Annual Report

2021–2022

BOSTON Public Schools
WELLNESS POLICY

Prepared by the
Office of Health & Wellness
on behalf of the BPS
District Wellness Council

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Report compiled and written during school year 2022-2023

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Table of Abbreviations

BHS	Behavioral Health Services
BIMAS	Behavior Intervention and Monitoring Assessment System
BMI	Body Mass Index
BPHC	Boston Public Health Commission
BPS	Boston Public Schools
BSAC	Boston Student Advisory Council
BTU	Boston Teachers Union
CAT	Condom Accessibility Team
CBHM	Comprehensive Behavioral Health Model
CDC	Centers for Disease Control and Prevention
CPC	Citywide Parent Council
CHE	Comprehensive Health Education
CLSP	Culturally and Linguistically Sustaining Practices
CSPAP	Comprehensive School Physical Activity Program
DESE	Dept of Elementary & Secondary Education
DWC	District Wellness Council
EPS	Expectant and Parenting Student
FNS	Food and Nutrition Services
FTE	Full-time Equivalent
GSA	Gay Straight Alliance or Gender/Sexuality Alliance
HPV	Human Papillomavirus
HS/MS	High School/Middle School
HSE	Healthy School Environment
OHW	Office of Health and Wellness
IC	Instructional Coaching
IPM	Integrated Pest Management
PreK	Pre-Kindergarten
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer/Questioning
MTSS	Multi-tiered Systems of Support
ODA	Office of Data & Accountability
OHC	Office of Human Capital
OG	Office of Opportunity Gaps
PA	Physical Activity
PD	Professional Development
PE	Physical Education
QSP	Quality School Plan
SBIRT	Screening Brief Intervention & Referral for Treatment
SEA	School Environmental Audit
SEL	Social and Emotional Learning
SpedPac	Special Education Parent Advisory Council
SRTS	Safe Routes To School
SST	Student Success Team
STD	Sexually Transmitted Disease
SWC	School Wellness Council
SY	School Year
TA	Technical Assistance
USDA	United States Department of Agriculture
WAP	Wellness Action Plan
WSCC	Whole School, Whole Community, Whole Child Model
YRBS	Youth Risk Behavior Survey

Executive Summary

The BPS health and wellness mission 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 covers School Year 2021-2022. The information in this report reflects the efforts made during the first full year BPS schools returned to face-to-face learning while the COVID public health state of emergency was still in place and the city and school district were interpreting, communicating and implementing additional COVID-related health and safety protocols. The report details 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.

Key Findings by Policy Area

School-based Wellness Councils:

- Overall implementation of school-based wellness councils declined, and this policy area was considered partially implemented due to the decline in WAPs submitted.
- Functionality of School-based Wellness Councils: 69% of schools submitted a Wellness Action Plan (84 WAPs submitted); of those schools, 59% identified co-chairs for the councils to ensure coordination of the council and 96% delegated action steps to multiple members to build shared leadership and commitment to the work of the council; 79% identified goals that are specifical, measurable, actionable, realistic, and time-bound (SMART).
- While fewer schools had active wellness councils and submitted WAPs, schools were heavily focused on addressing COVID-19 health and safety protocols and addressing the needs of students and staff struggling through the pandemic, making plans through other channels.

Cultural Proficiency:

- Overall implementation of the Cultural Proficiency policy area increased due to actions at the district and school levels, and this policy area was considered partially implemented.
- Increased training and resources at the central office and at schools: New Racial Equity and Leadership (REAL) Training was launched and there were additional training and resources to support LGBTQ+ students and dialogues on race.
- Continued need to improve student and family engagement on school wellness councils: 4 schools recorded having students on their wellness council roster; 9 schools recorded having family members.
- There were many efforts in SY21-22 to put antiracism at the center of the work at the district and in schools; many actions were taken to address health and educational equity, and we must continue to address the work that needs to be done based on the disparities evident in the student health data, specifically Black and Latinx students, female students, and students who identify as LGBTQ+.

School Food & Nutrition Promotion:

- Overall no change in the implementation of the School Food and Nutrition Promotion policy area which remained mostly implemented.
- Improvements to kitchen infrastructure allowed for 17 more schools to provide on-site meal preparation, and 56% of schools provided cafeteria prepared meals for lunch.
- The Community eligibility provision continues to allow BPS to provide school meals free for all students, and 100% of schools serve breakfast after the bell.
- The Competitive Food and Beverage Policy communication and adherence continues to be an issue at schools: 65% of schools reported all food outside of the school meals program followed BPS nutritional guidelines, 68% prohibited food to be sold during meal times, and only 39% of schools reported following all elements for the policy.
- Professional development for nutrition education is needed as only 34% of lead health education teachers reported receiving PD on the topic in the past two years.

Comprehensive Physical Activity & Physical Education:

- Overall implementation of this area of the policy did not change when we considered all elements of the comprehensive approach. This policy area was partially implemented.
- Nearly all schools serving any grades PreK-8 (97%) meet the physical education requirements of 45 min per week. 82% of schools with grades 9-12 offered some PE, but only 55% offer PE in all grades 9-12, as required.
- There were increases in the percentages of grades 6, 7, and 8 that have some recess during the week, and increases in grade 6 getting at least 20 min per day. However, only 44% of schools that contain any grades 6-8 provided the required daily amount for those grades. All PreK-5 schools continue to offer recess, but only 72% reported offering 20 min of recess daily for all grades PreK-5 in their school.

- The percent of schools offering before or after school physical activity programs decreased from 2020 (83%) to 2022 (74%). BPS Athletics programming was still rebounding from the pandemic stoppages and total participation remained low.
- When looking at PE, recess, and opportunities for movement in the classroom, less than 60% of schools were providing all students in grades PreK-8 with 150 min/week of physical activity during school time.
- About a quarter of schools still report withholding physical activity as punishment despite the policy and update to the Code of Conduct.

Comprehensive Health Education:

- Overall implementation of the Health Education policy area declined, and this policy was considered minimally implemented.
- 14% of the schools in the district were meeting the minimum health education requirements as outlined in the policy (fewer than SY19-20), while 26% were approaching meeting the policy, and 59% were not providing HE.
- 29% of elementary schools reported meeting the minimum requirements, fewer than in SY19-20. 27% of elementary schools reported offering health education in all grades preK-5. 52% did not offer any health education in any grades.
- 39% of schools with grades 6-8 require 2+ semesters of health ed, and 54% of schools with grades 9-12 require 1+ semesters; there were very few teachers with health education licenses teaching in those grades

Healthy School Environment:

- Overall implementation of Healthy School Environments improved due to infrastructure changes, and the policy area was considered partially implemented.
- Drinking water infrastructure improvements continue to switch schools from bottled water to filtered tap water, and the water testing protocol continues to function smoothly to identify and quickly address any issues.
- Significant investments and activities were made to improve and monitor air quality; major infrastructure improvements are needed to continue to address thermal comfort and ventilation in old buildings.
- The majority of outdoor play structures are in excellent condition (75 out of 87), and active school gardens programs and outdoor classroom spaces have increased. Access to bike racks and active transportation infrastructure has stayed the same.
- Fewer school leaders reported communicating of key policy elements to school staff: green cleaner, pest management, recycling and decluttering.

Safe & Supportive Schools:

- Overall implementation of this multifaceted policy area improved, and the Safe and Supportive Schools policy area was considered only partially implemented.
- A large increase in the total FTE for positions that provide direct support to students for their social, emotional and/or mental health needs, from 246.5 to 355.4 FTE, contributed. This was primarily driven by an increase in social workers which more than doubled from

59.6 to 166.6 FTE. Still only 20% of schools meet the 1:500 school psychologist to student ratio.
- 67% of school leaders reported their schools have tier I, II, and III curricula, support, and services for students' social, emotional, and behavioral development fully in place.
- Training on implementation of BPS SEL strategies is still needed across all schools in the district according to school leaders. 45% of school leaders strongly agree that they are comfortable with their level of training and education in supporting the social emotional development of students, and only 35% strongly agree that all staff and teachers at their school have received training on the BPS SEL Competencies; most school leaders only somewhat agree to both statements.
- Percentage of schools with GSAs increased from 51% to 62%
- Fewer schools reported having a Student Success Team (93%), yet more schools reported having all the recommended participants on the SST (45%).
- 42% of schools with any grades 6-12 have identified an Expectant & Parenting Student policy liaison, an increase from 28%.
- 72% of schools reported having at least two trained Bullying Prevention Liaisons, an increase from 28%; however, only 10% reported all staff at their school completed an annual bullying prevention intervention training.
- BPS Homeless Education Resource Network continues to improve on identification of and support for students experiencing homelessness and housing insecurity
- Student School Climate Surveys show the need for significant improvement of the culture and climate of schools related to school safety and staff support.

Health Services:

- Overall implementation of the Health Services policy declined due to necessary public health emergency activities, and the policy area was considered mostly implemented.
- Response to the COVID-19 pandemic continued to disrupt some of the school nurses' regular functions (e.g. health screenings) and introduced numerous other responsibilities related to managing COVID, such as management of testing, contract tracing and communications, surveillance reporting, and adapting protocols and operations as policies and requirements changed.
- High school leaders reported fewer sexual health services and referrals available in most categories, with the exception of pregnancy testing, prenatal care and provision of condoms. Improvement is needed across most categories of sexual health referrals.
- Fewer Condom Access Team members completed training in SY21-22 (23%)
- Expanded the Menstrual Access Program to all schools in BPS, an increase from the 77 schools previously reached, and increased product options and access points within the school.
- School-based Health Centers and Health Resource Centers reached less students with services and resources, and the number of community partners providing health services for primary care, vision and dental services declined between 19-20 and 21-22

Staff Wellness:

- There was an increase in the number of schools including a Staff Wellness goal in the wellness action plan (50 out of 84 WAPs submitted); 21% of all WAP goals across the district were related to staff wellness.
- A majority of school leaders report implementing strategies to promote the physical, social, and emotional well-being of faculty and staff; 68% of schools created opportunities for staff wellness promotion at school sites, especially during contracted hours.
- Several central office departments continue to support dimensions of staff well-being; the Recruitment, Cultivation & Diversity Team in OHC is specifically focusing on support to retain and develop educators and staff of color.
- 14 schools had staff wellness champions and 32 schools received funding to improve staff specific spaces (e.g. staff lounges).
- Only just over half of teachers responded favorably regarding their perceptions of the overall social and learning climate of their school; 46% of teachers answered favorably regarding their perceptions of the amount and quality of professional growth and learning opportunities available to faculty and staff.

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 a 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.
   iii. Strengthen connection of Wellness Action Plans to Quality School Plans
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, specifically Cultural Proficiency, Healthy Physical Environment, and Staff Wellness.
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 departments 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 to ensure that efforts and activities center the vision of the community of the schools and the district.

ii. Continue to improve schools' abilities to collectively assess their organizational structure, policies, and school-wide practices for bias(es) through training, technical assistance, and the use of observation tools and walk-thrus.

b. School Food & Nutrition Promotion:

i. Continue to improve the district's ability to provide freshly prepared on-site meals through kitchen upgrades and innovative distribution methods.

ii. Continue to increase culinary processes to include more culturally relevant meals and implement a process for feedback from students

iii. Improve management of contracts for vending machines in the schools to ensure that contents meet district guidelines through Food & Nutrition Services oversight.

iv. Improve communication and reinforcement of healthy food environment practices outlined in the competitive food & beverage policy for schools and central office.

v. Increase opportunities for nutrition education training through OHW Health Ed Team

c. Comprehensive Physical Activity & Physical Education:

i. Increasing time in school schedules for 20 min/day recess for PreK-8, as well as training, equipment, and resources to support schools in managing recess for middle grades.

ii. Continue to 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 mental health, behavior and attention and reduce the number of schools withholding or using PA as a punishment.

iv. Improve centralized coordination for Safe Routes to School Boston to better promote and support active transportation.

d. Comprehensive Health Education:

i. Improve implementation of health education requirements at all levels: elementary, middle, and high school.

ii. 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.

iii. Improve schools' master schedule planning to include time for Health Education.

iv. As the district moves towards more K-6 schools, the policy for middle grades should be adjusted to make it clear when 6th, 7th, and 8th grade students should receive health ed.

e. **Healthy School Environment:**

i. Improve communication of HSE policies to school leaders and staff and provide more opportunities for training and information sharing between facilities and school leaders.

ii. Increase school engagement in zero waste efforts across the district.

iii. Prioritize infrastructure elements that support student and staff health and well-being as the district plans for new buildings and infrastructure improvements throughout the district, including infrastructure to support active transportation for students and staff.

f. **Safe & Supportive Schools:**

i. Improve MTSS coordination and alignment across central office divisions to support schools in achieving strong MTSS implementation.

ii. Strengthen tier 1 social-emotional learning through investments in Transformative SEL professional development and instructional coaches to increase supports for adult SEL, classroom climate, and integration of SEL into academics.

iii. Continue to 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.

iv. Increasing bullying prevention training opportunities for school staff and increase awareness of programs, hotline, and training to address and report bullying

v. Increase awareness and understanding of Expectant & Parenting Student (EPS) Policy through EPS liaison trainings and easy access to resources and information.

vi. Continue to build on and improve support for LGBTQ+ students and students experiencing homelessness.

