



SHREWSBURY PUBLIC SCHOOLS

School Wellness Advisory Council



Student Health and Wellbeing Report to the School Committee

Presented by

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Introduction

The promotion of health and wellness is a key area of focus of Shrewsbury Public Schools. In order to ensure that all students receive the necessary education, support, and encouragement to influence healthy behaviors and choices, the school district has identified three overarching strategic priorities, with three specific 5-year goals, to promote health and wellness among our school community. This report presents data that demonstrates the impact of these 5-year goals.

Along with these district goals, the Shrewsbury Wellness Advisory Committee (SWAC) has its own specific goals to promote the health and well being of our students. SWAC is a federal- and state-mandated committee (*An Act Relative to School Nutrition and Healthy, Hunger-free Kids Act*) formed in 2012 to review local health data, monitor the status of school health programs, and implement annual action plans to improve student health. Prior to these mandates, the district had a similar committee called the Shrewsbury Health Committee, and SWAC essentially continued the work of this committee. This report also presents the progress of the SWAC Improvement Plan goals.

The mission of the SWAC is to provide consultation and support for comprehensive health education, and for the health and wellness of the students and families in our community. The overarching goal of coordinated school health is to help schools deliver evidence-based comprehensive health education, develop and implement health-related policies, and provide health-promoting school environments.

SWAC consists of 18 members that meet quarterly throughout the school year. Members represent parents and business leaders; local community agencies; Shrewsbury Police Department; town health services; and school department staff, including school committee members, administrators, teachers, special education staff and nurses. This council assisted with the formation of goals, data collection and reporting of progress the school district makes towards strategic priorities related to the promotion of health and wellbeing. In alignment with the district's health and wellbeing priorities, SWAC develops an Improvement Plan that focuses on accomplishing goals and activities that promote health and wellness of our students and the families in our community.

**2012 -2016 District Strategic Priorities
to promote Health and Well-being**

District Priorities

- Reinforce respectful, positive school cultures in order to empower members to act with kindness, empathy, and compassion.
- Communicate and model the importance of proper nutrition, exercise, and healthy living habits.
- Ensure a systematic response to students who are struggling with social, emotional, and/or mental health issues.

District Five Year Goals

- A. 90% of students, parents, and educators will agree that their schools' social and emotional cultures are healthy.
- B. 75% of students will participate in at least sixty minutes of physical activity each day (both during and outside of school).
- C. Develop a comprehensive approach to support students experiencing significant social, emotional, and/or mental health issues.

Complementary SWAC Improvement Plan Goals

- A. Student Physical Fitness
 - a. 75% of students will participate in at least sixty minutes of physical activity each day (both during and outside of school).
 - b. 90% of students will be able to identify the concepts connected to the "5-2-1-0" campaign and why they are important to their health.
- B. Student Social, Emotional, and Behavioral Health
 - a. 90% of students, parents, and educators will agree that their schools' social and emotional cultures are healthy.
 - b. All students will be able to identify at least one way they can access the help and support they need in the school environment when they or a friend are struggling with social, emotional, or mental health issues.
 - c. Ensure that health curriculum and other elements of students' school experience are providing age-appropriate information to students regarding stress management and emotional regulation, including information regarding the benefits of proper exercise, sleep and nutrition.
- C. Communication to Promote Health and Wellness

The school district will utilize various media to more effectively communicate information and awareness regarding health and wellness issues, including public health issues such as opiate abuse, concussions, e-cigarettes, etc.

A. 90% of students, parents, and educators will agree that their schools' social and emotional cultures are healthy.

Three separate surveys were sent to students, parents, and educators in early April 2017. They were asked to rate the social culture and emotional culture of our schools, and the results were as follows (totals may not equal 100 due to rounding):

Social culture was defined as follows in the survey: "In a healthy social culture, students generally get along well with each other, make friendly connections with other students, and usually feel accepted. An unhealthy social culture would be the opposite, where students have lots of conflicts with each other, have difficulty making friendly connections with other students, and often feel excluded."

Social Culture	Very Healthy	Healthy	Very Healthy & Healthy Combined	Just Okay	Unhealthy	Very Unhealthy
Students	16%	57%	73%	23%	3%	1%
Parents	29%	53%	82%	14%	4%	1%
Educators	23%	65%	88%	12%	1%	0%

Emotional culture was defined as follows in the survey: "In a healthy emotional culture, students feel safe, feel that stress is manageable, feel that others genuinely care about them, and feel that they can get help and support if they need it. An unhealthy emotional culture would be the opposite, where students feel unsafe, feel that stress is unmanageable, feel that others don't generally care about them, and/or that it would be difficult to get help and support if they need it."

