county students engaging in risky behaviors. Among 12th graders:

- 43% reported using alcohol in the past 30 days
- 26% had used marijuana within past 30 days
- 27% said they rode with a drinking driver within past 30 days
- only 61% of sexually active 12th graders used a condom
- 14% reported bullying
- 20% reported using tobacco in past 30 days
- 14% were at risk of obesity (as measured by BMI)

These numbers clearly show that Arlington county can do better.

2. Both physical education and health teachers would benefit from the designation of health specialist positions. Health specialists and physical education teachers would have more time to address the specific units and lessons within their specialty. In addition, these teachers could:

- establish a comfortable and engaging learning environment
- follow their passion
- Increased opportunity to develop and master instructional strategies
- have a consistent message both within schools and between schools

2. The amount of material in the health curriculum is extensive, and a specialist who would exclusively focus on health issues would have the maximal effectiveness for health education. The amount of student class time devoted to health education is extremely limited so the impact must be maximized. DARE (Drug Abuse Resistance Education), a previous supplemental program, is no longer taught in the schools so the alcohol, drug, and substance abuse prevention effort also falls within the health education curriculum.

Budgetary Implications:

Central office staff reported to the advisory committee that existing HPE staff have been used to implement sample health specialist models. Staff believes that using this model would not increase staff size and thus not have budgetary implications.

Committee Vote: for-5; against-0, abstentions-0

Update of Previous Recommendations:

Past Recommendation #1:

Identify alternative HPE offerings for 11th/12th grade that will appeal to a broader audience of students, with the primary objective of increasing participation rates in the current elective.

Rationale: Our survey of current APS high school students found that a curriculum change could potentially lead to a significant increase in participation in the 11th/12th grade HPE elective (Section 2.1).

Budgetary Implications: \$1,040

We estimate that APS staff would spend about 40 teacher hours (4 teachers at 10 hours each), with a cost of \$26/hour, researching various curriculum options. The HPEAC would also contribute significant time to this effort, at no cost to APS.

ACI Vote: Yes (21) No (1) Abstaining (0)

Staff Response: Staff will continue to consider the feasibility of changes and/or additions to courses as part of the development of the high school program of studies.

Status: Not implemented.

Past Recommendation #2:

Recommendation #2: Continue to update all HPE curriculum (elementary through high school) to reflect the current “state of knowledge” regarding the negative effects of drug and alcohol use on the brain development of adolescents and teenagers – with the goal of making primary and secondary school curricula consistent and equally up-to-date (e.g., APS staff recently updated the “Too Smart To Start” curriculum for primary school students).

Rationale: The current state of knowledge in this field is growing rapidly, and the APS curriculum needs to reflect it – from primary through secondary school. Currently, we feel the secondary curriculum (in particular) needs an update.

Budgetary Implication: \$2,600

We estimate this effort would take about 100 teacher hours (10 teachers, 10 hours each) to complete at a cost of \$26/hour.

ACI Vote: Yes (22) No (0) Abstaining (0)

Staff Response: Staff will continue to update and/or develop age-appropriate curriculum on the negative effects of drug and alcohol use on the brain development of adolescents and teenagers.

Status: Implemented

Recommendation #3: Incorporate homework assignments into the HPE curriculum – specifically at the secondary level – that require discussion between students and parents. The goal should be to promote dialog between students and parents, and to engage parents more directly in the HPE curriculum – not create “busy work”.

Rationale: Parental involvement often drops off significantly in the middle school and high school years. However, parental involvement is critical to any successful AOD prevention program.

Budgetary Implication: \$2,600

We estimate this effort would also take about 100 teacher hours (10 teachers, 10 hours each) to complete at a cost of \$26/hour.

ACI Vote: Yes (12) No (6) Abstaining (4)

Staff Response: Staff will review curriculum to identify opportunities appropriate for encouraging the dialogue between students and their parents.

Status: Partially implemented.

Recommendation #4: Enhance the effort to “strengthen family bonds and reinforce skills at home”, as advocated by the current “Too Good for Drugs” curriculum,

Rationale: While existing APS curriculum material is often very good, the distribution of the material could be improved. We specifically believe this to be the case for the “Too Good for Drugs” program.

Budgetary Implication: No cost

We suggest implementing this effort through “electronic” means – using the APS website and email newsletters – as opposed to printing and mailing material. In addition, we expect to use materials that already exist or will be created as part of existing programs. Consequently, the primary “costs” of this effort come from uploading the material to the APS site and electronic distribution of newsletters. However, these should be relatively minor efforts and will incur no significant cost.

ACI Vote: Yes (21) No (0) Abstaining (1)

Staff Response: Staff will post the *Too Good for Drugs* “Bring It Home” activities on the APS website and will explore ways to increase distribution of newsletters and information more broadly regarding the dangers of adolescent alcohol and drug use.

Status: Implemented.

References

1. Cultural Competency in Health Education Position Statement (American Association for Health Education). Retrieved from www.aahperd.org/aahe/advocacy/positionStatements/upload/Cultural-Competence-2006.doc.
2. Center for Disease Control (2011) Characteristics of an Effective Health Education Curriculum. Retrieved from <http://www.cdc.gov/healthyouth/sher/characteristics/index.htm>.
3. Arlington Partnership for Children, Youth & Families. (2010). 2010 Youth Risk Behavior Survey - Arlington. Retrieved 2/15/2013 from website <http://www.apcyf.org/apfy/files/2012/12/ALLFinal04To101.pdf>.

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