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 trainings, resources, and supports to school nurses to provide sexual health services and referrals to middle and high school students.

iii. Improve operational support for condom distribution and menstrual product access so that schools have the supplies they need and students can easily access them.

iv. Improve student access to preventative care through increased collaboration with community partners and use of school based health centers and health resource centers.

h. ***Staff Wellness:***

i. Establish a district-level lead for staff wellness to coordinate a plan for sustainable staff wellness promotion and support for school-based initiatives.

ii. Update the Staff Wellness section of the BPS Wellness Policy and create an implementation guidelines circular

Introduction

If we are to imagine a school district where every child has the opportunity to achieve their dreams, we must attend to the whole child. Schools can improve student health by increasing opportunities to practice health promoting skills. What is more, reducing health-related barriers to learning plays a critical role in addressing racial inequality in education[1], uniquely positioning schools to address preventable health conditions as well as developing strengths and assets to excel in learning. 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 culturally and linguistically sustaining learning environments for every child in every classroom at every school. The BPS District Wellness Policy provides the roadmap for implementing that goal. This report provides information that allows BPS to evaluate how we are doing in implementing the BPS Wellness Policy and thus achieving this goal.

Background

BPS initially approved a District Wellness Policy in 2006. The policy has been updated in June 2013 and June 2017. The federal wellness policy requirement was established by the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Reauthorization Act of 2004 and further strengthened by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). It requires each school district participating in the National School Lunch Program and/or School Breakfast Program to develop a wellness policy. The Massachusetts Standards for School Wellness Advisory Committees (M.G.L. c. 111, § 223, 105 CMR 215.000) further details requirements for the establishment and functions of a district wellness council.

The BPS District Wellness Policy was created to align with the Whole School, Whole Community, Whole Child (WSCC) model (Appendix A). The BPS District Wellness Policy seeks to ensure all students are safe, healthy, welcomed, engaged, supported, and challenged. The eight content sections of the policy are: (1) cultural proficiency, (2) school food and nutrition promotion, (3) comprehensive physical activity and physical education, (4) comprehensive health education, (5) healthy school environments, (6) safe and supportive schools, (7) health services and (8) staff wellness. The policy requires schools to establish school-based wellness councils that are responsible for assessing the school on implementation of the wellness policy, developing an action plan, and implementing the action plan.

[1] 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.

The District Wellness Policy also requires that BPS maintain a Superintendent-appointed District Wellness Council (DWC). The DWC develops, recommends, reviews, and advises on implementation of school district policies that address student and staff wellness. The council is made up of BPS Central Office department heads, school-based staff and administration, community partners, and students and family representatives, all of whom offer expertise in the various health-related issues addressed by the policy (see Member List, Appendix B). General membership to and attendance at the DWC is open to all stakeholders and the public. The wellness policy outlines the requirements for the DWC establishment, functioning, and policy monitoring, assessment, and reporting.

Purpose

This report presents the data for school year 2021-2022 (SY21-22) related to implementation of the BPS District Wellness Policy at the district- and school-level. The data presented here cover both district- and school-level metrics, as well as some student-level health outcomes and behaviors. Our social-ecological theory of action is that by improving the environment, programs, and services at schools through successful implementation of the wellness policy components, we expect to contribute to improved student outcomes. School-level outcomes measure policy implementation and compliance, whereas student-level outcomes tell us about students' health status and about how students themselves gauge their safety, health, and behaviors. The DWC sees change at the school level as one of the precursors for change at the student level. The DWC submits this report to the Superintendent of BPS and the School Committee per the annual report requirement of the Massachusetts Standards for School Wellness Councils. This report will also 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.

Monitoring & Evaluation Plan

The District Wellness Policy Monitoring and Evaluation Plan was first developed by the DWC during SY13-14. The goal of this plan was to assess school-level policy implementation outcomes and student-level health outcomes over time. After the wellness policy was updated in June 2017, the DWC made one of its major goals in SY17-18 to update the policy's Monitoring and Evaluation Plan. To develop a more robust evaluation, the DWC subcommittees were charged with developing a logic model for their respective policy area.

Using the logic models as a guidance tool (Appendix C), the DWC subcommittees developed metrics aligned with the policy language and reflective of the work required in each policy area. To the extent possible, existing data collection tools and systems aligned with other district indicators were identified as data sources in order to ensure the sustainability and feasibility of monitoring and evaluating policy implementation. The Monitoring & Evaluation Plan was reviewed by the DWC and DWC leaders and included in the Superintendent's Circular HWD-01.

Methods

The metrics captured in the monitoring and evaluation plan are drawn from a variety of sources and managed by several BPS departments, as illustrated in the table below.

Data Source Descriptions and Collection Methods

Data Source	Description
School Health Profiles (Profiles) *Surveys & Response Rates:* MS/HS Principals: 97% (n=73) Elem Principal: 98% (n=50) Health Ed Teacher (grades 6-12): 97% (n=71) PE Teacher (all schools): 100% (n=121)	Profiles is a system of surveys assessing school health policies and practices across the district. As part of the CDC's school-based surveillance, data are collected from principals and lead health education teachers of middle and high schools (any schools containing grades 6-12) and shared with the CDC to weight and analyze the data. Weighted data represent the school district. BPS supplements these questionnaires with BPS-specific questions and administers two additional questionnaires. All schools not containing grades 6-12 receive the Elementary Principal survey. The Elementary Principal Survey includes questions from the lead health education teacher survey. The Lead Physical Education Teacher Survey is administered to all schools and consists of questions pertaining to the Comprehensive School Physical Activity Plan (CSPAP) and additional questions related to physical activity and physical education. These data are analyzed internally by OHW staff and have not been weighted. Profiles data are collected every even-number Spring through online self-administered surveys. All survey responses are kept confidential. Select responses are used to inform the individual School Wellness Profile Reports for each school that completes the surveys.
School Climate Survey *Response Rate:* Student Survey: 63% (grades 6-11: n=12,473; grades 3-5: n=7,294) Teacher Survey: 59% (n=2,593) Family Survey: 28% (n=12,420)	The Office of Data and Accountability offers climate surveys for students, teachers, and families. The student survey was completed by students in grades 3-11. The teacher survey was administered in Panorama in Spring 2022 for the first time. It was previously based on the MCIEA questions and given through other platforms. The family survey was redesigned in 2022 to better collect data relevant to district priorities. The family survey was administered in ten languages. For each question across the three surveys, participants were asked to respond using a 5-point scale to rate favorability (e.g., 1= "not at all important", 2 = "slightly important", 3 = "somewhat important", 4 = "quite important", and 5 = "extremely important"). The report displayed the percent of favorable results.
Office of Human Capital Records	Office of Human Capital (OHC) records were accessed and cross-referenced with departmental records. These data were used to calculate staffing FTE.

Data Source Descriptions and Collection Methods	
Data Source	Description
Departmental Records	The following BPS departments contributed internally tracked programmatic data: Athletics, Behavioral Health Services, Early Education, Facilities Management, Food & Nutrition Services, Health Services, Office of Health & Wellness, Opportunity Youth, Office of Opportunity Gaps, Office of Data & Accountability, Partnership Office, Office of Equity, Recruitment, Cultivation, and Diversity, Strategy and Innovation, and Succeed Boston.
Youth Risk Behavior Survey (YRBS) 2021 HS Response Rate: 73% 2021 MS Response Rate: 84% All YRBS data are statistically weighted	The YRBS is a component of the CDC's national surveillance system and is used to monitor critical health-related behaviors of adolescents. This is an anonymous and confidential survey administered biennially to a randomized sample of students. Middle school and high school students are surveyed in the spring of odd-numbered years. Boston has been administering the high school YRBS since 1993 and the middle school YRBS since 2013. Survey administration and data collection are coordinated by OHW. Data analysis is performed by Westat and the CDC. BPS has a history of achieving high response rates which allows our data to be weighted and ensures it is representative of all high school and middle school students in the district.
SNAPNurse	SNAPNurse is an electronic health record system used by the BPS Health Services Department and school nurses. SNAPNurse was the primary data source for health services metrics as well as multiple student health indicators including student Body Mass Index (BMI) screened in grades 1, 4, 7 and 10 and student Asthma Diagnoses across the district.
Wellness Action Plans (n=84)	A Wellness Action Plan is a tool to guide each school's implementation of the District Wellness Policy. Wellness Action Plans are developed by school wellness councils and submitted in the Fall to the Office Health and Wellness as a required component of each school's Quality School Plan. The Office of Health & Wellness reviews all WAPs, and tracks data included.

Data Analysis & Reporting

For this report, schools were placed into five grade configuration categories including Elementary, K-8, Middle, Middle/High, and High Schools. In some instances, data have been reported by grade and not grade configuration or grouped into schools containing K-5, schools containing 6-12, or schools containing 9-12 based on the requirements in the policy language. In which case, schools may be represented in more than one category.

SY21-22 BPS Grade Configurations		
Grade Categories	**Grade Configurations**	**Number of Schools**
Elementary	K-1, K-2, K-3, K-5, K-6	50
K-8	K-8, 3-8	31
Middle	6-8	5
Middle/High (MS/HS)	6-12, 7-12, K-12	15
High	9-12, 10-12, 11-12	22
Total Number of Schools in SY21-22		**123**

Number of Schools impacted by grade-specific policies	
Any school containing…	**Number of Schools**
Any Grades PreK-5	83
Any Grades PreK-8	101
Any Grades 6-8	51
Any Grade 9-12	37
Any Grades 6-12	60

Throughout this report, data sources used to inform each metric are denoted parentheses. For each policy metric, percentages are calculated by dividing the number of schools meeting the policy requirement by the total number of schools responding. Many metrics are assessed using Profiles data or other surveys that require schools to self-report. As a result, response rates differ by both data source and individual questions within the same data source. Several steps were taken to ensure that the data reported here were both valid and reliable (i.e., reflective of all BPS schools). Results from the YRBS Surveys and CDC-specified Profiles questions have been analyzed and weighted by Westat/CDC Statisticians. All unweighted Profiles data included in this report had a response rate of >90%, unless specifically noted. Overall, response rates for each survey used in this report are presented in the table above.

