

# Executive Summary

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Students who are health literate, have access to healthcare and support services, and can freely practice health-promoting behaviors can engage more readily in the process of learning. In other words - healthy students are better learners.<sup>1</sup> In a school year where we faced a global public health crisis that has had significant impacts on our local community, it is vital that we take the time to examine how we've measured up to our commitment to wellness policies and practices, how we adapted to the challenges of the COVID-19 pandemic, and how we will expand what worked in order to help our schools return, recover, and reimagine a better way forward. We must attend to the physical, social, and emotional well-being and development of our students, honoring and building on the rich cultural and community assets they and their families bring to our schools, and developing their knowledge, skills, and self-efficacy to succeed in the pursuit of a healthy and happy life.

BPS strives to be one of the healthiest school districts in the country. Our goal is to actively promote the physical, social, and emotional wellness of all students to support their healthy development and readiness to learn. BPS aims to create safe, healthy, and sustaining learning environments for every child in every classroom at every school. Our Comprehensive District Wellness Policy provides the roadmap for implementing that goal.

The District Wellness Policy is comprised of eight policy areas: 1) Cultural Proficiency, 2) School Food and Nutrition Services, 3) Comprehensive Physical Activity and Physical Education, 4) Comprehensive Health Education, 5) Safe and Supportive Schools, 6) Health Services, 7) Healthy School Environment, and 8) Staff Wellness.

This quantitative annual report details School Year 2019-2020 findings by policy area, drawing comparisons to previous years when possible and highlighting success and challenges. Prior to examining each policy area, the report takes a closer look at district and individual school wellness council (SWC) functionality. Student outcomes related to health behaviors, perceptions and attitudes, and the prevalence of obesity and asthma across the district are presented at the end. The report concludes with a discussion of findings and recommendations for improved wellness policy implementation.

This report is submitted to the Superintendent of Schools and School Committee by the District Wellness Council (DWC) per the Massachusetts Standards for School Wellness Councils annual report requirement and will be submitted to the Department of Elementary and Secondary Education (DESE) as a part of the reporting requirement for the DESE audit of the Food and Nutrition Services Department.

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<sup>1</sup> Basch, C.E., 2011. Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of school health*, 81(10), pp.593-598.

## Key Findings by Policy Area

### Council Section:

- Functionality of School-based Wellness Councils: 85% of school submitted a Wellness Action Plan (106 WAPs submitted); 65% identified co-chairs for the councils to ensure coordination of the council and 94% delegated action steps to multiple members to build shared leadership and commitment to the work of the council; 76% identified goals that are specific, measurable, actionable, realistic, and time-bound (SMART).
- Saw a reduction in the number of councils working on Cultural Proficiency goals. While all schools must have Cultural Proficiency goals in their QSP, we would hope to see more CP goals specifically in the WAP, especially since family and student participation on the wellness councils is so low.

### Cultural Proficiency:

- Need to increase family and student participation in the wellness councils: 4 schools engaged student representatives and 14 schools engage with family representatives. Fifty percent of school leaders report engaging students' families to help develop or implement policies and programs related to school health in the past two years.
- All schools and central office departments are incorporating goals to support the implementation of the OAG Policy and CLSP throughout the district.
- Cultural Proficiency standards and practices and equity protocols continue to be rolled out across the district through centralized training and school-based professional development; 79% of school leaders reported that all of their staff had received training in the past two years on addressing equity in education outcomes for students of color; however, only 38% of school leaders reported the same for training on creating a supportive learning environment for LGBTQ+ students in the past two years (2020 Profiles).