Emotional Culture	Very Healthy	Healthy	Very Healthy & Healthy Combined	Just Okay	Unhealthy	Very Unhealthy
Students	17%	49%	66%	27%	6%	2%
Parents	29%	51%	80%	15%	4%	1%
Educators	23%	61%	84%	14%	1%	0%

Analysis and Next Steps

- These results show that the ambitious goal of 90% agreement was not attained:
 - 73% of students, 82% of parents, and 88% of educators indicated that the **social culture** of their school is healthy or very healthy.
 - 66% of students, 80% of parents, and 84% of educators indicated that the **emotional culture** of their school is healthy or very healthy.
- It will be important going forward to explore the reasons why the perceptions of students differ to this extent from parents and educators. Comments from each constituency will be reviewed in depth by the leadership team, who will also consider

other ways to better understand these perceptions. As new goals and priorities are set the social and emotional cultures of our schools should continue to be an area of emphasis.

B. 75% of students will participate in at least sixty minutes of physical activity each day (both during and outside of school).

In order to demonstrate progress towards the goal of reaching 60 minutes of daily physical activity, an average of 1300 students per year participated in tracking this data. For three days across a week, students at the elementary level wore pedometers, and students at the secondary level wore accelerometers to capture physical activity minutes.

As seen in Figure 1, the percentage of students across the district who reached 60 minutes of daily physical activity progressed steadily the first few years accelerated in year four, and was maintained in year five. This increase in activity level may be attributed to opportunities “The Get Fit Adventure” provided in regard to expanding K-12 classroom teachers’ use of movement breaks throughout the day and physical education curriculum. The elementary physical education curriculum added rock climbing; the middle school curriculum added rock climbing and disc golf; and the high school curriculum expanded to include disc golf, mountain biking, hiking, an extensive high and low ropes course, and additional cardio equipment for personal fitness.

Accelerometer & Pedometer Data

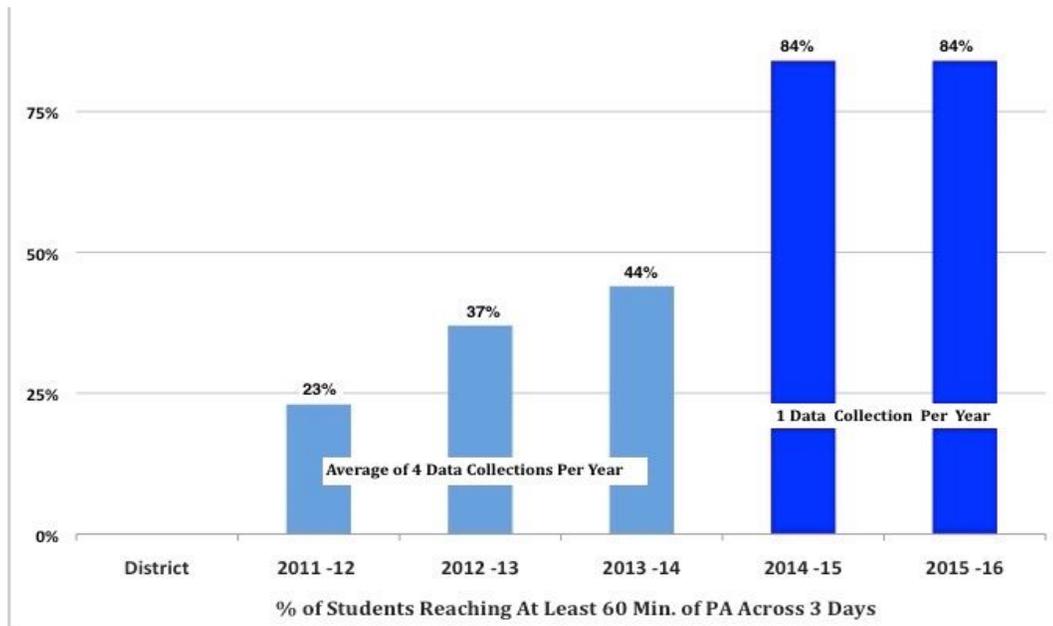


Figure 1 (2016), 60 Min. of PA 2011 -16 Unpublished Raw Data Grades: 1,3,4,6,7, 9-12

