Student Health Advisory Board Recommendations

February 2026

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Recommendation 1: Increase and promote family engagement opportunities in collaboration with Health and PE staff

Strategic Plan Alignment: Student, Family, and Community Partnerships (Family Partnerships Performance Objective)

Summary

Health and PE staff can strengthen family engagement opportunities through implementing programs and activities that facilitate school-based wellness initiatives that increase parent-school connections. Increasing family engagement through Health and PE offers significant benefits. For students, it reinforces healthy behaviors, boosts motivation, and strengthens the connection between physical activity and overall well-being. For families, these opportunities create enjoyable, low-pressure ways to participate in their child's school experience and support health at home. Schools benefit from stronger relationships with families, improved student attendance and performance linked to active lifestyles, and a more inclusive and engaged school community. By leveraging the universal appeal of movement and play,

PE teachers can build meaningful bridges between home and school that support healthy choices that lead to lifelong wellness.

Opportunities to engage parents and families in school and PE initiatives could include: field days, Family PE Week; Bike, Walk, and Roll to School Day (once a year or as a monthly program), monthly fitness calendars. Other opportunities could include organizing family fitness nights, creating take-home activity challenges, hosting inclusive community walks or games, and sharing simple, accessible resources that encourage families to be active together. Several APS schools offer some of the above programs and we encourage schools to share successful ideas that have increased family engagement.

Budget Implication

Budget Neutral. All of the above opportunities would be cost neutral as PE staff can incorporate these programs into their work plans and daily planning time.

Committee Vote

12 in Favor, 0 Opposed Date: 1/7/2026

Detail

The School Health Advisory Board recommends that Health and Physical Education (Health and PE) staff increase family engagement-centered health and wellness opportunities for students and their families. By intentionally incorporating family-focused programs and activities into school community-based wellness initiatives, schools can strengthen parent–school connections, reinforce healthy behaviors, and foster a culture of lifelong wellness that extends beyond the school day.

Family engagement is a critical component of student success and overall school wellness. This is evidenced by the inclusion of family engagement as a pillar in the APS Strategic Plan. Health and Physical Education programs are uniquely positioned to engage families because they design movement, play,

and wellness activities to be accessible, inclusive, and appealing across cultures, ages, and ability levels. When families are invited to participate in school-based health and PE initiatives, schools create meaningful opportunities for shared experiences that promote physical activity, social connection, and positive health behaviors.

Research consistently demonstrates that family engagement in schools is associated with improved student outcomes, including increased attendance, higher academic achievement, and improved social-emotional well-being (CDC, 2012; Epstein et al., 2019). Additionally, regular physical activity is linked to improved cognitive function, classroom behavior, and academic performance (CDC, 2010). By connecting families to Health and PE programming, schools can reinforce these benefits both at school and at home.

Increasing family engagement through Health and PE programming provides meaningful benefits for students, families, and schools, strengthening the overall school wellness environment. When families are actively involved in health and physical activity initiatives, students are more likely to reinforce healthy behaviors learned at school and apply them at home. Reinforcement at home helps increase student motivation, enjoyment, and confidence in physical activity, while strengthening students' understanding of the connection between movement, physical and socioemotional health, and academic success. These experiences support improved attendance, focus, and classroom engagement, as physically active students are often better prepared to learn.

For families, Health and PE-centered engagement opportunities create welcoming, low-pressure ways to connect with their child's school and support student learning beyond the classroom. Activities centered on movement and wellness encourage positive family interactions, promote shared experiences, and build knowledge and skills that families can use to support healthy habits at home. Because physical activity can be adapted for

all ages, cultures, and abilities, these opportunities help reduce barriers to participation and foster inclusion and belonging within the school community.

Schools also benefit from increased family engagement through Health and PE. When families feel connected and welcomed, schools experience stronger relationships built on trust and collaboration. These partnerships contribute to a more inclusive and engaged school climate and support broader school wellness goals. Increased family involvement in health and physical activity initiatives can also improve student attendance, behavior, and academic performance, reinforcing the connection between healthy lifestyles and student engagement. Collectively, these benefits help schools cultivate a positive and supportive school culture that promotes lifelong wellness for students and families alike.

