

# **School Health Advisory Council (SHAC) Meeting**

## **MINUTES**

**April 13, 2010**

### **Welcome**

Liz Harris (Director of Student Services) welcomed everyone and opened the meeting at 5:40 p.m.

### **Mission of SHAC**

She reinforced the mission statement of the School Health Advisory Council which was included in their handouts and briefly explained the council's duties which include recommending:

1. The number of hours of instruction to be provided in health education;
2. Curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and type 2 diabetes through coordination of health education, physical education and physical activity, nutrition services, parental involvement and instruction to prevent the use of tobacco;
3. Appropriate grade levels and methods of instruction for human sexuality instruction; and
4. Strategies for integrating the curriculum components specified by item 2, above, with the following elements in a coordinated school health program:
  - a. School health services;
  - b. Counseling and guidance services;
  - c. A safe and healthy environment; and
  - d. School employee wellness.

### **Title IV Programs – Safe and Drug Free Schools**

Ms. Harris gave a brief explanation about the programs that come under Title IV. They are:

- Red Ribbon
- Discovery Healthy Connection
- Signs of Suicide
- Great Body Shop
- AnComm – Anonymous Communication
- Safe School Ambassador

She said they are really excited about the Safe School Ambassador Program. This is a new program and it is a very positive program. They had a Safe School Ambassadors' Parents' Night and had approximately 150 people attend the meeting. The goal is to train about 40 to 50 students at each campus. We will be providing the training. They want kids that will step up and stop something before it happens.

### **Human Growth and Development**

- **Review of current curriculum**
- **Health Textbook**
- **Discovery Education Health**
- **Consideration to update**

Ms. Harris passed out to the committee the Human Growth and Development Focused Curriculum notebooks for 5<sup>th</sup> grade, 6<sup>th</sup> grade, 7<sup>th</sup> grade, 8<sup>th</sup> grade and high school. She asked the members to look over the curriculum books. This is the curriculum which is currently being taught. It includes the Table of Contents, overview, resource/timeline, opt-out letter, TEKS, Day 1 – Day 10 curriculum. She explained about the opt-out letter. Each student takes this letter home. If it is not returned, then we move forward. If the letter is returned and signed, then the student does independent study in another location. The 5<sup>th</sup> grade and 6<sup>th</sup> grades are taught by the PE teachers, the 7<sup>th</sup> and 8<sup>th</sup> grades are taught in Science and the 9<sup>th</sup> grade is taught in the Health classes.

Ms. Harris asked the committee if they had any questions about the curriculum books and no one had questions.

The SHAC committee stated that it is very important that we continue to teach Health. The recommendation was that the Health course be taught as early as 7<sup>th</sup> and 8<sup>th</sup> grade which would lead to a middle school requirement but not a requirement needed to graduate.

Ms. Harris invited Donna McKethan, Director of Career and Technology to present information concerning teen pregnancy. Ms. McKethan explained the reason she has become involved with this issue is that she is now working with the Counselors. She asked the counselors what their number one problem is and they said teen pregnancy. They have doctor's appointments and then when the baby gets sick, they are out for the entire day. All the principals say this is the issue that they want help with. They miss so much school. At Waco HS and University HS they are going to be doing a lot of different things this coming year. We have social workers that will be teaching a class this next year for the students (boys and girls) who have babies. Also they are going to try to work with the Health Department to try to schedule appointments. If a teacher goes with them to the appointment then it is counted as a field trip and they are not counted absent. They also get into the appointment sooner. We want to give the students every opportunity to finish their education and go to college if they choose. We need to do something so that we have fewer students having babies.

Abstinence only or birth control only, this is what the issue really is. McLennan County has the highest percentage of teen pregnancies in Texas. Several parents on the committee stated that parents do not talk to their girls about how to keep from getting pregnant. We also don't talk to the boys about the responsibility of having a baby.

Ms. McKethan presented a power point presentation called "Making a Difference – Sexuality in Texas Public Schools".