In addition to capturing physical activity minutes, seventh through twelfth grade students were asked how many days they were physically active for at least sixty minutes during the past seven days. Eighty-three percent (83%) of students reported being physically active for at least sixty minutes for three days out of seven. Unfortunately, this self reported amount of physical activity reduced when expanded to five and seven days out of the past week. (Figure 2) However, ninety-three percent (93%) of students reported that they believe it is important

to be physically active. (2016 Oak and SHS Regional Youth Health Survey (RYHS) Data)

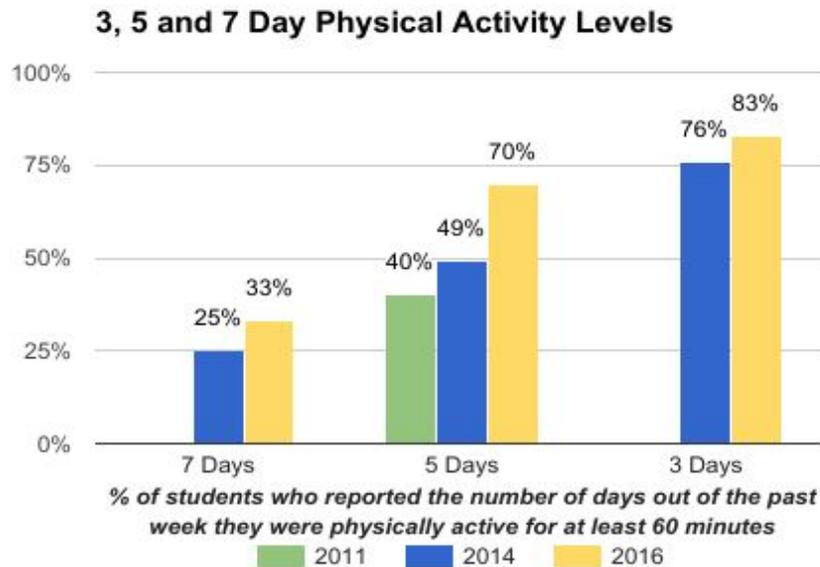


Figure 2 (2016), *RYHS Oak and SHS Unpublished Data*

■ 2011 RYHS Question (9th and 11th Grade Students):
Were you physically active 60 minutes on 5 or more of the past 7 days?

■ 2014 and ■ 2016 RYHS Question (7th-12th Grade Students):
During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Analysis and Next Steps

- While the data from our pedometer/accelerometer work and from the RYHS survey suggest that many students were physically active at least 60 minutes three days per week, it does raise concern that less than half made this a daily habit.
- In the RYHS survey students indicated that a major obstacle for their ability to engage in daily physical activity was finding time given all the competing demands on their schedules. The physical educators and health educators will explore ways to work with students around this challenge.
- While accelerometers were required devices with the Physical Education for Progress (PEP) grant, these devices were not always accessible for students to use outside of the data collection period, and students did not indicate a significant increase in motivation while the devices were in use. Moving forward, physical education teachers will explore the use of devices that can be worn to monitor one's physical activity time and heart rate for a personalized experience.

C. Develop a comprehensive approach to support students experiencing significant social, emotional, and/or mental health issues.

The Shrewsbury Public School District offers a myriad of services in order to identify and respond to a growing number of students who are struggling with social, emotional, and/or mental health issues. The following are various resources in place in the District:

Student Support Team: Each building in the District has a Student Support Team mechanism in place. These teams of educators include administrators, classroom teachers, school psychologists, adjustment counselors, guidance counselors, and school nurses. Students who are identified as struggling for a variety of reasons are discussed, and targeted interventions are developed.

Check and Reflect: A brief survey titled “Mental Health Check and Reflect” was developed by school psychologists across the District to help identify struggling students and whether students feel they have strategies to use when not having a good day. See below (SWAC goal #2) for more information regarding this survey.