Survey Response Rates	
Survey	Response Rate
2022 Profiles – Middle & High Schhol Principals†	97% (n=73)
2022 Profiles – Elementary Principals	98% (n=50)
2022 Profiles – Lead Health Ed Teacher (6-12) †	97% (n=71)
2022 Profiles – Phys Ed Teacher (all schools)	100% (n=121)
2020 School Climate Survey - Student	63% (n=19,767)
2020 School Climate Survey - Teacher	59% (n=2,593)
2020 School Climate Survey - Family	28% (n=12,420)
2021 High School YRBS †	73%
2021 Middle School YRBS †	84%

† High response rate allows for statistically weighted data from the CDC

District and School Wellness Councils

Policy Overview

District-Level: The BPS shall maintain a Superintendent-appointed District Wellness Council (DWC). This advisory group will develop, recommend, review and advise on implementation of school district policies that address student and staff wellness. The District Wellness Policy shall be reviewed once yearly by the DWC and considered for updates based on other model school wellness policies and best practices, annual report findings and recommendations, input from schools and the community, research evidence, and regulations.

School-Level: All BPS schools shall establish and maintain a school-based wellness council (SWC). SWCs shall act as a shared leadership team to implement wellness-related district policies. SWCs must assess their school's implementation of the wellness policy and create and implement an annual Wellness Action Plan (WAP) as a part of the Quality School Plan. School leaders shall name a wellness council chair(s) to coordinate the wellness council and act as a liaison to the District, community, and families.

Intended Impacts on Student Health

- Improve diverse stakeholder involvement on the DWC, DWC subcommittees, and SWC.
- Improve policy to align with model policies and best practices, annual report findings and recommendations, input from schools and the community, research evidence, and government regulations.
- Increase awareness and knowledge of the wellness policy among stakeholders.
- Increase the number of schools with quality wellness councils.
- Improve the functionality of the school-based wellness councils.

SY21-22 District Wellness Council Activities

✓ DWC membership (see Appendix B) includes representatives from families, students, school and district instructional and operational administrators, relevant central department heads, school food and nutrition services staff, physical education and health education teachers, school nurses and other school health professionals (e.g. psychologists, guidance counselors, social workers) a school committee member, community youth serving agencies, Boston Public Health Commission representatives, healthcare providers and the general public .

✓ DWC membership and meeting dates & times are posted publicly; meetings were held virtually for the whole year and public zoom links were posted online and shared through the listserv.

✓ The policy (HWD-01) is shared via The Guide to Boston Public Schools for Students & Families and the BPS webpage.

✓ The Qualitative Annual Report for SY20-21was submitted to the Superintendent, School Committee, and DESE and is posted to the BPS website: https://www.bostonpublicschools.org/Page/8720

DWC Meetings	# of Attendees	Public Comment
October 26	34	Yes
January 20	30	Yes
March 24	33	Yes
June 2	20	No

DWC Action Plan Accomplishments

The main goal for the 2021-2022 school year was to review the wellness policy and consider updates based on other model school wellness policies and best practices, annual report findings and recommendations, input from schools and the community, research evidence, and federal, state, and local regulations. The policy was reviewed in the DWC meetings (see meeting records below) as well as in subcommittee meetings. Subcommittee co-chairs presented preliminary recommendations for updates; final language change proposals were scheduled to be presented at the fall 2023 DWC.

The DWC also discussed the planned use of the allocated Elementary and Secondary School Emergency Relief (ESSER) funds that would go to support elements of the Wellness Policy, taking stakeholder questions and comments. All agendas and meeting records can be found at the following links:

- October 2021 Meeting Records
- January 2022 Meeting Records
- March 2022 Meeting Records
- June 2022 Meeting Records

School-Based Wellness Councils (SWC)

SWCs are expected to meet four times per academic year and recruit a diverse range of stakeholders who reflect the cultural, linguistic, and ethnic composition of the school community. Chairs and co-chairs are designated for SWCs to help coordinate the council, communicate the policy areas, and attend District training. In SY21-22, SWC rosters had an average of seven members, with the largest SWC being 25 members. The average number of members remained the same from SY19-20 (WAP Records).

56% of schools identified wellness council co-chairs to facilitate their councils (WAP Records)

72% of schools with wellness councils met quarterly (Profiles)

Diverse Stakeholder Involvement

An SWC with diverse roles represented is essential to meet the needs of the eight policy areas and ensure that different stakeholders are represented. Families and students are two of the key voices that can support setting and implementing wellness goals. During SY21-22, nine schools had at least one family representative on the SWC and four schools had at least one student representative. While the number of schools including family members increased by 5 schools from SY19-20, student representation decreased from 16 schools in SY19-20 (WAP Records). Community partners who were listed in school wellness action plans include: Boston Public Health Commission, Brigham & Women's Hospital, UMass-Boston Nursing Program, Harvard MedScience, Boston College/City Connects, Boston Centers for Youth & Families, and Playworks.

Percentage of SWC that listed representatives from each role as members in their action plan (WAP Records)

School Leader	48%
Other School Administrator	31%
School Psychologist	23%
School Social Worker/Guidance Counselor	50%
School Nurse	71%
PE Teacher	67%
Health Teacher	17%
Classroom/Other Teacher	50%
Family Rep	*11%*
Student	*5%*
Custodian	2%
Librarian	6%
Food & Nutrition Services Staff	5%
Community Field/Family Liaison	32%
Paraprofessional	14%
Student Support Coordinator	6%
Community Partner	8%
Other	32%

Wellness Policy Communication and Training Opportunities

SWCs can access asynchronous training with six learning modules that share information on the purpose of school wellness councils, elements of a well-functioning council, assessing the school's wellness environment, and creating a wellness action plan. Participants can watch module videos and practice using different tools and engage with materials.

The Wellness Champion Program is another training opportunity available to BPS staff. Each school can have up to two Wellness Champions who receive training and technical assistance in a specific wellness policy domain. Champions are expected to attend training and implement and evaluate an initiative related to their policy domain in their school.

Wellness Policy Training Opportunities (OHW Records)	**Schools Reached**
Wellness Council Basics	21
Wellness Champion Program	**Total 51**
Social Emotional Learning	10
Physical Activity	11
Staff Wellness	14
Empowering Teens Through Health (sexual health ed, sexual health services & LGBTQ+ supports for high schools)	16

Wellness Action Plans and Goals

All schools were sent an individualized Wellness Action Plan template for their school, which included a link to their school's biennial Wellness Profiles Report (OHW Records).

Percentages of schools that have submitted Wellness Action Plans (WAP Records).

SY17-18	106	86%
SY19-20	106	85%
SY21-22	84	69%

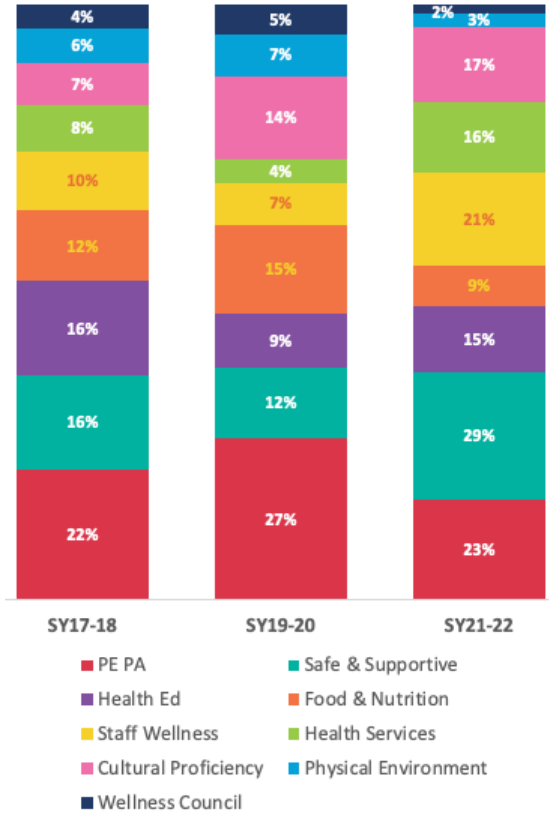
99% of schools that submitted a WAP had at least two goals listed (WAP Records)

79% of WAPs had SMART Goals (WAP Records)

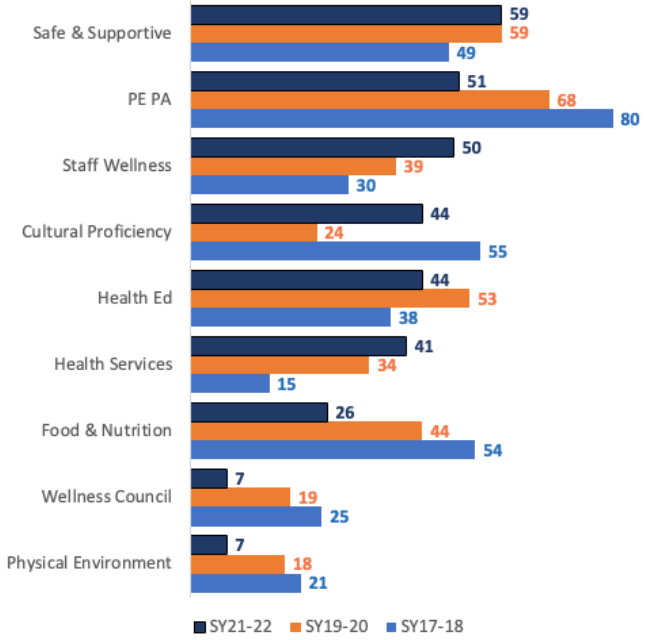
96% of school demonstrated shared leadership with delegating action steps towards WAP goals (WAP Records)

Out of all the goals written across the submitted wellness action plans, the highest percentage of goals were related to the safe & supportive schools, physical education & physical activity, and staff wellness policy areas. There was an increase from SY17-18 to SY21-22 in the number of schools writing goals related to health services, safe & supportive schools, and staff wellness. Within the same timeframe, there has been a decrease in the number of schools writing goals for healthy physical environment, wellness council functionality, school food & nutrition promotion, and physical education & physical activity. Health education and cultural proficiency both had a decrease between SY17-18 and SY19-20 and then an increase between SY19-20 to SY21-22.

Percentage of Wellness Action Plan goals in each area of the policy (WAP Records)



Number of schools with Wellness Action Plan goals in each area of the policy (WAP records)



Cultural Proficiency

Policy Overview

Cultural Proficiency is an approach that raises awareness of individual and institutional culture and bias, encourages cultural learning and relationship building, and implements Culturally and Linguistically Sustaining Practices (CLSP) in order to respect, celebrate, and build on cultural strengths and diversity. The District supports the development of staff and administrators' competencies to build cultural proficiency in schools, classrooms, and central office departments. Schools shall collectively assess their organizational structure, policies, and school-wide practices for biases as well as examine their physical environment, classroom curricula, instructional materials, and wellness promotions

The District and the schools shall include student, family, and community participation in decision-making bodies and create structures for feedback from students, families, and communities about wellness-related policies.

Intended Impacts on Student Health

Culturally and Linguistically Sustaining Practices help to create a safe, healthy, and welcoming environment that supports all students' social, emotional, physical, and academic learning as well as their health and well-being. By calling out and committing to cultural proficiency in relation to the health and wellness outcomes of Boston Public School students, BPS hopes to increase health equity among youth in Boston and decrease health disparities that impact learning. Culturally-responsive and inclusive practices throughout the school and the district will lead to better academic and health outcomes for all students, especially the most vulnerable.

Cultural Proficiency in All Policy Areas

Cultural Proficiency must be integrated into the implementation of other areas of the District Wellness Policy. There will be cultural proficiency measures found throughout this report. It is called out here to establish specific actions to be taken by the District and the schools.

Centralized Professional Learning Opportunities

The BPS Equity, Strategy, and Opportunity Gaps (ESOG) Division was comprised four BPS departments: the Office of Equity; the Office of the Opportunity Gaps; the Office of Recruitment, Cultivation & Diversity; and the Office of Strategy and Innovation. Together, these four offices supported every central department and every school through professional development opportunities that focus on meeting the needs of and advancing academic outcomes for students from historically marginalized groups.

