Alexandria City Public Schools SCHOOL HEALTH ADVISORY BOARD MINUTES November 8, 2018 | 4:00 – 5:30 PM

Called to order at 4:05 pm

Attendees: Julie Crawford, Robyn Douglas, Karen Seaver Hill, Connie Johnson, Rachel Mendelson, Brooke Sydnor-Curran, Brittany Wood, Mike Humphreys, Vivek Sinha, MD, Jennifer Abbruzzese, with guests Lisette Torres and Marilyn Foster.

With ACPS staff liaison, Barbara Nowak and ACPS School Board members, Christopher Lewis and Cindy Anderson.

Absent: Freddi Brubaker

Approvals

- Agenda approved without revision. Note to continue including the mission statement.
- October meeting minutes approved without revision
- Connie Johnson volunteered to serve as Vice Chair and was approved unanimously.

Action Items

A. Family Life Education

Chart depicting the following information: What the state reads in its codes/regulations; What ACPS has added into its own policies; what is current practice; what needs to be done.

BACKGROUND

In the 80s there was a rich history in how the content was taught and integrated into the schools. Since then there have been barriers and drivers for that curriculum growth. ACPS is one of the few exceptions to how the state requirements are met – focusing k-9 rather than k-12. The whole HS curriculum was embedded in 9th grade. Overtime approximately 60% of kids opted out driven largely by East side/GWMS opt out with West side/Hammond opt in. This created great division by SES status.

In 2018 evolved into an elective w/ 200 kids enrolled which is approximately 20% of ACPS HS receiving FLE. There is some cross over to the Health curriculum, but not as robust. Approximately 80 kids in the International Academy are tracked through a parallel curriculum.

What are alternatives to getting the important content to our kids? Some districts divide by quarter in 10^{th} grade – PE, FLE, Driver's ED, PE. Another division tacks into social studies, but this detracts from the class content.

Concern about how to "go head to head" with parents about taking away academic class instructional time. Hard to take back once kids are released from requirement.

The 9th/10th full time class of Health/PE lever could be a mechanism to utilize. The term "health" is wider now to teach mental wellness, physical wellness, nutrition, behaviors, relationships...

Humphries, teachers and other key stakeholders have created a curriculum and still worry about the fidelity of the implementation k-5, 6-8. The content is robust and consistent with national standards. Teachers in middle school level get significant support from ACAP to help deliver the content.

Could SHAB review curriculum and keep that up to date? There are 10 years of curriculum to keep current.

Could more be put into the middle school curriculum where there is less distraction with electives?

There are some limited models of self-paced classes (ie Satellite School) and some that combine class and online learning.

Mike is meeting with the Superintendent next week and is interested in collecting some more information and ideas from SHAB.

ACAP letter was researched with ACPS and solicited information and input from several relevant community organizations (ie DV, health etc). A community meeting was held to gather input. Letter expresses concerns about FLE and the dissolution of the mandate; letter also offers ACAP as a resource and TA for teachers to deliver the course/curriculum. Health Educator and PE teacher are two different professional competencies. Had solicited community attitudes – were supportive.

SEICA has been a national resource; can offer other policies from other communities; could help with stakeholder engagement and communication. Sexual health education expertise, evidence and resources are available through them.

STI rates and teen pregnancy rates remain high in our community. Medically accurate information and decision making information is needed by our students.

Program of Studies (aka course guide) often approved by end of Dec/Jan. This is a critical deadline for a new or stand-alone course. We are likely looking at integrating new content. GOAL to have revised plan and content for 2019/2020.

Language is important. This is not an opt-in/opt-out but rather an elective. Where can SHAB help promote parent/guardian access to the curriculum description? Barb noted that it is available hard copy only and only in English – this creates an access problem.

Considered a stand-alone elective; not considered a sequence which is required for standard or advanced diploma. Could we knit electives together in a sequence for Transition in to Adulthood?

- Its possible students in AVID get part of this curriculum. What is the overlap?
- Consider the SPED population. Particularly important to build health self-advocacy skills
- What links in the new Health Science Academy? Career and technical education (anatomy, patho-anatomy)?
- Consider the appeal of 25th Hr PE and other vehicles like this
- Consider how to integrate physical activity into more portions of the day as an "offset" to what might be organized PE. Brain boosting activities and exercise breaks.
- What other seminars are available for credit? Could engage outside expertise

- Asynchronistic learning modules need to be researched and considered
- Be cognizant of the ACPS transient population
- How can we continue to take advantage of ACAP faculty training and TA

Example – HHS grant funded program on pregnancy prevention targeted at middle school level. ACAP replicates a program and incorporates adulthood preparation topics/life skills. Looked at YRBS results to develop the program (nutrition, mental health, PE) therefore incorporated yoga, mindfulness, nutrition to understand decision-making and brain development as a protective factor to make healthy choices as a young adult. Serve 200-300 kids via juvenile detention center, rec centers etc. Also brought into middle schools along with sexuality curriculum

Chris Lewis: need to consider 8th period- as activity block and to keep up with State of VA mandates!

New Business and Reports

A. Policy Review - Jennifer Abbruzzese

Discussion regarding Family Life Education (FLE) IGAH "mays" vs "shall"

What do we know is current or risking risk that inform the "may" in the new IGAH policy. Could other items be included as "mays". ACAP suggests that consent is a huge and foundational element. Sex trafficking is underreported and so not surprising that statistically is not very high in ACPS. Perhaps the protective factors can be built (self-esteem, communication, resilience) without actually naming the trafficking.

B. Reports – Marilyn Foster

Student Advisory Board was est 2 years ago. Now known as Teen Health Advisory Board (FAB) for Teen Wellness Center.

Some complaints about volume of sports physicals. Offered first come, first served basis. May1-Oct1 have done 452 sports physicals via 2 providers; need the visits spread more evenly over summer months so as to control volume.

Participating in VA Dept of Soc Svc Research project with VCU Health – victimization screening tool; using MRC volunteers trained by VCU so that students are not put off by being screened by a provider with whom they will interact. Wellness Center will get our ACPS data back – unclear when. Other pilot participants.

Patient satisfaction survey/customer service satisfaction survey is being conducted by Health Department.

Barb Nowak – there is a no show rate that is driving the disparity in numbers on the School Health Services Report

Neighborhood Health Services is ready to hire a bi-lingual, master's prepared person of the WOW

General Announcements

Partnership for Healthier Alexandria will look at data in March and will develop community health improvement plan by December 2019. Summary report will be made available by the Health Dept.

Running Brook – hosting Move2 Learn Summit (Jan 10^{th} 4 to 7pm – in conflict with SHAB meeting). Spark founder Dr. John Rady will be featured speaker and others in active teaching and kinetic learning. Open to the public and there is continuing professional education credit for ACPS

Adjourn 5:45 pm