



Equity Impact Statement Template for School Committee Proposals and Presentations

Title: District Wellness Policy SY19-20 Annual Report

Date: August 4, 2021

Was the [Racial Equity Planning Tool](#) used? Yes No

If yes, insert date(s) of REPT meetings and link to completed REPT here: _____

Did a member of the Division of Equity, Strategy and Opportunity Gaps review this statement? Yes No

BPS Racial Equity Planning Tool Sections	Summary/Rationale
<p>1. Proposal/Presentation & Impact <i>What are the proposal's/effort's desired outcomes, including in eliminating disparities? Who led this work/planning, and do they reflect BPS students' and families' group identities (key groups include individuals who are Black, Latinx, Asian, indigenous, immigrant, multilingual, and have Special Education experience)?</i></p>	<p>The District Wellness Council (DWC) is a superintendent-appointed advisory council. The DWC is required by law (2010 Healthy, Hunger-Free Kids Act and M.G.L. c. 111, §233, 105 CMR 215.000) to submit an annual report. The report is presented to the School Committee with recommendations on how the district might improve implementation. The council is chaired by the Assistant Superintendent of Health & Wellness and the Boston Public Health Commission's Medical Director; current membership is diverse based on race, ethnicity, gender, stakeholder affiliation, and area of expertise. The council includes seats for representatives from each of the district's three parent councils and two seats for representatives from the Boston Student Advisory Council (BSAC). This report was compiled by the Office of Health and Wellness Data & Evaluation Team in collaboration with the DWC subcommittee co-chairs. Drafts were reviewed by the DWC members and attendees at public DWC meetings.</p>
<p>2. Alignment with the Strategic Plan <i>How does the proposal/effort align with the district's strategic plan?</i></p>	<p>The district aims to create a safe, healthy, and culturally and linguistically sustaining learning environment for every child in every classroom at every school. Our comprehensive District Wellness Policy provides the roadmap for achieving that goal. The annual report examines how the policy is being implemented, and tracks student health outcomes by self-identified race, gender, and sexual orientation. The Wellness Policy supports nearly every aspect of the district's strategic plan commitments, including 1.8 (address health and social contributors to opportunity gaps), 2.3 (instruction that fully integrates student wellness); 3.7 (engage families and community to understand needs); 4.4 (enhancing facilities to support health); 5.4 (educators supported in their work); and 6.5 (engage key partners).</p>
<p>3. Analysis of Data <i>What data was analyzed? Was it disaggregated by race and other key groups? What did it show regarding disparities?</i></p>	<p>Data included in this report comes from multiple sources, and is based on the Wellness Policy's Monitoring and Evaluation Plan. The policy implementation data is mainly aggregated at the district and school level, but student health outcomes are disaggregated by race, gender, and, in the case of Youth Risk Behaviors Survey data, sexual orientation. Data sources include Center for Disease Control (CDC) School Health Profiles Surveys, School Climate Surveys, Human Capital staffing records, central office department programming records, Middle and High School Youth Risk Behavior Data, school nurse records, and School Wellness Action Plan data.</p> <p>BPS Nursing data shows that 19.8% of students have asthma with a higher percent of student of color with an asthma diagnosis (22% of multiracial students, 21% of Black students, 20% of Asian students, 20% of Hispanic/Latinx students, 15% of Native American/Pacific Islander students, and 14% of White students). The 2019 Boston Youth Risk Behavior Surveys show that 14.8% of high school students got recommended daily physical</p>

	<p>activity (≥ 60 min/day), statistically significantly less than students both statewide (21.7%) and nationally (23.2%). 19.5% of middle school students got the recommended daily physical activity. 24.7% of high school students ate breakfast daily, statistically significantly less than students both statewide (30.8%) and nationally (33.1%). 45% of MS students ate breakfast daily. Among high school students, 35% felt persistent sadness almost every day for two or more weeks in a row. Female students are statistically more likely to report persistent sadness compared to their male peers (44.8% vs. 25.1%) and students that identify as lesbian, gay, or bisexual are more likely than their straight peers (59.1% vs. 30.5%).</p>
<p>4. Stakeholder Engagement <i>Who was engaged (quantity, key groups, and roles) and how, and what did that yield? What did students/families most impacted by this proposal/effort say?</i></p>	<p>In addition to superintendent-appointed members (described above), DWC meetings and participation in the council’s policy area subcommittees are open to the public. Data gathered for this report is reviewed in public meetings through facilitated small group discussions to garner feedback.</p>
<p>5. Racial Equity Strategies <i>How does this proposal/effort mitigate disparities and increase racial and other equity? What are possible unintended consequences? What complementary strategies will further advance equity?</i></p>	<p>The report helps the district examine its commitment to a Whole School, Whole Community, Whole Child approach to student health and wellness. It makes recommendations to the Superintendent and School Committee on strategies to increase policy implementation, thereby reducing opportunity gaps and health disparities. The DWC follows the CDC’s Policy Process cycle for policy implementation, which involves continuous monitoring, evaluation, and stakeholder engagement to identify barriers as well as intended and unintended impacts. Using this process along with the elements of the Racial Equity Planning Tool helps the council focus on disparate outcomes and actively advance equity-based practices. Recommendations in this report increase racial and other equity through ensuring quality comprehensive health education, physical education and social emotional learning through classroom instruction for every student in every school. This strengths-based approach develops the knowledge, skills, and self-efficacy to engage in healthy behaviors within students. The report also highlights how the investments in improving infrastructure and increasing school staff to provide support services have improved the district and schools’ implementation of the policy.</p>
<p>6. Budget & Implementation <i>What are the budget impacts? How will implementation ensure all objectives, particularly equity-related objectives, are met? What are the group identities of the implementation team, and will they bring an equity lens?</i></p>	<p>This report monitors the implementation of the eight policy areas through an equity lens, and makes recommendations for fuller implementation. Implementation requires support from many central office departments and school-based staff. Recommendations in this report should be considered in making decisions for allocating Elementary and Secondary School Emergency Relief (ESSER) funding. Specific ESSER proposals were submitted by individual departments rooted in the policy to support a Whole Child approach.</p>
<p>7. Accountability & Communication <i>How will impacts be assessed, documented, and communicated to stakeholders? Who will be responsible?</i></p>	<p>The DWC and its eight subcommittees developed a monitoring and evaluation plan to assess implementation progress. A quantitative report is made to the Superintendent and School Committee every other school year. The OHW coordinates the DWC, and leads the collection of information and writing of the Annual Report. The Report is submitted to the Department of Elementary and Secondary Education, and shared with school leaders, and other stakeholders through the OHW website. School leaders are responsible for ensuring compliance with the Policy under the supervision of school superintendents. District departments are responsible for supporting the implementation and monitoring of specific components.</p>