The ESOG Division leads initiatives across the district that fall within the Cultural Proficiency domain of the Wellness Policy, including the new Racial Equity and Leadership (REAL) Training. The REAL training was introduced to the District in May 2022. The training series aimed to ensure all

BPS employees share common vocabulary, knowledge, and skills to equip and mobilize the community to collectively advance racial equity in BPS classrooms, offices, policies, budgets, and initiatives. The training consists of two parts.

REAL Part A:

- A one-hour, asynchronous, online module on unconscious bias in educational settings. Mandatory for all BPS staff.
- A 2-hour Zoom session that shared foundational definitions, history, and district initiatives related to racism, racial equity, and anti-racism. Mandatory for many staff, including District Office supervisors, school leaders, and other school administrators, and educators.

REAL Part B

- A 2-hour Zoom training on implementing the BPS Racial Equity Planning Tool (mandatory for District Office supervisors and managers) or facilitating School-Based Equity Roundtables (mandatory for school leaders and other administrators).

ESOG Policy and Practices Training Sessions (Dept Records)	**SY21-22**
REAL Training Part A	29
REAL Training Part B - Racial Equity Planning Tool	9
REAL Training Part B - School-based Equity Roundtables	2
Culturally Linguistically Sustaining Practices (CLSP) Training	4
Equity Protocols	27
Welcoming Schools (program phased out)	1
LGBTQ+ Student Support Sessions	15
Racial Equity and Hiring	3
Remedial Training Sessions	6

BPS Dialogues on Race

The BPS Dialogues on Race is a curriculum for a five-session series of discussions for a school or department team to reflect on their own racial and ethnic identities, develop common terminology to examine issues of race and racism, and plan how to work together to address ways that racism impacts their work. Since being piloted at a BPS early education center in 2020-2021, at least one central office department and three schools have implemented the curriculum.

School Wellness Council Activity

School Wellness Action Plans

52% of schools listed a cultural proficiency goal on their Wellness Action Plan (WAP Records)

Of the 44 schools with a cultural proficiency goal on their Wellness Action Plan, 41% of cultural proficiency related goals were CLSP related. (OHW Records)

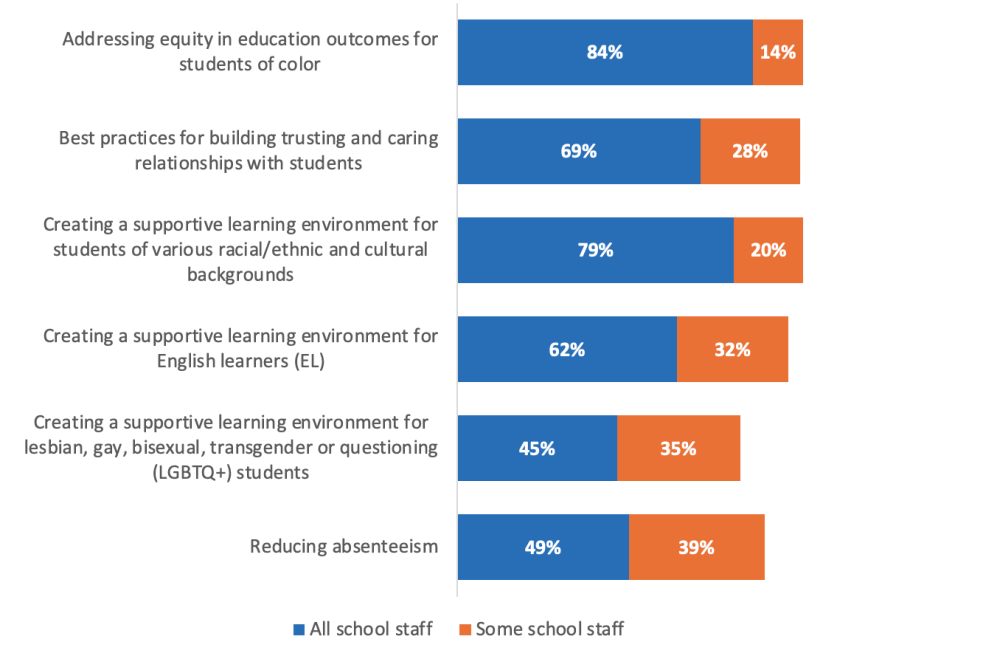
School Wellness Council Stakeholder Diversity

School wellness councils are expected to include family representatives and students, and community partners where feasible.

Engagement of students, family members, and community partners in school wellness councils (WAP Records)	Number of Members	Number of Schools
Students	5	4
Family Members	14	9
Community Partners	7	7

School-Based Training and Activities

Percentage of schools that reported that all or some staff have received training in the past two years on the following topics (Profiles).



Student & Family Experiences

The Students and Families Climate Surveys ask about experiences related to culture and climate at the schools, including cultural awareness and action and school-family communication. For each question, participants were asked to respond using a 5-point scale to rate favorability (e.g., 1= "not at all important", 2= "slightly important", 3= "somewhat important", 4= "quite important", and 5= "extremely important"). For cultural awareness and action, students were 59% favorable, falling near the 60th percentile when compared nationally. Specific questions can be found in Appendix D.

Overall, 59% of students in grades 6-11 answered favorably regarding how often they learn about, discuss, and confront issues of race, ethnicity, and culture in school (Panorama)

Overall, 68% of families answered favorably regarding how often students learn about, discuss, and confront issues of race, ethnicity, and culture in school (Panorama)

Overall, 77% of families answered favorably regarding their perception of the effectiveness of their school's communication (Panorama)

School Food and Nutrition Promotion

Policy Overview

Boston Public Schools believes the cafeteria is an essential setting to educate and promote healthy eating habits. Boston Public Schools is committed to serving students nutritious and delicious food that is less processed, more locally sourced, and culturally responsive to reflect the diverse student population. We believe that students deserve meals reflective of their culture and tastes. BPS is mcommitted to ensuring food sold or served outside of the cafeteria meets high nutritional standards. A healthy school food environment makes it easier for students to make healthy choices by giving them access to nutritious and appealing foods and beverages, consistent and accurate messages about good nutrition, and ways to learn about and practice healthy eating.

Key areas for creating a healthy school food environment are:

- School Meals Program
- Food Safety
- Nutrition Education, Promotion and Food & Beverage Marketing
- Competitive Food & Beverages (i.e. food/beverages sold, provided, or served within school buildings or on school grounds outside of the school meals program)

Intended Impacts on Student Health

A healthy school food environment helps make healthy food choices easy and supports the development of lifelong healthy eating habits for all students. Evidence shows that addressing nutrition and hunger among students has been found to improve attendance, attentiveness, and academic performance. Healthy eating and drinking impact chronic and diet-related disease both in the short and long term. Creating healthy food environments in public schools also provides access and exposure to nutritious food options in neighborhoods where access to affordable, healthy food options is restricted or nonexistent due to systemic inequality.

Teaching Healthy Eating Habits

Health eating habits are taught within health education, physical education, and across other subjects. Nutrition Education Professional Development (PD) is offered through the central office Health Education Team, in school PDs, and through external organizations. The Office of Health & Wellness did not offer nutrition education PDs in SY21-22.

34% of health education teachers reported they receive professional development on nutrition and dietary behavior in the past two years (Profiles)

75% of health education teachers reported they would like to receive professional development on nutrition and dietary behavior in the future (Profiles)

72% of schools reported that teachers in their school tried to increase student knowledge on Nutrition in a required course in any of grades K-5 (Profiles)

51% of health education teachers in middle and high schools reported that teachers in their school taught at least 18 of the 23 key nutrition and dietary behavior concepts in a required course for students in any of grades 6 through 12 (Profiles)

Food Safety Compliance

During SY21-22, the Food and Nutrition Services Department maintained 100% of schools with:

- Cafeteria staff with all required food safety certifications,
- Complete bi-annual kitchen inspections and compliant facilities, and
- A Hazard Analysis and Control Points plan

School Meals Program

All schools offered free meals to all students using different models based on the infrastructure at the school site. The District is decreasing the number of schools receiving prepackaged vended meals, meaning the meals are prepared off-site by an external vendor. In SY21-22, 17 satellite schools were converted to be able to provide bulk, fresh-prepared, on-site meal service to students.

School breakfast and lunch program models SY21-22 (FNS)	**Cafeteria Meals**	**Vended Meals**
School Breakfast Program model	48%	52%
School Lunch Program model	56%	44%

5% of food items produced by the District were local (FNS Records)

90% of schools reported that they provided students with at least 20 minutes to eat lunch after they receive their meal (Profiles)

BPS continued to provide Breakfast After the Bell at 100% of schools in accordance with DESE requirements (FNS). During SY21-22, BPS schools provided a total of 3,026,248 breakfast meals.

Student Participation Rates in School Meals Program

Meal programs with at least 60% of students participating (FNS)	**Number (%) of Sites**
School Breakfast Program	33 sites (27%)
National School Lunch Program	73 sites (59%)
Child and Adult Care Food Program	18 sites (25%)
Summer Breakfast	51 sites (86%)

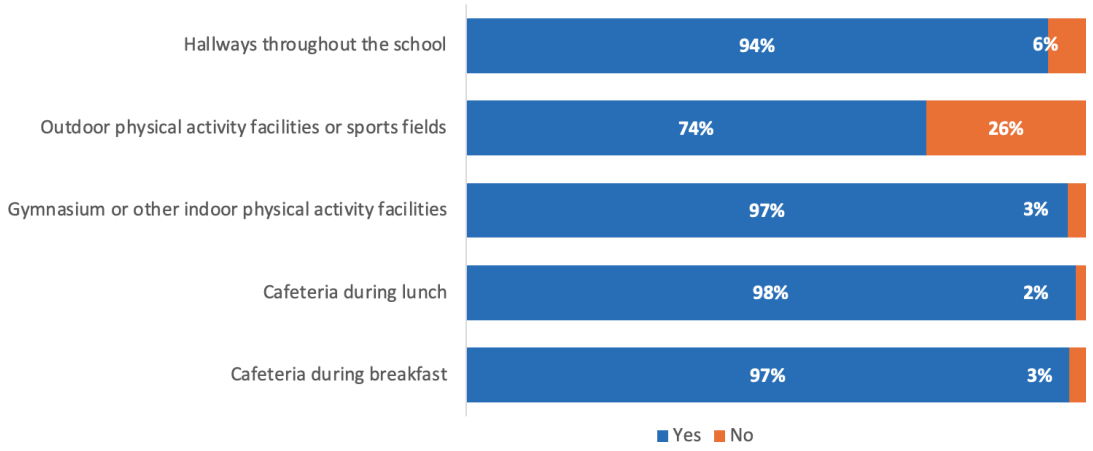
Meal programs with at least 60% of students participating (FNS)	**Number (%) of Sites**
Summer Lunch	58 sites (98%)

Healthy Food Environment & Nutrition Promotion Activities

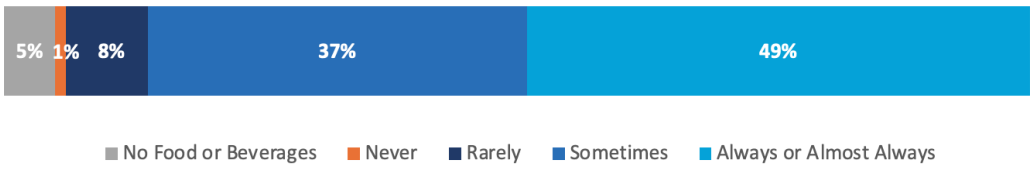
Percentage of schools that reported the following nutrition promotion activities during SY21-22 (Profiles).	**SY19-20**	**SY21-22**
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	37%	32%
Conducted taste tests to determine food preferences for nutritious items	34%	24%
Offered a self-serve salad bar to students	25%	21%
Encouraged students to drink plain water	93%	96%
Planted a school food or vegetable garden	58%	58%

92% of schools reported permitting students to have a drinking water bottle with them during the school day in all locations (Profiles)

Percentage of schools that offered a free resource of drinking water in the following locations (Profiles)



Percentage of Schools that offered fruits or non-fried vegetables at school celebrations (Profiles)



Food Marketing Policy Adherence

Percentage of schools that reported prohibiting advertisements for candy, fast food restaurants, or soft drinks in each of the following locations (Profiles):

In school buildings	76%
On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	74%
On school buses or other vehicles used to transport students	73%
In school publications (e.g., newsletters, newspapers, websites, other school publications)	75%
In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	70%

Competitive Food & Beverage Policy

The table below details the percentage of schools that implement each of the main elements of the competitive food and beverage policy. Only 39% of all schools reported implementing all elements of the policy (Profiles).