Clinical Coordinators: Clinical Coordinators are full time Master’s level Behavior Analysts who work with all students across the district. The two Clinical Coordinators work to meet the needs of our entire student body. The Clinical Coordinator’s primary responsibility in general education is to support the classroom teacher(s) in the implementation of evidence-based behavioral strategies that help struggling students more successfully engage in learning. This support may be provided through any of the following: holding consultations, training of staff, conducting behavioral observations and when needed more formalized evaluations, and/or development of Positive Behavior Support Plans. The primary responsibilities in special education are to develop instructional procedures, develop data collection and analysis procedures, supervise home support programs, consult to district wide programs, and provide professional development. In addition, the Clinical Coordinator works closely with building administrators, school psychologists, adjustment counselors and other service providers, using a problem-solving model to support students.

Psychiatric Consultation: A Child and Adolescent Psychiatrist is currently contracted four hours bi-weekly to provide consultation across the district through Assabet Valley Collaborative. Dr. Kimberlee Kusiak works with both Clinical Coordinators and school-based teams to address student referrals across the District. She also consults to the School Psychologist & Adjustment Counselor Department. In addition, Dr. Kusiak and the Clinical Coordinators offers “Family Strategies” course to families, free of cost, that provides parents with strategies to identify and respond to mental health and behavioral challenges.

Social Work: The Family Success Partnership (FSP), through the Assabet Valley Collaborative, is a family centered program that expands the mutual capacity of schools, state agencies and programs, human service agencies, and community-based resources to provide a flexible, comprehensive and accessible system of services to children with mental health needs that are beyond the scope of the school, but who do not meet traditional eligibility requirements for state agency support. FSP utilizes a wraparound model to serve at-risk students and their families whose challenges prevent success and well being in school. Shrewsbury currently contracts for support of up to 15 families each school year.

Partnership with UMass Child Psychiatry Fellowship Program: Shrewsbury has entered into a partnership with the UMass Psychiatry Department to host Child Psychiatry Fellows. Each Fellow completes a six-month rotation across the district. They have the opportunity to visit classrooms and participate in building-based consultation meetings. They observe classroom behaviors of both typical children and children with disabilities and learn about the provision of services in the Shrewsbury Public Schools. In addition, once a month they meet with the district’s consulting psychiatrist and clinical coordinators to review cases.

Mental Health First Aid Training: Much as CPR training prepares individuals to assist in cardiac

emergencies, participants in the Mental Health First Aid course learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. Four staff members in the District became certified Mental Health First Aid Instructors in the Spring of 2014, and since that time over 200 staff members have been trained in these skills.

Community Partnerships: In addition to these in-district resources, we have partnered with community agencies to further support our students and families. These community resources include Shrewsbury Youth and Family Services, You, Inc., and Community Health Link.

Analysis and Next Steps

- The above services have been proven to be successful in support of students throughout the district and will continue with the following changes.
 - As part of the ongoing concern with the increase in mental and behavioral health, a full time adjustment counselor position for SHS has been proposed for the 2017-2018 budget.
 - School Psychologists will conduct an analysis of the Mental Health Check and Reflect data to determine if continuing this practice provides benefit to our students and staff.
 - Due to budget restraints, wrap around social work services contracts we will likely be reduced for the 2017-2018 school year, but the district will continue to look for ways to support our students and families.

Progress Towards Complementary SWAC Goals

A. Student Physical Fitness

- A. 75% of students will participate in at least sixty minutes of physical activity each day (both during and outside of school).

This goal was achieved. See above (District goal B) for more information regarding this goal.

- B. 90% of students will be able to identify the concepts connected to the “5-2-1-0” campaign and why they are important to their health.

The “5-2-1-0” campaign is a nationwide initiative endorsed by the American Academy of Pediatrics. It recommends consuming 5 or more servings of fruits and vegetables, having 2 or less hours of screen time, engaging in 1 or more hours of physical activity, and consuming 0 sweetened beverages each day. Students across the district answered a multiple choice questionnaire, and 1387 out of 1508 students (92%) reported that they know the concepts related to 5-2-1-0 and why they are important for a healthy lifestyle.

Prior to the implementation of the Healthy Hunger Free Act 2010 and this goal period, district participation in the Lunch program in Shrewsbury was 49%. After the Act was implemented, district lunch participation dropped to 41%. Participation in the district has begun to rise. Currently 42% of students participate in the lunch program. There seems to be more acceptance by students of the new healthier meal pattern. This positive change may have



Photo 5-2-1-0 Spring St

been impacted by the exposure students have had to "5-2-1-0" program and continue exposure to nutrition and healthy eating curriculum.