### School Food & Nutrition Promotion:

- 100% of schools providing Breakfast after the Bell, increase from 87% in SY17-18.
- 23% of schools receiving vended meals (15 out of 66) were converted to My Way Café to be able to provide bulk, freshly prepared, on-site meal service, an increase from 3% in SY17-18 to 21% of all schools (FNS Records).
- The FNS department is continuing to improve sourcing local foods and systems to plan and track meals at each school and continuously improve the cultural relevance of meals offered.
- Compliance to BPS nutritional guidelines for food sold in vending machines or at a school store, fundraisers, canteen, or snack bar is weak: 67% of schools reported these foods not meeting guidelines and only 47% of schools prohibit less nutritious foods and beverages from being sold for fundraising purposes.

- FNS was able to quickly pivot to continue providing meals to students and families as soon as schools closed in March of 2020 and throughout the summer, continuously improving their model based on feedback to reach our students and families.

### Comprehensive Physical Activity & Physical Education:

- **Physical Education:** 90% of schools serving grades PreK-8 reported meeting or exceeding the PE policy requirement of 45 minute of PE per week for each grade, though nearly all those schools are staffed to provide the required amount. 58% of high schools report offering at least 1 semester of PE in each grade; 75% of high schools are staffed to offer some PE and 33% are staffed to meet the policy requirements.
- **Recess:** There have been improvements in providing time for recess for grades 6-8. Across the district, 83% of grade 6 has recess and 77% of grades 7 and 8. However, only 42% of schools with grades 6-8 provide the minimum 20 minutes of daily recess for those grades. 75% of schools containing grades PreK-5 have at least 20 min of recess daily as required by the policy, though all students in those grades have some amount of recess weekly.
- **Movement in the Classroom:** 80% of schools report that all or many of their teachers implement movement breaks or classroom lessons that involve movement.
- The percentage of schools that report withholding PA as a punishment (22%) has not changed since SY17-18; the Code of Conduct was updated in Fall 2019 to reflect the language in the PA policy and was communicated to school superintendents and school leaders.
- Central Office continues to provide strong supports for school PE programs, including in-depth instructional coaching for new and veteran teachers, as well as lessons, curriculum, and equipment. The OHW PE-PA team worked with PE teachers to provide at-home lessons and activities to keep students and families moving during the remote learning.

### Comprehensive Health Education:

- **Staffing:** Only 20% of middle and high schools have a lead health education teacher certified, licensed, or endorsed by the state to teach health education.
- **Elementary Grades:** 39% of all BPS schools with grades PreK-5 did not offer any health instruction to students; 36% provided health instruction in three or more grade levels with PreK-5.
- **Middle and High School Grades:** 42% of schools serving middle and high school grades did not require students to take any health education course; K-8 and middle schools were least likely to require any amount of health education instruction (55%) and high schools were most likely to provide some form of health education (73%).
- **Policy Compliance:** Only 18% of schools across the district followed the minimum required health education policy: 33% of elementary schools met the minimum requirements, 12% of

schools serving grades 6-8 required two semesters taught by a licensed health educator, and 8% of schools serving grades 9-12 required 1 semester taught by a licensed health educator.

- Central Office continues to provide strong support for school CHE programs, including in-depth instructional coaching for teachers, as well as lessons, curriculum, and materials. The OHW HE Team provided virtual lessons and resources for teachers and students to support caring for their physical, social, and emotional health during remote learning.

### Healthy School Environment:

- BPS Sustainability trained 400 custodians on sustainability, environment, health, and safety issues during the 2017, 2018, and 2019 annual BPS Custodial Training. While in-person training was cancelled in summer 2020 due to COVID-19, all custodians still completed their annual mandatory 2-hour online AHERA training and received the BPS Sustainability presentation to remotely access individually.
- 78% of school leaders report reviewing their School Environmental Audit, 66% report coordinating with their wellness council to address needs raised in the report, and only 18 schools identified HSE goals in their WAP.
- Communication of Green Cleaner Policy and Integrated Pest Management (IPM) Program to school staff: 73% of school leaders reported informing their staff about the green cleaner policy, which includes safer sanitizer for Early Ed Programs and 90% inform staff on how to record pest sightings to improve IPM.
- Zero Waste Programs are running at all schools and BPS Sustainability continues to build programming and supports for schools and the district to move toward greater environmental sustainability.
- Investments were secured to improve access to tap water for drinking at all schools; Between 2021-2025 100% of schools will receive varying levels of first-time installations or upgrades to existing systems.