Health and PE staff can strengthen family engagement by implementing programs and activities that align with existing school schedules, resources, and community needs. Examples include:

- Field Days that invite families to participate in inclusive games and activities
- Family PE Week, where families join students during their PE classes or participate in take-home activities
- Bike, Walk, and Roll to School Day, offered annually or expanded into a monthly program with set dates to support active transportation initiatives.
- Monthly fitness calendars with simple, family-friendly activities
- Family fitness nights featuring games, movement stations, or wellness workshops
- Take-home activity challenges that encourage families to be active together
- Inclusive community walks or games that welcome all abilities and backgrounds or organized bike or walking school bus routes

- Sharing accessible health and wellness resources, such as short activity ideas, movement videos, or local recreation opportunities

Several APS schools currently offer some of these programs and can serve as a model to expand successful programs to other schools. SHAB encourages Health and PE staff and school administrators to share successful strategies and best practices that have effectively increased family engagement, allowing other schools to replicate and adapt these models.

This recommendation aligns with national best practices for school health and family engagement. The CDC identifies family engagement as a key strategy for improving student health and academic outcomes, particularly when families are engaged through school wellness and physical activity initiatives (CDC, 2012). SHAPE America also emphasizes the importance of family and community involvement in comprehensive school physical activity programs (SHAPE America, 2015).

By leveraging the universal appeal of movement and play, Health and PE staff can build meaningful bridges between home and school. Increasing family engagement through Health and PE supports healthy choices, strengthens school–family partnerships, and promotes lifelong wellness for students and their families. SHAB strongly recommends expanding these opportunities as an essential component of a healthy, connected, and thriving school community.

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Recommendation 2: Explore opportunities to upgrade current bike fleet *used for 2nd and 3rd grade PE instruction*.

Strategic Plan Alignment: Student Well-Being

Summary

The APS Health and PE Department maintains a fleet of bicycles used to teach bike and road safety to 2nd- and 3rd-grade students. Each year, approximately 12–13 schools receive the bike trailer on a rotating, every-other-year schedule. During the two-week unit, elementary PE teachers integrate the bikes into their classes and provide instruction on bike riding, pedestrian safety, and road awareness.

Over time, staff have retired damaged bikes and the current fleet includes about 50 bikes in various sizes and conditions, along with approximately 70 helmets. PE staff have requested new, high-quality bikes (both balance and pedal bikes) to replace those in poor condition.

The Health and PE Department has received grant funding to provide balance bikes to Title I schools; however, these bikes must remain onsite at the receiving school and cannot be utilized by other schools. Currently, only three APS Title I schools have adequate space to store them. While additional grant funding may be available to expand the program, all the remaining Title I schools lack the necessary storage space. Other grant opportunities do not include a Title I requirement, and we recommend that the APS grant writer actively monitor and apply for grant programs that provide bikes that meet the needs of the HPE program, including, but not limited, to needed bike repairs and replacements.

Budget Implication

Budget Neutral

Committee Vote

12 in favor, 0 opposed Date: 1/7/2026

Detail

Learning to ride a bicycle during early elementary school years is strongly supported by public health and physical education research. For children in grades 2 and 3, bike riding helps develop fundamental motor skills such as balance, coordination, and spatial awareness, which are fundamental for lifelong physical activity (SHAPE America, 2015). Mastery of these skills at a young age increases children's confidence and competence in movement, making them more likely to remain physically active as they grow older (CDC], 2010).

In addition to physical development, early bike education supports cognitive and social-emotional growth. Learning to ride a bike requires problem-solving, attention, and self-regulation, while also fostering independence and resilience. Students receiving bike instruction gain critical safety skills that reduce the risk of injury and prepare them to safely navigate their communities (American Academy of Pediatrics [AAP], 2022). Programs that combine skill-building with safety education are particularly effective in preventing bicycle-related injuries among children.