Percentage of school that implemented any of the following policies related to competitive foods (Profiles):

All foods sold, provided, or served within school buildings or on school grounds outside of the school meal program must follow the BPS nutrition guidelines	65%
Food sold in competition with school meals, including food-based fundraisers and vending machines, during school meal times is prohibited	68%
The use of food alternatives for school fundraisers, school parties, and classroom celebrations is encouraged	74%
The use of food and beverages as a reward or means of discipline is prohibited	57%

10% of schools allow students to purchase snacks, meals, or beverages from school vending machines or at a school store, fundraiser, canteen, or snack bar (Profiles)

↳ 

25% of schools with food in vending machines or at a school store, fundraiser, canteen or snack bar meet BPS nutritional guidelines (Profiles)

Physical Education and Physical Activity

Policy Overview

BPS recognizes and promotes the benefits of a Comprehensive School Physical Activity Program, where quality Physical Education is the cornerstone and additional physical activity is integrated throughout the school day including before and after school programs.

Physical Education (PE) is a planned, sequential program of curricula and instruction that helps students develop the knowledge, attitudes, motor skills, self-management skills and confidence needed to adopt and maintain physically active lifestyles.

- Grades PreK-8: Required to provide at least 45 min. of weekly, standards-based PE (best practice recommendation is 80 min. per week)
- Grades 9-12: Required to provide at least one semester (the equivalent of a half school year)

Physical Activity (PA) includes recess, movement breaks, and academic lessons that incorporate PA.

- Schools must offer at least 150 minutes of in-school physical activity weekly in grades PreK-8
- Students in grades PreK-8 must have at least 20 minutes of daily recess.
- Opportunities for physical activity before and after school include school athletics programs, physical activity clubs, physical activity in before/after school programs, intramurals and interscholastic sports, and active transportation to and from school.

Intended Impacts on Student Health

Numerous studies indicate that regularly engaging in moderate-to-vigorous exercise contributes to overall physical, social-emotional, and mental health and that nurturing an exercise habit among children lays the foundation for lifelong fitness. Research also shows that increased physical activity increases children's cognitive function, ability to concentrate in class, and academic performance. PE develops physically literate individuals who have the competence, confidence and desire to enjoy a lifetime of healthful physical activity.

Physical Education: Cohesion & Consistency Across Schools

The mission of the Physical Education Department is to ensure equitable and standards-based PE for all BPS students. Professional learning, in-depth instructional coaching, timely technical assistance, and the frequent development and dissemination of resources are key to ensuring high-quality PE and consistency across schools.

Centralized school supports for PE/PA (OHW)	**Amount**	**Reach**
Professional Development:	15 trainings (38 Hours)	114 school staff at 71 schools

Centralized school supports for PE/PA (OHW)	**Amount**	**Reach**
Instructional Coaching: *2 Instructional Coaches & 1 PA Coordinator*	293 sessions (398 hours)	66 teachers at 56 schools
Technical Assistance	468 sessions (277 hours)	232 school staff at 96 schools

School Support Resources

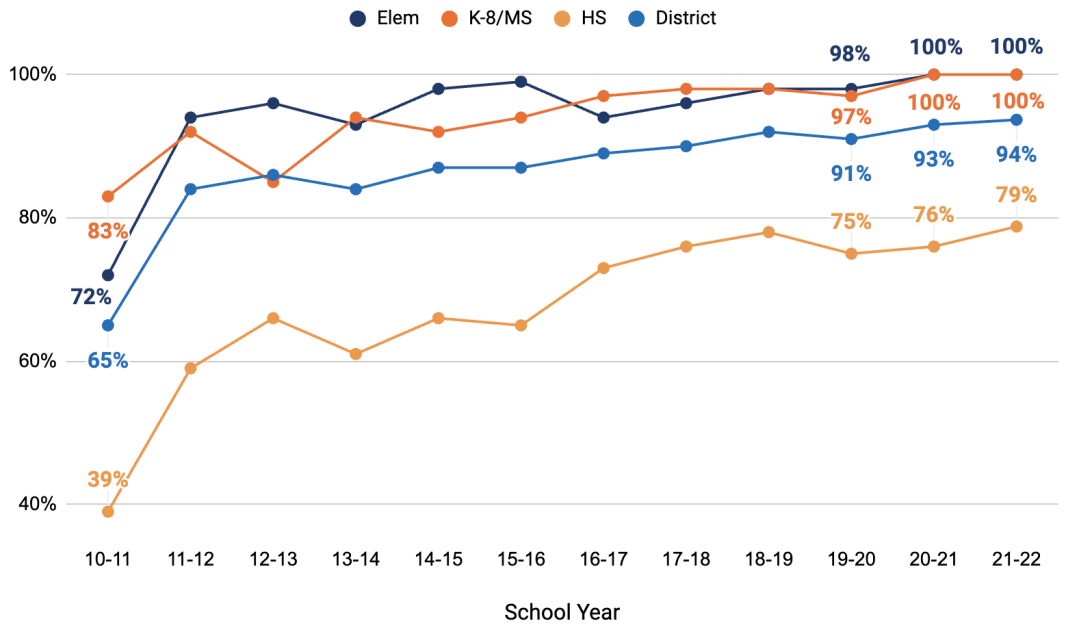
- Online Materials: The PE Team works with teachers across the district to maintain and improve resources for PE teachers, such as the BPS PE Teacher Toolkit, PE Lending Library, PE Unit Library
- **13** Active PA Partnerships serving **47** Schools (Partnerships)
- **12** schools received PE curricula for new teachers (OHW)
- **32** Schools received PE equipment (OHW)

Physical activity community partners in SY21-22 (Partnerships/OHW)

Adaptive PE Rowing Program	BOKS	Special Olympics Unified Champion Schools
Boston Scores Soccer & Enrichment	Sole Train	Middle School Indoor Rowing Program
HERO Kids Sports & 11-Sport Program	Row Boston	Rising New York Road Runners
Hands to Heart Center	Playworks	North End Waterfront Health Center
Shooting Touch	YMCA	

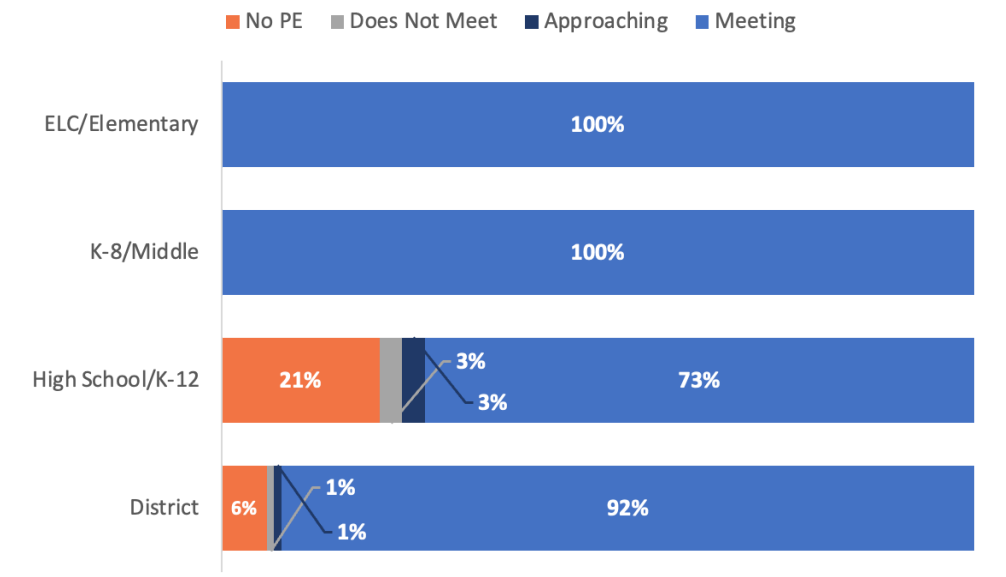
Staffing Capacity to Provide Physical Education

Percentage of Boston Public Schools staffed to offer PE by school level (OHW/OHC)



BPS has seen an increase of 29 percentage-points in schools that are staffed to offer any PE from 65% in SY10-11 to 94% in SY21-22. The greatest gains have occurred in high schools (includes K-12 schools) with a 40-percentage point increase followed by elementary/early learning centers with a 28-percentage point increase. 79% of high schools (includes K-12) are staffed to offer any PE in SY21-22. (OHW/OHC)

Schools staffed to meet PE policy requirement by school category (OHW/OHC)



92% of schools (102 schools) had sufficient staff to meet the PE Policy requirement of 45 minutes of weekly PE (PreK-8) or one semester per year of PE (9-12) for all students. High schools with no middle grades were least likely to be complying; Only 61% of high schools (11 schools) met the PE policy. (OHW/OHC)

Implementation of Physical Education Courses

Standards-Based Physical Education Curriculum

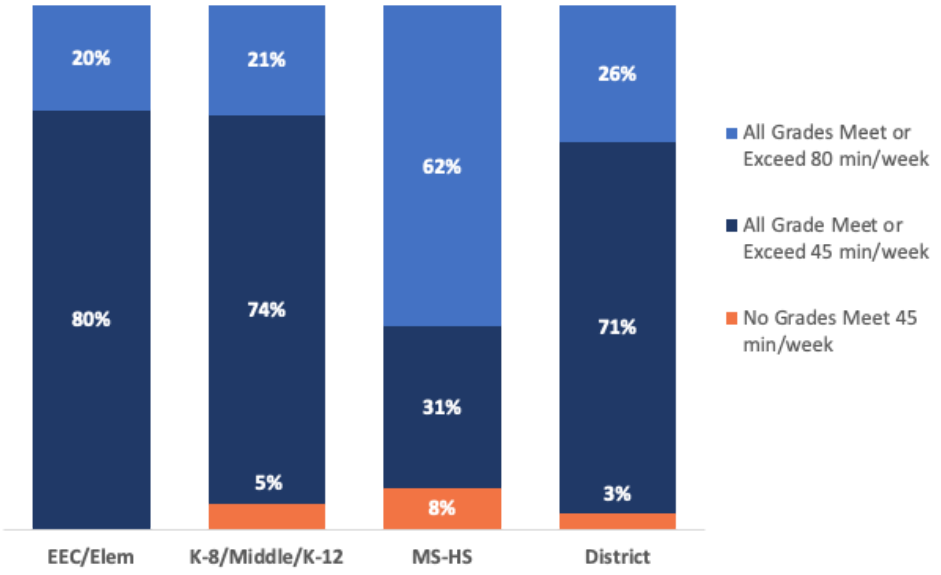
87% of schools reported using at least one district-endorsed curriculum such as Project Adventure, OPEN, and/or SPARK (Profiles)

95% of schools reported implementing standards-based PE, using a district-approved curriculum and/or curriculum developed by the PE teacher (Profiles)

Physical Education in Grades PreK-8

97% of schools serving students in grades PreK-8 across the district reported meeting or exceeding the PE Policy requirement for those grades, meaning students received 45 minutes or more per week (Profiles). However, all schools serving grades PreK-8 provided some amount of PE for students in those grades; schools that fell short of the policy (3%) reported that students received between 30-40 minutes of PE per week.