Analysis and Next Steps

- The "5-2-1-0" program appears to have had a positive impact on students understanding healthy behaviors.
- Students are accepting of the Healthy Hunger Free Act requirement that they must include a fruit or vegetable with each meal purchase. Even though there was a lot of resistance to this requirement when the act was implemented, it has become an accepted and practiced behavior.
- This program is introduced at the elementary in both physical education and health education. It should be noted that the efficacy of this program may be impacted if the 4th grade health position is eliminated due to budget constraints.

B. Student Social, Emotional, and Behavioral Health

- A. 90% of students, parents, and educators will agree that their schools' social and emotional cultures are healthy.

See above (District goal A) for information regarding this goal.

- B. All students will be able to identify at least one way they can access the help and support they need in the school environment when they or a friend are struggling with social, emotional, or mental health issues.

The survey sent to students regarding their perceptions of social and emotional culture also asked students if they agreed with the statement, "If I, or one of my friends, were having a problem with a social, emotional, or mental health issue, I know at least one way I could get help and support from an adult at school." The results were:

Strongly agree	35%
Agree	47%
Not sure	13%
Disagree	3%
Strongly disagree	2%

While the ambitious goal of all students was not attained, 82% of students agree that they know at least one way of accessing help and support from an adult. This correlates almost exactly with the additional survey data listed further below.

As noted above, the "Mental Health Check and Reflect" survey was created by school psychologists and was implemented at all grade levels in the 2015-16 and 2016-17 school years. There are 3 levels of the survey to address lower elementary, upper elementary, and middle and high school students.

Students in each of our schools were asked to complete the survey and school-based teams consisting of building administrators, school psychologists, adjustment counselors and other student support providers reviewed the responses and followed up with students as necessary.

While the surveys differ based on the developmental level of our students, broad themes were

noted across grade levels. The vast majority of students across the district reported an upbeat or regulated emotional status, reported that they can identify someone to talk to when they are feeling distressed and reported that they know and can engage in one or more coping strategies to feel better when they are upset.

Some specific results from the first administration of the survey during the 2016-17 school year are provided below. It is important to note that each school approached follow-up with students in different ways (i.e. classroom teacher follow-up, administrator follow-up and/or school psychologist/school adjustment counselor follow-up). In addition, there are two different surveys (grades Pk-2 and 3-4) used in the elementary schools, and as such response rates cannot be compared directly from school to school. Results below are provided to evidence the low percentage of students who responded in such a way as to need immediate support across the district and to highlight the high percentage of students who can identify strategies that help them feel better when they are upset.

- Parker Rd. Preschool: 1% of students required follow-up from the school psychologist.
- Beal Early Childhood Center: 6% of students required follow-up from the school psychologist.
- Calvin Coolidge School: 4% of students required follow-up from the school psychologist and 81% of students tell an adult when they are upset.
- Floral Street School: 1% of students required follow-up from the school psychologists.
- Walter J. Paton School: 2% of students required follow-up from the school psychologist and 71% of the students tell an adult when they are upset.
- Spring St. School: No students responded in such a way as to require follow-up from the school psychologist.
- Sherwood Middle School: 1% of students required follow-up from the school psychologists and/or adjustment counselors. 93% of students identified a strategy they can employ to feel better when upset.
- Oak Middle School: 1% of students required follow-up from the school psychologists and/or adjustment counselors. 97% of students identified a strategy they can employ to feel better when upset.
- Shrewsbury High School: 2% of students required follow-up from the school support team. 93% of students identified a strategy they can employ to feel better when upset.

Additional data, as seen below, from the RYHS indicates that high school students are increasingly able to identify one teacher or other adult in school that they can speak to if they have a problem.