The APS Health and PE Department currently provides instruction in bike riding skills, pedestrian safety, and road awareness for 2nd- and 3rd-grade students and plays a critical role in promoting physical activity, motor skill development, and injury prevention. The Health and PE Department maintains a fleet of bicycles that rotates among elementary schools on an every-other-year schedule. Each year, approximately 12–13 schools receive the bike trailer for a two-week instructional unit. During this time, elementary PE teachers integrate a bicycle unit into their curriculum to provide hands-on instruction in bike riding and rider safety. This rotating model promotes equitable access to high-quality bike education to elementary school students across the district, regardless of a student's access to bike instruction outside of school.

The current fleet consists of approximately 50 bicycles in various sizes and conditions, along with approximately 70 helmets. Throughout the implementation of the program, APS Health and PE staff have retired damaged bicycles and APS staff currently work with Phoenix Bikes to assess and repair bicycles within the fleet. Phoenix Bikes has recommended that when new bikes are needed, higher quality bicycles, including both balance and pedal bikes, are acquired to replace bikes that are no longer safe to ride. Maintaining a safe and well-functioning fleet is essential to ensuring student safety, maximizing instructional time, and achieving effective skill development during PE classes.

The Health and PE Department have previously received grants to provide balance bikes to Title I schools; however, these grants require that the bikes remain onsite at the receiving school and cannot rotate among schools. Currently, only three APS Title I schools have sufficient storage space to house the bikes. While APS could apply for additional funding through this grant for Title I schools, the remaining Title I schools in APS lack the necessary storage capacity to participate fully.

Grant opportunities exist with other foundations and companies that do not have Title I restrictions. SHAB recommends that APS actively seek grant funding to support and sustain the APS bicycle program that is shared across schools, including the repair and replacement of the current rotating bike fleet. Priority should be focused on funding opportunities that support the purchase of high quality, durable, and easy to maintain pedal and balance bikes. Securing flexible grant funding will ensure the long-term sustainability of this successful bicycle instruction program and allow APS to continue providing developmentally appropriate, equitable bike education that supports student health, safety, and lifelong physical activity.

References

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Recommendation 3: SHAB advises the School Board to formally charge the Student Health and Well Being Advisory Council as the community involvement team as part of each FLE review period.

Strategic Plan Alignment: Student Well Being

Summary

The Code of Virginia requires local school boards to review Family Life Education (FLE) content areas at least every seven years. Arlington Public Schools implements a division-wide FLE curriculum, and APS has chosen to review curriculum every five years. If the School Board adopts the proposed structure of the new advisory councils, the School Health Advisory Board (SHAB) will be concluding at the end of the 2025–26 school year. SHAB requests that the Student Health and Well-Being Advisory Council serve as the advisory body responsible for reviewing FLE curriculum during each review cycle per the 2020 VDOE Family Life SOL requirements for Superintendents to identify community involvement teams and Virginia Code § 22.1-207.1.

Budget Implication

Budget Neutral

Committee Vote

11 in favor, 0 oppose Date: 1/7/2026

Detail

The School Health Advisory Board (SHAB) recommends that the new Student Health and Well-Being Advisory Council be formally charged with serving as the community involvement team for any future Family Life Education (FLE) curriculum review cycles. This designation will ensure compliance with Virginia law, maintain continuity in community engagement, and provide a structured, informed forum for stakeholder input on sensitive and developmentally important curriculum content.

The Code of Virginia requires each local school board to review FLE content areas at least once every seven years and to ensure meaningful community involvement in that review process (Virginia Code § 22.1-207.1). Arlington Public Schools (APS) exceeds this minimum requirement by conducting a division-wide review of the FLE curriculum every five years. APS implements a single, consistent FLE curriculum across the division, making a centralized and representative advisory body essential to ensuring both fidelity to state standards and responsiveness to community values.

