

# Report of the Health Subcommittee



Duxbury Public Schools

May 18, 2016

# Health Committee Members

Kirsten Bylo, Student

Mary Lou Buell, School Committee

Kathy Carney, Alden Nurse

Rev. Catherine Cullen, Community/Pastor

Lisa Dembowski, Guidance Supervisor

Gabrielle Dorsett, Student

Beth Halligan, Parent

Colleen Jones, DHS PE/Health Teacher

Denise Makein, DMS Health Teacher

Susan MacNeil, Chandler Asst. Principal

Kathy McCarthy, 6-12 Science Supervisor

Jed Mehegan, Community/Psychologist

Alissa Nemzer, DHS School Psychologist

Christine Sovik, Parent

Marc Talbot, DHS Asst. Principal

Tanya Trevisan, Parent

Donna Theodossiou, DMS Asst. Principal

Karen Whitaker, Alden Principal

Michelle Zoltowski, Parent



# Committee's Process

- Discussion of current health program's strengths and weaknesses
- Discussion of components in a comprehensive, current K-12 health program
- Discussion of particular needs of Duxbury students
- Review of current MA frameworks, MA digital literacy standards and recent MA substance abuse education legislation



# Committee's Process

- Review of Youth Risk Health Behavior Survey data (national, MA, Duxbury, comparable districts)
- Review of research in best practices in health education and national health standards
- Survey of local school district's health curriculum
- Review of available instructional health materials
- Recommendations for the 2016-2017 school year and beyond
- Creation of an action plan for 2016-2017

# MA Comprehensive Health Curriculum Framework

Last Revision 1999

4 Strands:

- Physical Health
- Social and Emotional Health
- Safety and Prevention
- Personal and Community Health



# MA Comprehensive Health Curriculum Framework

## Physical Health

- Growth and Development
- Physical Activity and Fitness
- Nutrition
- Reproduction/Sexuality



# MA Comprehensive Health Curriculum Framework

## Social and Emotional Health

- Mental Health
- Family Life
- Interpersonal Relationships



# MA Comprehensive Health Curriculum Framework

## Safety and Prevention

- Disease Control and Prevention
- Safety and Injury Prevention
- Tobacco, Alcohol and Other Substances
- Violence Prevention





# MA Comprehensive Health Curriculum Framework

## Personal and Community Health

- Consumer Health and Resource Management
- Ecological Health
- Community and Public Health



# MA Opioid Law 2016

An Act relative to substance use, treatment, education and prevention

- Requires School Committee policy relative to substance abuse education
- Prevention and dangers of substance abuse
- Verbal screening of two different grade levels 2017-2018
- Pilot program 2016-2017 freshman class

# MA Digital Literacy and Computer Science Standards

Draft Released November 2015

Computing and Society Strand

- Safety and Security Standards
- Ethics and Laws
- Interpersonal and Societal Impact



# Current Strengths

- Elementary: PE, PTA/DSU, Alden Adjustment Counselor
- Middle: structured program in grade 6, 8 including topics of nutrition and family
- High: human sexuality unit in grade 9 as well as specialized programs
- Officer Weiler supports grade 5, 8, 9



# Current Needs

- Comprehensive, predictable program that extends beyond grade 9
- Earlier discussion of substance abuse, human sexuality, adolescent changes and good choices
- Modernize the curriculum to include cyberbullying, etc.
- Community commitment



# What Duxbury Students Need

- Physical, mental and social health instruction
- Coverage of all topics in frameworks
- Building, practice and demonstration of resiliency skills
- Positive stress and emotion management, healthy coping strategies
- Understanding of substance abuse
- Understand and using social media appropriately (sexting)
- Resources and guidance for students to get help
- Time in student schedules to access support services



# What Duxbury Students Need

- Information on healthy relationships
- Responses to peer pressures
- Dangers of using drugs and other quick fixes
- Consistent programming at all grade levels
- Current topics and strategies
- Greater depth to mental health and sexuality education
- Inclusion of science related to impact of substances on brain
- Vertical alignment with consistent, frequent instruction



# Components of Comprehensive Health Program

- Parent component for parent/school communication
- Education on the science of drugs
- Real world examples of situations
- Current best practices to replace outdated topics
- Differentiation of topics to be taught in physical education, health, etc.
- Age appropriate materials
- Integration of topics into science, etc. with consistent messaging
- Consistent vertical alignment (i.e. scope and sequence)
- Include topics most important: substance abuse, sexuality and relationships, internet safety, violence prevention, stress management)





# Research Findings

- Focus on health literacy
- Healthy students are more effective learners
- Holistic health curriculum that does not focus just on knowledge
- Thorough standards that include application and thinking skills (analyzing influences, goals setting, decision making)



# Data Outcomes

- Duxbury's results are slightly elevated when compared to state and comparable districts (Hopkinton, Natick, Lexington)
- Wayland's data was notable lower than Duxbury's (table on next slide).
- Wayland has robust curriculum, active SADD student group, community group in existence since 2004.



# Duxbury/Wayland YRBS 2013

	Duxbury	Wayland
Drank in lifetime	57	51
Drank in last 30 days	38	29
Binge drinking	23	13
Marijuana in lifetime	35	25
Marijuana in last 30 days	24	16
Prescription drugs in lifetime	12	6
Depressive Symptoms	28	16
Considered Suicide	14	9
Suicide attempt	4	3
Lifetime sexual activity	32	19



# Survey of Local Districts

- The Committee had extensive discussion and access to Scituate's documents and process
- All districts surveyed had health curriculum in place K-12.
- All districts surveyed include Health education as a graduation requirement.



# Health Materials

- Commercial and free materials are available.
- The large publishing houses incorporate multimedia, assessment, parent components and offer the ability to personalize instruction.
- The non-profit, free materials are more limited but of quality.



# Recommendations

- Create a comprehensive K-12 Health Program
- Incorporate state standards (prioritized as noted in Appendix I), digital literacy standards informed by updated national standards
- Focus on demonstrated student needs relative to stress, anxiety, substance use, social media and sexting
- Include mindfulness and coping strategies
- Begin instruction of sexuality, substance abuse and related brain science earlier
- Continue data collection through YRBS administration at DMS and DHS
- Engage the parent and community in the proposed curriculum changes to foster support and partnerships



# Action Plan

- For the 2016-2017 school year, implement health instruction within existing schedules and with existing personnel as outlined in Appendix I based on the Committee's perception of student and local needs including increased instruction in mental health and coping, substance abuse, sexuality and digital literacy. Adolescent changes will return to grade 5 through segregated assemblies and discussion. Substance abuse and human sexuality will be prioritized in the grade 8 curriculum allowing the high school focus to be on relationships, anxiety, substance abuse and decision making.
- Immediately, begin sharing information with the parent community (i.e. newsletters), create opportunities for dialogue through parent forums and input beginning in the Spring of 2016



# Action Plan

- In the fall of 2016, reconvene the Superintendent's Health Advisory Committee (SHAC) to develop Health instruction plan for the 2017-2018 school year and beyond
- For the FY18 budget cycle, outline the required personnel needs to implement a complete K-12 Health program
- For the 2017-2018 school year, develop the needed scheduling changes to ensure adequate time is available for instruction
- Solidify oversight of Health curriculum, monitoring of its implementation and assessment of its effectiveness prior to full implementation in the fall of 2017