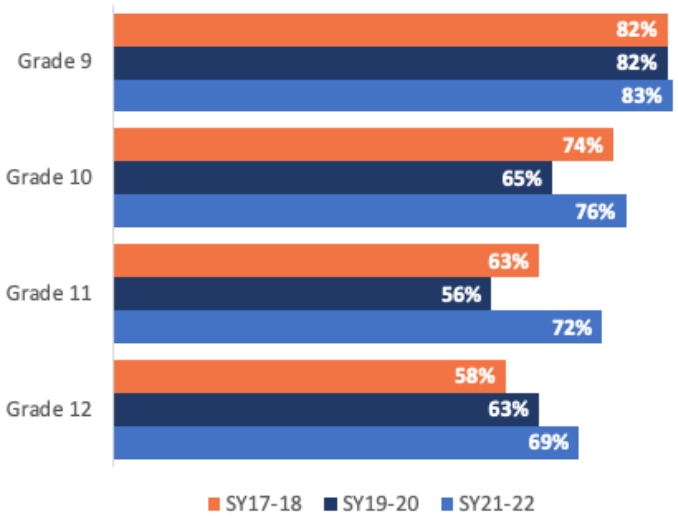
Percentage of schools with any grades PreK-8 that reported minutes of PE that students receive according to the PE policy for grades preK-8 by school category (Profiles)



Physical Education in Grades 9-12

82% of schools with grades 9-12 reported offering PE classes. Most of those schools offered at least 1 semester of PE in grade 9 and there has been an increase in the percentage of schools who also offer PE in grades 10-12 since SY17-18. However, only 55% of schools (16/29 schools) offering PE for grades 9-12 provided at least one semester of PE to students in every grade (Profiles).

Percentage of schools with grades 9-12 that reported offering at least 1 semester of PE by grade level (Profiles)



Recess in Grades PreK-8

All schools offered recess for students in grades PK-5 and 72% of schools met the policy requirement of a minimum of 20 minutes of daily recess in those grades. While fewer schools offer recess for middle schools versus PK-5, the percentages have increased over the past few years. The amount of recess for middle school students ranged from 69 to 84 minutes per week. 44% of schools met the recess policy requirement for grades 6 through 8; school compliance with minimum daily minutes for grades 6 through 8 has increased from 42% in SY19-20 (Profiles).

72% of grades PK-5 met the recess policy

44% of grades 6-8 met the recess policy

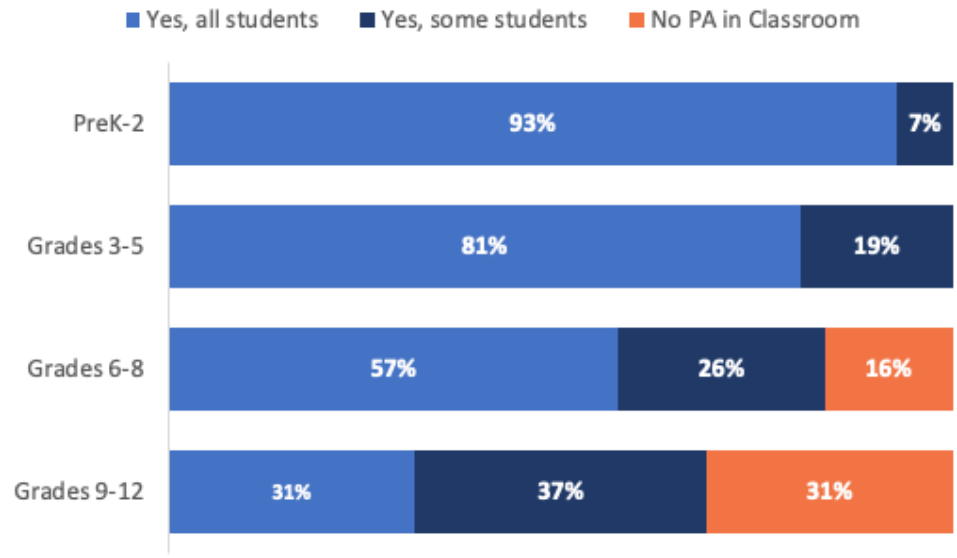
Percentage of schools who reported implementing the following recess practices (Profiles):

Communicate recess rules and norms	75%
Mark play spaces and boundaries	74%
Plan transitions in and out of recess	75%
Provide a variety of activity options	71%
Solicit student input on recess activities	68%
Provide training for Recess Monitors	60%
Encourage Recess Monitors to engage and/or model play	70%

Recess In Grades K-8 (Profiles)	**Average Weekly Min**	**% Offer Any Recess**	**% Provide 20 min/Day**
K1	119	100%	73%
K2	112	100%	74%
1	104	100%	74%
2	97	100%	72%
3	97	100%	74%
4	97	100%	74%
5	97	100%	73%
6	84	90%	60%
7	68	74%	46%
8	69	76%	46%

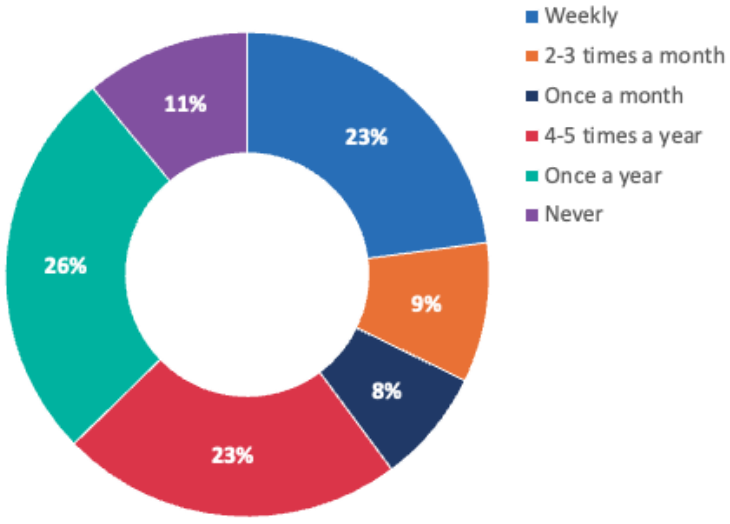
Movement in the Classroom

Percentage of schools that reported implementing movement in the classroom by proportion of students by grade level (Profiles).



73% of schools reported that, outside of physical education, students participated in physical activity in classrooms during the school day, including movement breaks or classroom lessons that involve movement (Profiles).

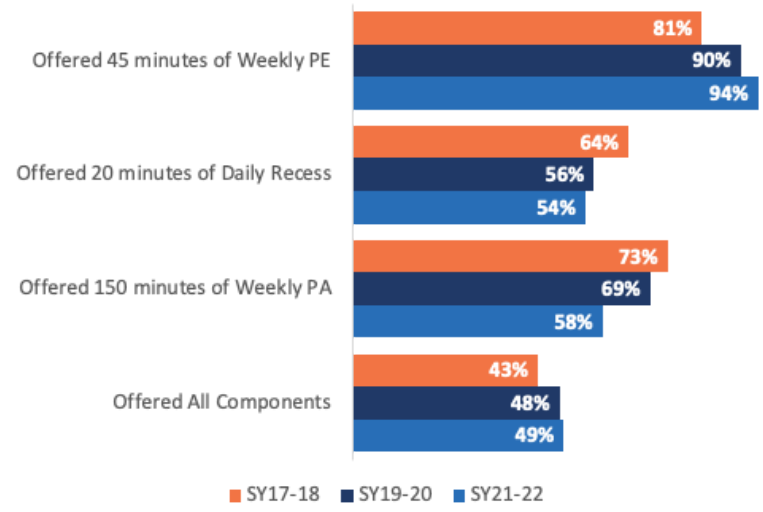
Frequency of physical activity-based promotional activities reported by schools (Profiles).



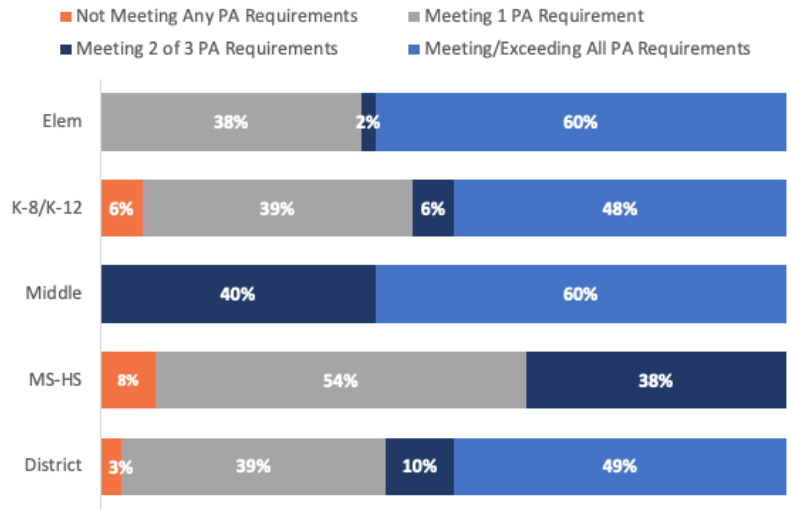
150 Minutes of Comprehensive Physical Activity

In addition to providing at least 45 minutes of weekly, standards-based PE, schools must offer other opportunities for in-school physical activity (PA) in grades PreK-8. 58% of schools reported providing all PreK-8 students with a total of 150 minutes of physical activity weekly, but only 49% of schools reported providing all components of the 150-minute PA policy to all students in grades PreK-8, including at least 45 minutes of PE per week, movement in the classroom opportunities, and 20 minutes of recess daily. 59% of schools reported meeting or exceeding at least 2 of the physical activity requirements for all required grade levels. (Profiles)

Percentage of schools that reported offering components of the 150-minute PA policy for all students PreK-8 (Profiles).



Percentage of schools meeting the comprehensive PA policy requirements for all grades PreK-8 by school category (Profiles).



Withholding Physical Activity

It is prohibited for any BPS staff member to stop students from participating in physical activity (including recess) as a disciplinary consequence, to provide academic support, or for any other reason other than illness or safety. Exemptions for illness or safety must be approved by the school administrator.

74% of schools reported that their school does not withhold physical activity as punishment. (Profiles)

Physical Activity Before and After School

Opportunities for physical activity before and after school include school athletics programs, physical activity clubs, physical activity in before/after school programs, intramurals and interscholastic sports, and active transportation to and from school.

74% of schools reported offering opportunities for students to participate in intramural sports programs or physical activity clubs. (Profiles)

Athletics

The Department of Athletics is an innovative program that not only focuses on the physical development of student-athletes but also their social and emotional health and well-being. The mission of the department is to provide all students (grades 6-12) with student-centered, culturally-responsive programming that uses athletic competition to teach values and skills young student-athletes will need to be successful now and in the future.

The BPS Athletics Program consisted of **6 middle school programs** and **19 high school programs.** BPS offers 19 different sports– 6 boys' sports, 6 girls' sports, and 7 co-ed sports. Where gender segregated programs are offered, students are allowed to participate in a manner consistent with their gender identity in accordance with state and district policy. In SY21-22, middle school girls' volleyball was not offered due to impacts from the COVID-19 pandemic. (Athletics)

		Middle School		*High School*	
Athletics programs student participation		**Girls**	**Boys**	**Girls**	**Boys**
Fall	Girls' Volleyball, Football*, Boys' and Girls' Soccer, Cheerleading*, Cross Country*	--	- -	686	547
Winter	**Boys' and Girls' Basketball, Swimming***, Indoor Track*, Girls' and Boys' Hockey, Wrestling*	285	451	849	920
Spring	**Outdoor Track & Field***, Baseball, Softball, Boys' Volleyball, Girls' and Boys' Tennis	176	199	732	582

Bold MS & HS programs
* co-ed program

In SY21-22, there were a total of 35 middle schools with Athletics programs. There were 31 high schools with students participating in the BPS Athletics Programs with 18 high schools hosting the programs (Athletics).

Safe Routes to Schools

SRTS aims to create safe, convenient, and fun opportunities for children to walk and bike to and from school. SRTS Boston has been targeted specifically to schools with grades PreK-8.