Under the Virginia Department of Education's 2020 Family Life Education Standards of Learning (SOL), school divisions are required to engage parents and community members through a designated community involvement team identified by the superintendent (VDOE, 2020). This team is charged with reviewing FLE instructional materials and providing input prior to school board consideration. Historically, SHAB has fulfilled this role, bringing together educators, health professionals, parents, and community representatives with relevant expertise in student health and well-being.

If the School Board adopts the proposed structure of the new advisory councils, SHAB will conclude its work at the end of the 2025–26 school year. In anticipation of this transition, SHAB requests that the Student Health and Well-Being Advisory Council assume responsibility for the FLE curriculum review process beginning with the next scheduled review cycle. Charging the new council with this role will ensure continuity of oversight, preserve

institutional knowledge, and align FLE review responsibilities with the council's broader charge to advise on student health and wellness.

The Student Health and Well-Being Advisory Council is well positioned to serve as the FLE community involvement team. Family Life Education addresses topics that intersect directly with physical health, mental well-being, social-emotional learning, safety, and healthy relationships. Oversight by a council dedicated to student health and well-being ensures that curriculum review is informed by current research, best practices, and an understanding of the developmental needs of students, while also reflecting parent and community perspectives.

Designating the Student Health and Well-Being Advisory Council as the community involvement team will support transparency, consistency, and compliance with state requirements, while reinforcing APS's commitment to inclusive and thoughtful engagement around Family Life Education. This approach provides a clear governance structure for future review cycles and ensures that APS continues to meet VDOE guidance.

References

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Recommendation 4: SHAB advises the School Board to formally charge the Student Health and Well Being Advisory Council with reviewing and evaluating the physical and mental health impacts of device usage, both personal and school issued devices, on student well being and providing recommendations to the School Board accordingly.

Summary

A growing body of pediatric and public health research, including guidance from the U.S. Surgeon General and the American Academy of Pediatrics, links increased screen and device use among children and adolescents to risks for mental health, sleep, attention, physical well-being, and safety. Heavy and problematic use—common among youth and amplified by school-issued, "always-on" devices—is associated with anxiety and depressive symptoms, sleep disruption, distraction and learning interference, eye strain and increased myopia risk, musculoskeletal discomfort, sedentary behavior, and exposure to inappropriate online content. While technology can support learning in targeted ways, evidence shows students learn most effectively through direct instruction, and excessive device use carries significant opportunity costs for social interaction and healthy development.

At present, APS has created a Device Use Working Group to review current usage of digital devices within APS, but the working group is not charged with addressing the larger impacts of devices on mental and physical health outside the classroom. SHAB recommends that the School Board formally charge the Student Health and Well Being Advisory Council with reviewing and evaluating the health impacts of increased device usage and make recommendations to the School Board and parent community. These recommendations would encompass both personal and school-issued devices and their impact on student health, learning, and well being.

Committee Vote

10 in favor, 0 oppose Date: 1/7/2026

Detail

A growing body of pediatric and public health research links higher levels of screen time and device use to measurable increased risks to the mental health and well being of school-aged children and adolescents. The U.S. Surgeon General's Advisory concludes that the evidence base contains "ample indicators" of harm for some youth, with particular concern for anxiety

and depressive symptoms, sleep disruption, social comparison and body image pressures, and increased exposure to riskier experiences such as cyberbullying. While impacts vary by child, content, and context, the American Academy of Pediatrics similarly characterizes today's "digital ecosystems" as a health and developmental hazard that requires intentional guardrails and careful monitoring of how, when, and why devices are used.

Research further shows that problematic or compulsive device use is associated with higher levels of depression, anxiety, and stress in adolescents and young adults—an important finding given that school-issued devices increase "always-on" access. Notably, problematic and dysregulated use is common among children, in part because digital platforms are intentionally designed to be highly engaging and addictive, particularly for developing brains through dopamine-based reward mechanisms.