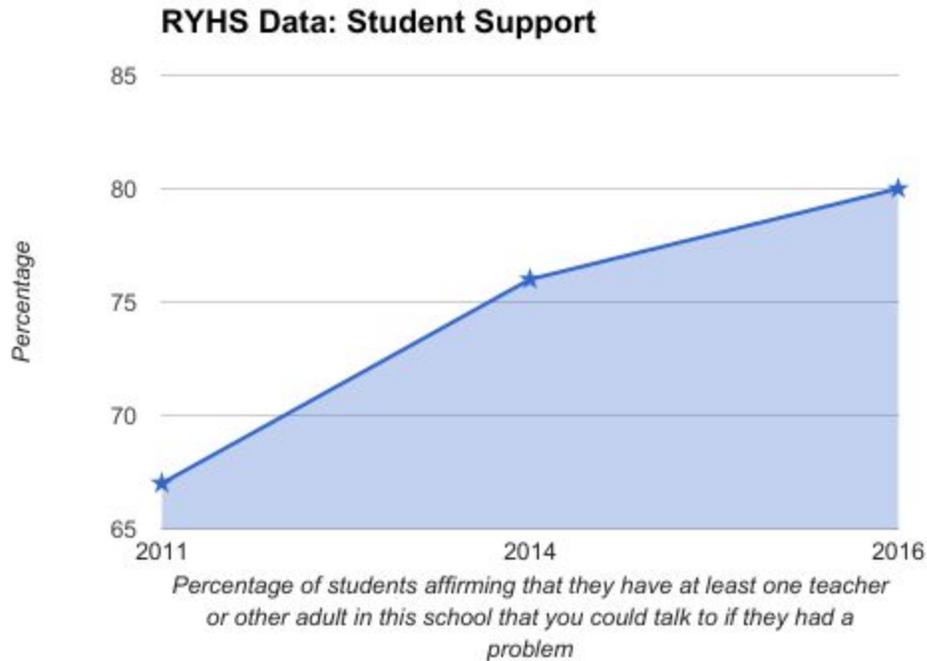


Figure 3 (2016), RYHS
SHS Unpublished Raw Data

Analysis and Next Steps

- As noted above, school psychologists will conduct an analysis of Mental Health Check and Reflect data.
 - It may be beneficial to consider including questions that would aid in determining what factors contribute to students' anxiety.
- C. Ensure that health curriculum and other elements of students' school experience are providing age-appropriate information to students regarding stress management and emotional regulation, including information regarding the benefits of proper exercise, sleep and nutrition.

Emotional Regulation and Stress Management:

- 4th grade students receive instruction about emotional regulation at all school meeting and in health education. The "Check and Reflect" thermometer and facial expression posters (Figure 4), created by school psychologists are used to help teach and build consistent self regulation and language among students and staff.
- The curriculum is designed to specifically target stressors that students face daily and provide them with the knowledge and a demonstration of healthy techniques such as positive self talk, expressing optimism, and gratitude to help reduce anxiety.

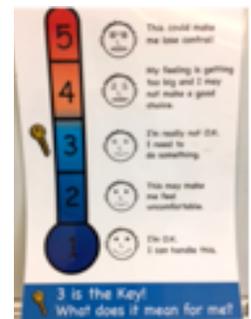


Photo "Check and Reflect" Thermometer" (2017)

- 7th through 9th grade students participate in health instruction that focuses on identifying common stressors among teens and highlights effective stress relief techniques, while providing ideas for ways to prevent stress in the future. Healthy communication, coping mechanisms, and refusal skills are taught and revisited during the Substance Abuse Prevention and Emotional Health units. Good diet, sleep, and exercise habits are all emphasized as part of stress prevention and management.
- In 2015 the district started exploring how scientifically-based mindfulness practices might benefit both educators and students as we navigate the many stressors that are realities in our contemporary world. Shrewsbury educators are exploring Mindfulness Based Stress Reduction (MBSR) through the University of Massachusetts Center for Mindfulness and are part of collaborative professional learning communities that meet throughout the school year to consider ways in which MBSR may be useful to students and staff.

Proper Exercise, Sleep, and Nutrition Education:

- 4th and 5th grade students receive an introduction to nutrition through project based learning experiences that have students explore MyPlate.gov, and learn to analyze food labels in order to make healthy food choices.
- 10th grade students receive instruction about healthy eating, including a personal diet analysis, and instruction on setting SMART goals to improve personal dietary habits. Critical thinking and class discussions about America’s obesity epidemic; learning about the possible danger associated with supplements, including energy drinks; and lessons about eating disorders are included within the unit on nutrition.
- 11th grade students receive instruction through a lifestyle diseases unit emphasizing the benefits of nutrition and exercise in regard to the prevention of diseases that are caused or promoted by certain lifestyle behaviors. Students are encouraged to identify their own personal risk factors and understand behaviors (such as a healthy diet, exercise, sufficient sleep, stress management, and no drug use) that could reduce their risk of developing diseases such as obesity, cardiovascular disease, type II diabetes, and certain types of cancers.
- SHS Department of School Counseling conducts a full day seminar on stress reduction including the benefits of sleep and physical activity as a means of reducing stress levels among 12th grade students. This is part of a two day college application workshop.