12% of schools reported identifying priority walking routes for students (Profiles)

23% of schools reported participating in Walk to School Day (Profiles)

23% of schools reported providing pedestrian safety education in PE class (Profiles)

Comprehensive Health Education

Policy Overview

Boston Public Schools requires Comprehensive pre-K through grade 12 Health Education that is medically-accurate, age and developmentally appropriate, culturally and linguistically sustaining, and implemented in safe and supportive learning environments where all students feel valued. All Boston Public Schools shall take a skills-based approach to teach comprehensive health education (CHE) which will include sexual health education that is LGBTQ+ affirming. Following the National HE Standards, CHE should:

- *Build Essential Skills*: Communication, Goal Setting, Health Enhancing Behaviors & Risk Reduction, Decision Making, Advocacy for Self & Others, Accessing Valid Information, and Analyzing Influences
- *Provide Core Content:* Personal Health/Disease Prevention, Healthy Relationships, Violence & Injury Prevention, Social & Emotional Well-being, Nutrition, Physical Activity, Online Safety/Bullying Prevention, and Sexual Health

CHE curriculum shall be modified as needed for students with disabilities and students who are English Language Learners, promoting health literacy for all students. Health education must be taught by a qualified, licensed educator; for grades 6-12, teachers must be a DESE licensed health educator.

Impacts on Student Health

Skills-based PreK-12 Comprehensive Health Education leads to improved decision-making skills that will contribute to lifelong healthy lifestyle habits, healthy relationships, and health literacy. Empowering students with health skills has been shown to reduce the prevalence of health risk behaviors and increase the prevalence of protective behaviors. Improved health literacy among students leads to improved health outcomes and health equity.

Health Ed: Cohesion & Consistency Across Schools

The mission of the Health Education Team is to increase access to rigorous, culturally and linguistically affirming curriculum and instruction and fully integrate student wellness into the educational experience. Building teacher capacity to deliver engaging, skills-based health education through professional learning, instructional coaching, technical assistance, and the provision of resources is paramount to the equitable delivery of CHE across all BPS schools.

Centralized school supports for Health Ed (OHW)	**Amount**	**Reach**
Professional Development:	10 trainings (47 Hours)	130 school staff at 66 schools
Instructional Coaching: *2 Instructional Coaches & 1 Sexual Health Coord.*	619 sessions (433 hours)	34 teachers at 72 schools

Centralized school supports for Health Ed (OHW)	**Amount**	**Reach**
Technical Assistance	609 sessions (235 hours)	46 school staff at 87 schools

New Resources for Schools

Health Ed Lesson Library: The OHW has created standardized K-12 Health Education skills-based lessons to guide teachers in implementing rigorous instruction inclusive of transformative SEL signature practices, class agreements, essential questions, learning objectives, and key vocabulary.

Family Conversations about Healthy Growth & Development Grades 4-8: The OHW has designed a workshop to provide an overview of BPS's Healthy and Safe Body Unit (Grades 4-6) and the Rights, Respect, Responsibility curriculum for middle school Grades 7-8. The workshops also review best practices for supporting the safety and healthy development of young people. Families learn and practice tips for talking with their students about these topics and explore strategies that empower youth to make healthy choices and reduce risk behaviors.

Community Partners Supporting Health Education

Health education community partners in SY21-22 (Partnerships/OHW)

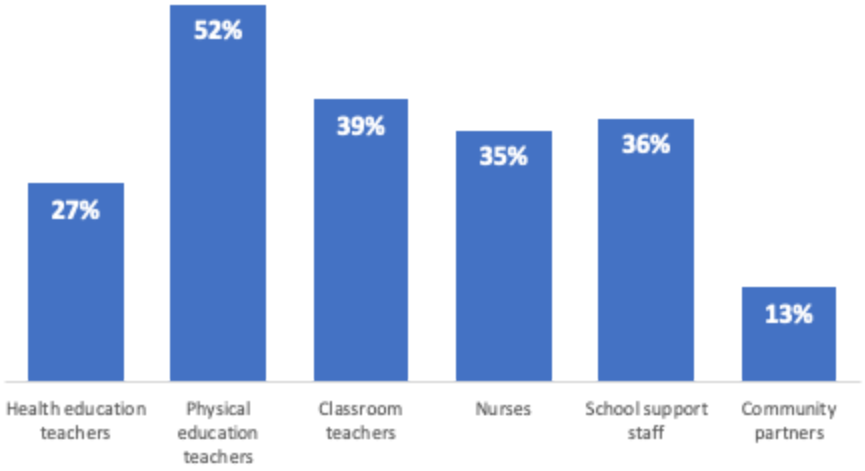
Boston Public Health Commission	Cambridge College	Boys and Girls Club of Boston
Children's Advocacy Center, Suffolk DA	GLASS	Peer Health Exchange
One Love	Project HERE	Sociedad Latina
Planned Parenthood of Mass.	MAHPERD	Family Nurturing Center
	BAGLY	Codman Academy

Staff Capacity to Provide Health Education

Policy requires that health education in elementary schools be provided by a DESE licensed teacher; a K-5 general educator license and health education license is recommended. In grades 6 through 12, the BPS Wellness Policy requires that health education be taught by a teacher with a DESE health education license.

Elementary Grades

Across BPS elementary schools that are providing health education, 71% of schools report health instruction is taught by a health education, physical education, and/or classroom teacher; 8% report health education is primarily taught by only a nurse, support staff, or community partner (Profiles). Forty-percent report health education is taught by both a teacher and a nurse, support staff, or community partner.



Percentage of elementary schools that report that health education was primarily taught by the following roles at their school (Profiles).

Middle and High School Grades

In SY21-22, BPS had 20 health ed teachers teaching full-time or part-time across all grades, 16 were licensed health ed teachers. 13 teachers taught health ed full-time and 7 taught health ed part-time; 3 out of the 20 teachers taught in elementary schools (OHC/OHW).

25% of lead health education teachers in middle and high schools reported that they were certified, licensed, or endorsed by the state to teach health education (Profiles).

28% of lead health education teachers in middle and high schools reported that health education was a major emphasis of their professional training (Profiles).

Percentage of lead health education teachers in middle and high schools that reported that the major emphasis of their professional preparation was on the following (Profiles):

Health education	12%
Health and physical education combined	16%
Physical education	25%
Other education degree	4%
Counseling	12%
Nursing	10%
Kinesiology, exercise science, or exercise physiology	6%
Other	16%

Implementation of Health Ed Instruction

District-Approved Health Ed Curriculum

Of the 68% of schools that report using a written curriculum, 95% say it is standards aligned (Profiles). Thirty-seven percent of all schools reported that they did not use a written health education curriculum. Schools can use the Massachusetts 1999 Health Framework, National Health Education Standards, National Sex Education Standards, and SHAPE America to align their written curriculum. The Office of Health & Wellness makes district-developed standards-aligned curriculum maps, frameworks, and curriculum available to all schools.

25% of elementary schools reported that teachers in their school taught the BPS Healthy Relationships, Personal Boundaries, and Safety Unit in any grades K-3 (Profiles).

48% of elementary schools reported that teachers in their school taught the BPS Healthy & Safe Body Unit in grades 4 and/or 5 (Profiles).

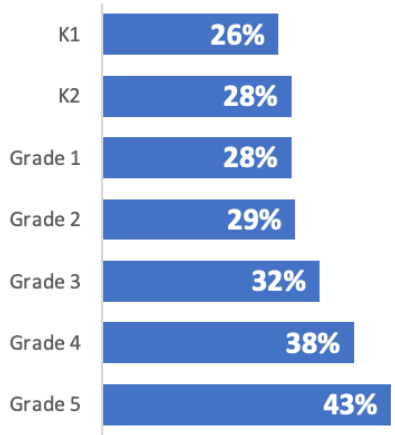
8% of schools reported that they had the Health Smart curriculum fully or partially in place

53% of schools reported that they had the Rights, Respect, Responsibility curriculum fully or partially in place

Elementary Grades (PreK-5)

27% of elementary schools reported that they offered health education in all the grade levels preK-5 in their school; 52% did not offer any health education in any grades preK-5. For schools containing grades 4 and 5, 38% offered health education in 4th and 43% offered it in 5th; 36% offered it in both grades.

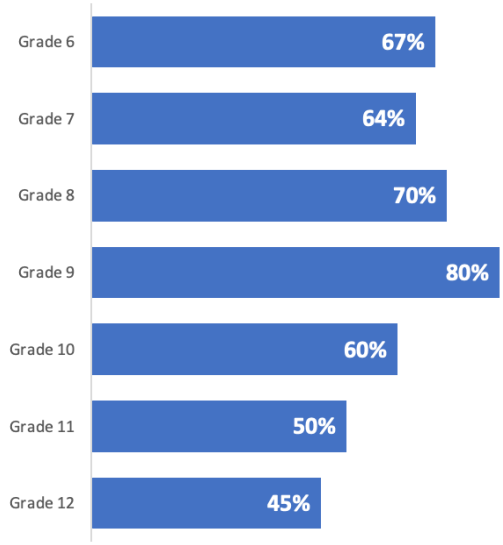
Percentage of elementary schools who reported offering health education by grade in which health ed is offered (Profiles).



Middle and High School Grades (6-8 & 9-12)

58% of middle and high schools did not require students to take any health education courses; 42% required 2 or more courses (Not including K-6 schools, Profiles).

Percentage of schools requiring health education courses (middle, high, and K-6) that reported that students are required to take a health ed course in the following grade levels. (Profiles).



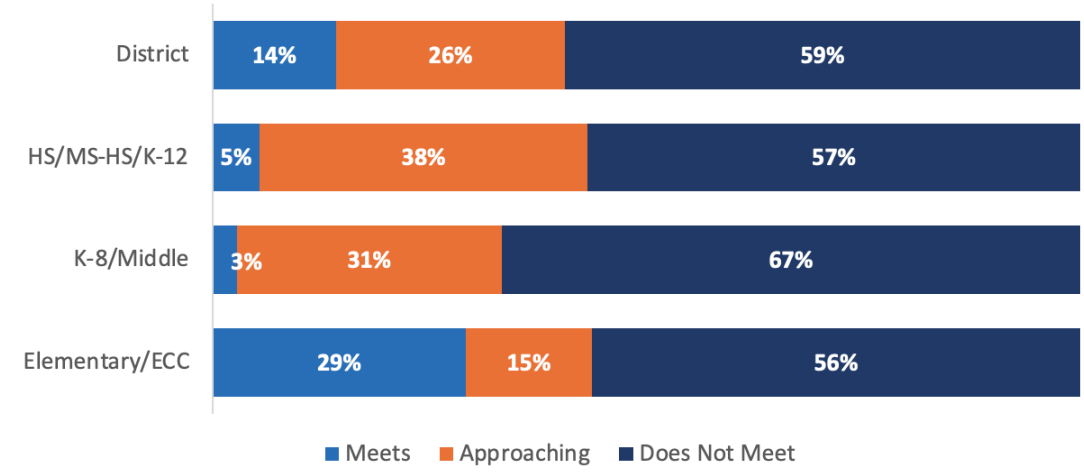
Health Education According to Policy

Policy requires that all BPS schools follow relevant promotion and graduation requirements that include health education with a minimum of:

- The Healthy and Safe Body Unit in elementary school
- Two semesters of Health Education in grades 6 through 8 taught by a licensed Health Ed teacher
- One semester of Health Education in grades 9 through 12 taught by a licensed Health Ed teacher

The chart below displays the district overall and schools by category that reported meeting the minimum requirements, partially meeting the requirements, and not meeting the requirements. Only 14% of schools in the district followed the minimum health education policy for all the grades within the school. K-8/Middle Schools were least likely to meet the minimum requirements (3%) followed by high schools (5%). Compliance was highest in elementary schools, 29% met the minimum health education requirement. (Profiles/OHW)

Health education policy compliance across the district and by school category (Profiles).