### Safe & Supportive Schools:

- Strong district-wide commitment from school leaders to support student SEL with explicit systems in place to develop student's SEL competencies. There is a need for a district plan to fully articulate, implement and coordinate MTSS structures that support student and staff SEL and mental health and that are in alignment with our CLSP and equity vision.
- Only 28% of schools serving grades 6-12 identified an Expectant and Parenting Students policy liaison
- Only 28% of schools reported having at least two trained Bullying Prevention Liaisons, a decrease from 71% in SY17-18. Further, compared to SY2017-18, the share of schools reporting all staff at their school completed an annual bullying prevention intervention training decreased

from 42% to 22% while the proportion that said no staff were trained increased significantly from 7% to 39%.

- Most schools take a MTSS approach and have a student support team, and the district is investing in important mental health support services staff at the schools.
- BPS K-12 Transformative SEL standards are being rolled out through the district and embedded in health ed, physical ed, and the arts.
- BPS Homeless Education Resource Network continues to improve on systems to identify and support student experiencing homelessness and housing insecurity
- Behavioral Health Services provided remote services and connected students and families to mental health supports after schools closed in March; Opportunity Youth mobilized outreach and support services for homeless students and families experiencing house instability during the pandemic.

### Health Services:

- Nearly all school buildings staffed with at least 1 school nurse: 131 FTE school-based nurse making a 1:355 nurse to student ratio and there has been an increase in health screenings.
- 77 Schools with students in grades 6-12 participated in the Menstrual Access Pilot Program made possible by initial funding from the City of Boston. Products were chosen based on student focus group feedback. 3,767 school nurse visits for menstrual product distribution were recorded between September and March.
- All high schools have active Condom Accessibility Teams
- BPS continues to improve school nurse staffing capacity at school buildings and the Health Services Department is continuously improving systems to ensure student medical records are up-to-date and students are receiving the services and health care they need.
- 32 schools have a student immunization compliance rate of less than 85% and there has been no increase in the number of completed Individual Health Care Plans on file for students with chronic conditions.

### Staff Wellness:

- 97% of school leaders agree their school actively supports staff members' social and emotional well-being, yet only 53% of schools report offering programs to promote the physical, social, and emotional well-being of school-based staff.
- Staff Wellness efforts have been largely happening in isolated pockets throughout the district and there has been a lack of collaboration with the District Wellness Council to implement practices and initiatives to promote the physical, social, and emotional well-being of all BPS employees.

## Recommendations

To ensure equity for all BPS students, they must have access to an environment that provides quality health and wellness education, programs, and services, we must continue to implement the policy across the district's diverse schools. We suggest the following action steps:

1. *Improve communication of the policy to district leaders, schools, youth, and families:*
  - a. Develop an overall communication plan to disseminate information about the Wellness Policy to increase awareness and knowledge among district leadership, school leaders, school-based staff, students, and families
    - i. Continue to make use of existing communication channels within the district and use new ones as they are available.
    - ii. With changing leadership in the district, ensure understanding and adoption of the policy at all levels of BPS.
  - b. Outline multiple approaches to engaging parents and caregivers and consistently take their feedback into account to further engage these stakeholders in SWCs
2. *Strengthen District Wellness Council and subcommittees:*
  - a. Maintain diverse representation of stakeholders as DWC members, as defined in the policy.
  - b. Improve the functionality of the subcommittees for Cultural Proficiency, Health School Environment, Health Services, and Staff Wellness.
    - i. Continue to improve the information and data sharing between the Office of Opportunity Gap and the DWC to better align the work of the Opportunity and Achievement Gap Policy and the District Wellness Policy.
    - ii. Strengthen collaboration between the District Wellness Council and efforts to improve staff well-being and organizational health.
  - c. Improve data systems for evaluating the implementation of the Wellness Policy.
    - i. To improve sustainability of the evaluation process and improve collective impact, systems for collaboration and data sharing must be improved.
3. *All departments and offices responsible for the implementation of areas of the policy should include wellness policy implementation strategies and benchmarks into their work plans and strategic plans to improve alignment with department and district wellness goals:*
  - a. Convene an internal committee with department and office heads to meet quarterly to discuss strategic plans and benchmarks to implement the BPS District Wellness Policy.
4. *All department responsible for the implementation of areas of the policy should address the following key implementation issues to improve district and school-level implementation of the wellness policy:*
  - a. *Cultural Proficiency:*
    - i. Increase the representation of students and families on DWC and school-based wellness councils and work in tandem with the district and school-based Equity Roundtables and the wellness councils to achieve health equity goals for students.
    - ii. Improve schools' abilities to collectively assess their organizational structure, policies, and school-wide practices for bias(es) as well as examine their physical

environment, classroom curricula, instructional materials, and wellness promotions.

b. *School Food & Nutrition Promotion:*

- i. Increase culinary processes to include more culturally relevant meals and implement a process for a continuous feedback from students
- ii. Increase opportunities for nutrition education training through OHW Health Ed Team
- iii. FNS should return to managing the contracts for vending machines in the schools to ensure that the food and beverages in the vending machines meets district guidelines.
- iv. Improve communication and reinforcement healthy food environment practices outlined in the policy for schools and central office.

c. *Comprehensive Physical Activity & Physical Education:*

- i. Increasing time in the schedule for recess for middle grades, as well as training, equipment, and resources to support schools in managing recess for these grades.
- ii. Improve PE offerings for high schools by funding additional PE staff, space improvements, additional equipment, curriculum, and professional learning.
- iii. Improve communication of the benefits of PA on student behavior and attention and reduce the number of schools withholding or using PA as a punishment.
- iv. Improve funding and centralized coordination in the Transportation Dept for Safe Routes to School Boston to better promote and support active transportation for BPS.

d. *Comprehensive Health Education:*

- i. Increase the number of licensed Health Education teachers teaching CHE in grades 6-12 and the number of trained teachers teaching CHE in grades PreK-5.
- ii. Improve schools' master schedule planning to include time for Health Education.

e. *Healthy School Environment:*

- i. Improve communication of HSE policies to school leaders and provide more opportunities for training and information sharing between facilities and school leaders.
- ii. Increase school engagement in sustainability efforts across the district.

f. *Safe & Supportive Schools:*

- i. Increase awareness and understanding of Expectant & Parenting Student (EPS) Policy through EPS liaison trainings and easy access to resources and information.
- ii. Continue to build on and improve support for LGBTQ+ students and students experiencing homelessness.
- iii. Strengthen tier 1 social-emotional supports through investments in Transformative SEL professional development and instructional coaches to increase supports for adult SEL and integration of SEL into academics.

- iv. Provide intensive training and development support to new mental health support staff and family liaisons in the schools to strengthen the multi-tiered systems of support approach
  - v. Improve coordination and alignment across central office divisions to strengthen tier I MTSS approach through a district strategic plan for SEL, including learnings from the Boston Hub School roll out.
- g. *Health Services:*
- i. Continue to increase the capacity of school nurses to provide health services to students and the capacity of the Health Services Department to support data collection and professional development of nurses.
  - ii. Increase focus on improving existing immunization compliance in schools.
  - iii. Increase trainings, resources, and supports to school nurses to provide sexual health services and referrals to middle and high school students.
- h. *Staff Wellness:*
- i. Establish a district-level lead for staff wellness to coordinate a plan for sustainable staff wellness promotion and a menu of district supports.