#### **How Often Does a Teenager in Texas Get Pregnant?**

**Every 10 minutes, a teen in Texas gets pregnant.**

**Every 10 hours, a 14-year-old teen gets pregnant.**

**Every 3 hours, a 15-year-old teen gets pregnant.**

**Every 1.5 hours, a 16-year-old gets pregnant.  
Every 52 minutes, a 17-year-old gets pregnant.  
Every 35 minutes, an 18-year-old teen gets pregnant.  
Every 28 minutes, a 19-year old teen gets pregnant.**

**What are the Outcomes?**

**Every 10 minutes a teen gives birth.  
Every 48 minutes a teen has an abortion.**

**Teenage parenting often averts or postpones education for both girls and boys. While 7 out of 10 teen mothers eventually complete high school or receive a GED, they are less likely than girls who delay childbearing to go on to college. (Alan Guttmacher Institute)**

**There can also be serious consequences for the children of teen mothers. Research sponsored by the Robin Hood Foundation compared children whose mothers were 17 or younger with children whose mothers were 20-21 when they gave birth. The research indicates that children born to teen mothers tend to have:**

- **lower cognitive test scores and more difficulty in school**
- **poorer health yet receive less health care**
- **less stimulating and supportive home environment**
- **higher levels of incarceration**
- **higher rates of adolescent childbearing themselves**

**Pregnant Teens:**

- **Give birth in about half of all cases.**
- **Are less likely to obtain adequate prenatal care.**
- **Are more likely to smoke, thus increasing the risk of infant mortality.**
- **Tend to have more children more closely spaced, putting maternal health at risk.**
- **Are more likely to experience health related complications including death, anemia, physical assault, and sexually transmitted diseases.**
- **Have babies who are more likely to die, have low birth-weight and underdeveloped organs, and/or be born prematurely.**
- **Complete fewer year of school, and so do the fathers and their children.**
- **Are more often single parents. Of those who do marry, 60% are divorced within five years.**
- **Experience poverty more frequently and are disproportionately over-represented as welfare recipients.**
- **Have children who are more likely to suffer from illnesses, injuries, abuse and neglect.**
- **Have children who are more likely to experience behavioral and educational problems, drop out of school, be incarcerated, and become teen parents, themselves. As they grow older, they have more difficulty keeping steady jobs and marriages.**
- **On average, teen fathers earn less money than men who delay parenting.**
- **They are more likely to use alcohol routinely, deal drugs, quit school and be absent from their babies' homes.**

**The Costs. . .**

**Medicaid paid for 173,226 deliveries in Texas, at an estimated total cost of \$420 million. Approximately 10% of these deliveries were to teen mothers aged 13-17, at a cost of \$41 million.**

**Best Practices for Teen Pregnancy Prevention Programs:**

**Include multiple and varied approaches to addressing teenage pregnancy, such as: abstinence promotion, health screening, contraception availability, sexuality education, school completion strategies, male involvement and job training.**

**Focus on reducing risk factors and behaviors that lead to teen pregnancy or HIV/STD infection and support positive factors that discourage teenage pregnancy.**

**Use theoretical approaches that have been demonstrated to influence health-related behavior.**

**Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception.**

**Provide accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STIs.**

**Address social pressures that influence sexual behavior.**

**Provide examples of, and opportunities to practice, interpersonal skills including communication, negotiation, conflict-resolution, assertiveness, and refusal skills.**

**Provide examples of, and opportunities to practice, personal skills including goal setting and decision-making.**

**Employ interactive teaching methods that allow participants to personalize the information.**

**Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, language and culture of the participants.**

**Offer or provide referrals to counseling and treatment for sexual abuse, drug and alcohol use, and/or family distress.**

**Use teachers and peer leaders who believe in the program. Provide them with adequate training, evaluated curriculum and feedback.**

- **District/Campus Health and Wellness Committees**
- **Middle School Physical Education Requirements**
- **TEA approved Coordinated School Health Programs**
- **FitnessGram – TEA Requirements**
- **Nutrition Information**
- **Texas Step Tobacco Prevention Education**

Ms. Harris explained that the SHAC committee supported a comprehensive based health human growth and development curriculum using the Glenco health textbook and Discovery Education Health videos. She will have the curriculum in her office and you are welcome to come and look at it at your convenience.

Ms. McKethan stressed to the committee how important their role is on helping make these decisions. It is a big decision that takes time and consideration.

The committee was advised of the next scheduled meeting, May 25 and the meeting adjourned at 6:40.