From a physical health perspective, extensive screen-based near-work is associated with digital eye strain and an increased risk of myopia. A recent systematic review with dose–response meta-analysis found that each additional hour of daily screen time was linked to increased risk of myopia (nearsightedness), with the steepest increases occurring within the first few hours of use. Prolonged sitting and device-related posture, including sustained head and neck flexion, are also associated with neck, upper back, and other musculoskeletal complaints in youth. In response to these concerns, global health guidance emphasizes reducing sedentary time, which often includes recreational and non-essential screen use, due to its broader health tradeoffs.

Schools increasingly recognize that school-issued devices also function as pathways for exposure to inappropriate or harmful content. Studies show substantial rates of youth exposure to online sexual content, including pornography that depicts, normalizes, and glorifies sexual violence—most often against women and girls. Exposure to such content is associated with problematic sexual attitudes and behaviors, underscoring the importance of including content safety, filtering effectiveness, exposure pathways, and

downstream impacts in any health-focused evaluation of school device programs.

Evidence also suggests associations between higher screen time and increased attention difficulties, including ADHD-related symptoms, though findings often reflect small effect sizes and important confounding factors. These findings reinforce the need to distinguish between device use that meaningfully supports learning and use that promotes frequent multitasking, distraction, and reduced instructional effectiveness. While technology can facilitate learning in specific contexts, it is well documented that children learn most effectively through direct interaction with teachers.

Finally, extensive device use carries a significant opportunity cost by displacing in-person social interaction, outdoor play, motor skill development, and other experiences essential to healthy child development. At present, APS does not provide detailed data on school-issued device usage, including total time spent on devices, patterns of use by grade or class, the amount of homework completed on devices, or the types of content accessed. As part of the charge for next school year, the School Health Advisory Board requests that access to this data be provided to the Student Health and Well Being Advisory Council in order to conduct a comprehensive review of the mental, physical, and developmental health impacts associated with school-issued device use.

Priority Health Impacts to Examine and Recommended Areas of Study

1. Mental Health and Sleep (Ages 5–18)
Research suggests: Associations between device and social media exposure and anxiety, depression, sleep disruption, cyberbullying, and social comparison/body image concerns, with highest risk observed among heavy and problematic users.
Areas to study: Total daily use; after-9:00 p.m. use; in-school versus at-home use on school-issued devices; educational versus entertainment or social use; multitasking during homework; trends in sleep quality, mental health

screenings, counseling visits, and disciplinary incidents related to online conflict.

2. Attention, Learning Interference, and ADHD-Related Concerns
Research suggests: In some cohorts, increased screen time is associated with worsening ADHD symptoms within the same year, while broader reviews link longer screen time to higher symptom scores, emphasizing non-causality and modest average effects.
Areas to study: Classroom off-task indicators such as tab switching, non-instructional app use, and notification frequency; differential impacts for students with ADHD, 504 plans, or IEPs (with appropriate privacy protections); changes in attention and behavior before and after device policy adjustments.

3. Eyestrain, Headaches, and Myopia Risk
Research suggests: A dose–response relationship between screen time and myopia risk, with sustained near-work contributing to eye strain and headaches.
Areas to study: Duration of uninterrupted near-work; use of breaks (e.g., 20-20-20 practices); display ergonomics including font size, brightness, and viewing distance; emerging trends as screen exposure increases.

4. Posture, Musculoskeletal Pain, and Sedentary Time
Research suggests: Prolonged device use and sedentary behavior are associated with neck, shoulder, and back pain, with broader health implications tied to excessive sedentary time.
Areas to study: Daily seated instructional time; balance between device-based and movement-based learning; classroom ergonomics; student-reported discomfort and symptom trends.

5. Exposure to Inappropriate Content
Research suggests: High prevalence of youth exposure to sexual, violent, and self-harm-related content online, with some evidence linking exposure to harmful attitudes and behaviors.
Areas to study: Effectiveness of content filters; sources of exposure (e.g., browsers, apps, VPNs, hotspots); pathways of access such as searches,

social feeds, group chats, and shared links, using available device monitoring data.

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