Analysis and Next Steps

- Students in grades 4-12 have multiple opportunities to learn about stress management, emotional regulation, and the need for good nutrition, routine exercise, and proper sleep. These units will continue as is, with typical enhancement and updating based on new facts, information, or teaching tools.
- Since nutrition, exercise, and proper sleep are best learned young when daily habits are being formed, the district will continue to look for ways to support our students despite the possibility of elementary health being eliminated due to budget restraints.

C. Communication to Promote Health and Wellness

The school district will utilize various media to more effectively communicate information and

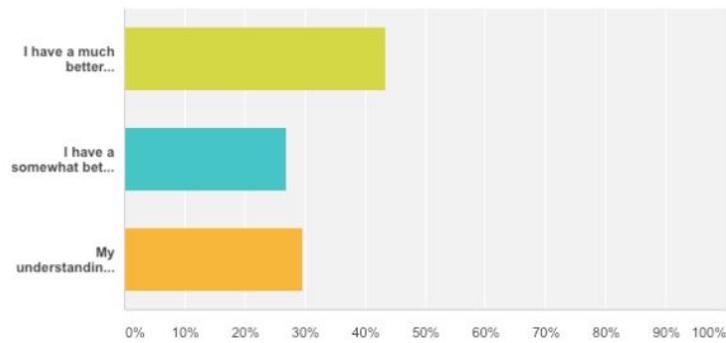
awareness regarding health and wellness issues, including public health issues such as opiate abuse, concussions, e-cigarettes, etc.

Several SPS staff members and various community stakeholders were involved in the formation of the Shrewsbury Coalition for Addiction Prevention and Education (SCAPE) in the fall of 2015. This group has created a website and facebook page, and has organized community events to related to addiction awareness. A panel discussion regarding the opioid epidemic was held at Shrewsbury High School in April of 2016 and presentations of the Mark Wahlberg Foundation’s *If Only* were organized for all students at SHS and Oak Middle School as well as for the parent community in October of 2016. SCAPE is currently processing local data to determine next steps for planning effective prevention efforts.

SPS Department of Nursing has links to various health related resources including drug and alcohol prevention and addiction resources, as well as concussion and e-cigarette information.

As part of parent athlete nights, student athletes and their parents are presented with opioid and concussion awareness and concussion return to play/school protocol.

Dr. Sawyer’s student learning goal that was established for his evaluation conducted in January was: “The superintendent will provide evidence that at least 80% of students at Shrewsbury High School will report having an increased understanding of the risks associated with substance abuse.” Dr. Sawyer utilized social media, especially his Twitter account which is followed by many SHS students; an episode of his television show “Superintendent’s Update,” and a direct appeal to students during SHS morning announcements to communicate with students on this topic. The survey data were as follows, indicating that while the goal was not reached, 70% of students indicated a somewhat better or much better understanding of the risks of substance abuse:



Answer Choices	Responses
I have a much better understanding of the risks of substance abuse.	43.42% 340
I have a somewhat better understanding of the risks of substance abuse.	26.95% 211
My understanding of the risks of substance abuse is about the same.	29.63% 232
Total	783

Analysis and Next Steps

- Continue prevention and education work with community stakeholders through SCAPE.
- Update resources on District website as new health and wellness information becomes

available.

In conclusion, the Shrewsbury Public School District made many strides during the past five years to support its already strong health curriculum, to enhance student emotional support and guidance, and to reinforce positive school cultures. Health curricula and student support services have a comprehensive approach to reach an array of student needs. In particular, a social-emotional curriculum was added for middle school and a “Check and Reflect” climate was added for elementary schools. Also, student support services continue to identify and respond to the needs of students struggling with social, emotional, and/or mental health issues. Finally, the District has expanded its education efforts to reach parents and the community through social media and community events. Curricula continue to emphasize the importance of healthy eating habits, routine exercise, sufficient sleep, good stress management, and avoiding drugs. The multifaceted educational approaches established in Shrewsbury Public Schools are critical in continuing to provide our students with the awareness and skills to be healthy, successful, contributing citizens.