The tables below display data about the required elements of the health education policy for schools with grades 6-8 and schools with grades 9-12. The data below is different from the chart about because it looks at the grade configuration separately while the chart above combines policy aherences for all the grade configurations within a school (e.g. a K-8 school would have to follow the requirements for elementary grades and middle grades in order to meet the policy). Since K-6 schools fall in the elementary school category, they are not included in the calculations for the table below. Over three-fifths of schools provide less than two semesters of health education for grades 6-8; over half of high schools report providing at least one semester of health education.

*School offering required health education in grades 6-8 (OHW)**	**Number**	**Percent**
Less than 2 semesters	31	61%
2 or more semesters	20	39%
2 or more semesters taught by licensed health education teacher	6	12%

*Does not include K-6 schools

School offering required health education in grades 9-12 (OHW)	**Number**	**Percent**
Less than 1 semesters	17	46%
1 or more semesters	20	54%
1 or more semesters taught by licensed health education teacher	6	16%

Healthy School Environment

Policy Overview

To address environmental risk factors for chronic and infectious disease, each school will receive an Annual Environmental Audit to evaluate health and safety conditions such as leaks, mold, pests, chemical storage and cleanliness. The District shall maintain a Healthy School Environment (HSE) Subcommittee to promote and raise awareness of the health of the built environment and ensure continuous improvement of BPS healthy school environment policies and programs. District departments and all schools shall comply with existing federal and state regulations, city ordinances and District policies related to promoting and managing healthy school environments. Schools shall regularly assess the quality and quantity of BPS facilities for active transportation, physical activity, and physical education, including schoolyards, and report maintenance needs for these facilities.

Intended Impacts on Student Health

Healthy physical environments are critical to the prevention of asthma and other chronic and infectious diseases that impact learning. Additionally, changes to the physical environment can serve to promote healthy choices and facilitate safe opportunities to be physically active. BPS is committed to providing high-performing school buildings and grounds that are clean, in good repair, have healthy indoor air quality and water quality, have sanitary and accessible bathrooms, and use resources efficiently.

Policy Communication & Training

The Operations departments in the central office helped to create a school re-opening document with all pertinent protocols and practices for re-opening schools and address COVID safety. The document was shared widely. Additionally, operations staff shared information through BPS Workplace posts and announcements and the weekly district email newsletters. Plans were made for a Management and Operations Institute at the beginning of the 2022-2023 school year to better train school leaders and administrative teams on operational policies, practices, and protocols.

100% of school custodians received training materials during the summer on the following topics: Integrated Pest Management (IPM), Reviewing Your School Environmental Audits (SEA), Submitting Work Orders, Universal & Hazardous Waste, Promoting Green Cleaning, Zero Waste Efforts, School Yard Maintenance, Supporting with Drinking Water, and Energy Savers & Know Your Utilities

School Wellness Council Activity

7 schools included a Healthy School Environment goal in their SY21-22 Wellness Action Plan.

School Environmental Audits (SEA)

To address environmental risk factors for chronic and infectious disease, every school annually receives two Environmental Audits, one conducted by the BPS Environmental Division and one by the Boston Public Health Commission, to evaluate health and safety conditions such as leaks, mold,

pests, chemical storage, and cleanliness. Results from the audits are shared with the appropriate Facilities Management trades (e.g. Alterations & Repairs, Plumbing, HVAC, etc.) to rectify, while immediate life and safety issues (e.g. mold, asbestos, lead) are addressed by the Environmental Division following all regulations and supported by licensed contractors.

100% BPS schools received a SEA summary report for the 2021-2022 school year (Facilities Mgmt)

63% of schools reported reviewing the results of their school's SEA (Profiles)

Green Cleaner Policy

All schools have custodians trained on, supplied with, and using green cleaners in the classrooms and offices. School custodians can provide all school staff with BPS-approved green cleaners for the classrooms and offices. In addition to cleaners, they can provide Hydrogen Peroxide-based sanitizer sprays to early education classrooms & after school programs.

56% of schools reported informing their staff about the Green Cleaning Policy (Profiles)

72% of schools reported ensuring all cleaning supplies used in the school comply with the Green Cleaners Policy (Profiles)

Integrated Pest Management (IPM) Plan

A comprehensive strategy to manage pests by using multiple control tactics with the least cost and environmental impact; Includes increased monitoring, improving sanitation, eliminating pest harborage sites, and using lowest impact pesticides as necessary. 100% of BPS schools have an IPM plan posted to the MA Department of Agricultural Resources with an assigned licensed IPM vendor. All BPS custodians are trained on implementing their buildings IMP plan.

81% of schools reported identifying an IPM coordinator for their school (Profiles)

72% of schools reported they informed all school staff of how to record pest incidents in the IPM Logbook (Profiles)

Decluttering & Zero Waste Policy

Decluttering schools is important, especially classrooms and storage areas. Clutter provides pests with spaces to live and breed, harbors asthma triggers like dust, and takes up valuable school space that could otherwise be used for teaching, learning, and organized storage.

80% of schools reported continuing or completing decluttering initiatives in their school (Profiles)

In addition to all the items recycled by the City of Boston, BPS coordinates recycling of yard waste, electronics, textiles, and chemical and motor oil containers.

83% of schools reported their school implemented or maintained an active recycling program (Profiles)

Improving district's capacity to implement zero waste (Facilities Mgmt)

Zero waste equipment/bins present	90 Schools
Average waste recycled at each school per week	About 820 95-gal carts
Textile recycling bins	22 Schools
Textile Recycling	112 tons

BPS partners with textile recycling company Helpsy to place clothing donation bins at schools, which helps BPS be in compliance with the Massachusetts Department of Environmental Protection's (MAssDEP) Textiles Waste ban. Schools receive $.07 per pound of donated clothing. Since establishing the partnership with Helpsy in 2021, BPS has placed new bins at 11 schools, diverting 195,000+ pounds of textile waste and raising $13,000+ for the participating schools. Nine other BPS schools have Bay State Textiles boxes diverting over 100,000 pounds of textile waste which has raised $5,000+ for the participating schools.

From 2018 - 2023, BPS has successfully recycled nearly 32,000 electronic items. Common e-waste items include computers, televisions, monitors, toner, printers and more (Facilities Mgmt).

Water Policy

Free, safe water for all BPS students and staff, throughout the school day including meals, is required for all BPS schools. All water sources used for drinking and food preparation are tested annually. There are clear standard operational procedures for maintaining water fountains and water bottle dispensers with cups.

In November 2020, BPS launched its new Drinking Water Access Initiative. The initiative is installing new filtered bottle refill stations across the district, moving all BPS schools from bottled water to tap water for drinking water access. BPS has installed and tested 295 filtered water bottle refill stations since the initiative began. The initiative is making strong progress, an additional 17 schools are online for tap water since SY19-20 and 31 schools slated to have construction completed by the end of 2023.

39% of BPS buildings have online drinking water fountains and use tap water as their primary source of drinking water (54/139 buildings). Facilities installed 230 new fountains/refill stations. 85 buildings were offline for drinking water and used bottled water dispensers (Facilities Mgmt).

100% of coolers owned by BPS (796 units) were cleaned during Summer 2022 (Facilities Mgmt).

In the efforts to ensure water quality and systems maintenance, BPS has seen improved annual water quality test results (Facilities Mgmt)	**Samples with lead or copper exceedances**
2019: Out of 733 units tested across 80 schools	<0.7% of samples (5 schools)
2021: Out of 795 units tested across 102 schools *(units were shut off in 2020 due to COVID-19 guidance)*	2% of samples (13 schools) had lead; 3 schools had 5 copper exceedances
2022: Out of 836 units tested across 112 schools	<0.5% of samples (3 schools) had lead; 1 sample location at 1 school had copper

Indoor and outdoor air quality improvement

BPS follows an anti-idling policy of no idling of buses or other motor vehicles on school property per MGL Chapter 90, Section 16A.

56% of schools reported prohibiting all school buses from idling more than 5 minutes and within 100 feet of school grounds (Profiles)

Improving district's capacity to manage indoor air quality, starting in 2020-2021 (Facilities Mgmt)

Medify-40 HEPA Air Purifiers	All BPS Classrooms
MERV-13 Filters (where allowable by the HVAC equipment)	4300+
Fans in classrooms (for exhausting air)	6500+
Classroom windows inspected	27000
Classroom windows repaired	12500

Beginning 2020-2021, BPS conducted 750+ air exchange/ACH (air change per hour) tests across all schools, helping the district to make adjustments to increasing fresh air intakes in mechanical ventilation systems and demonstrating the excellent air changes per hour provided by open windows.

In January 2022, the BPS Sustainability, Energy, and Environment Program launched an innovative and pioneering Indoor Air Quality (IAQ) Monitoring System across Boston Public Schools to measure the schools' indoor air quality, with the goals of improving IAQ and thermal comfort, promoting health, and supporting optimal learning environments for our students and teachers. Facilities installed 4,400 IAQ sensors in all classrooms, main offices, and nurses' offices, and 119

rooftop Outdoor Air Quality sensors across all BPS schools. The sensors were connected to an online, public dashboard. The data collected from these sensors help us identify, review, and respond to indoor air quality and temperature issues in real-time and advocate for HVAC and other building investments to improve indoor environmental quality.

73% of schools reported regularly reviewing their school's Indoor Air Quality Sensor Dashboard (Profiles)

Tobacco & Nicotine Free Policy

The District has a tobacco and nicotine-free campus policy for all BPS properties. It is the responsibility of all building supervisors and school leaders to help communicate and implement this policy. Students, staff, administrators, and visitors are prohibited from using, consuming, displaying, or selling any tobacco products or tobacco paraphernalia, including e-cigarettes and vaping devices at any time before, after, or during school on school property, at off-campus, school-sponsored events and extra-curricular activities, within vehicles located on school property, and within 50 feet of school property.

86% of schools report they have adopted the policy prohibiting tobacco (Profiles)

Schools report specifically prohibiting the use of each type of tobacco for each of the following groups during any school-related activity (Profiles)	Students	Staff	Visitors
Cigarettes	93%	91%	91%
Smokeless tobacco (e.g., chewing tobacco, snuff, dip, etc.)	91%	88%	88%
Cigars	91%	89%	89%
Pipes	91%	89%	89%
Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL)	92%	90%	90%

Schools reported specifically prohibiting tobacco use during each of the following times for each of the following groups (Profiles)	Students	Staff	Visitors
During school hours	93%	89%	89%
During non-school hours	72%	64%	64%

Schools reported specifically prohibiting tobacco use in each of the following locations for each of the following groups (Profiles)	Students	Staff	Visitors
In school buildings	93%	91%	91%
Outside on school grounds, including parking lots and playing fields	93%	90%	89%
On school buses or other vehicles used to transport students	93%	91%	90%
At off-campus, school-sponsored events	93%	90%	83%

Infrastructure to support active transportation and active play

Priority assessment of school outdoor play structure based on their need for renovation or replacement (Facilities Mgmt)

Will critically fail or need replacement/renovation in next 3 years	3
Will fail or need replacement/renovation in the next 3-10 years	9
Will fail or need replacement/renovation in 10+ years	75
N/A - school buildings with no play structure	45

Schools with infrastructure to support active transportation and outdoor learning (Facilities Mgmt)

Active school gardens	50
Outdoor classrooms	40
Freight Farms (hydroponic farming systems retrofitted inside intermodal freight containers)	2
BPS buildings with bike racks (bike racks are incorporated into all new BPS school building designs)	115

Safe and Supportive Environments

Policy Overview

Boston Public Schools seeks to create a safe and supportive school environment for all students that is culturally proficient, engaging, and inclusive, provides skills-based education to promote healthy relationships and development, and provides access to support services, including mental health services. Prevention, promotion, and intervention-based work will address and integrate social-emotional health and mental health. Schools shall meet the needs of students by creating safe and inclusive climates that prevent and respond to all forms of bullying and violence, specifically for vulnerable student populations.

Impacts on Student Health

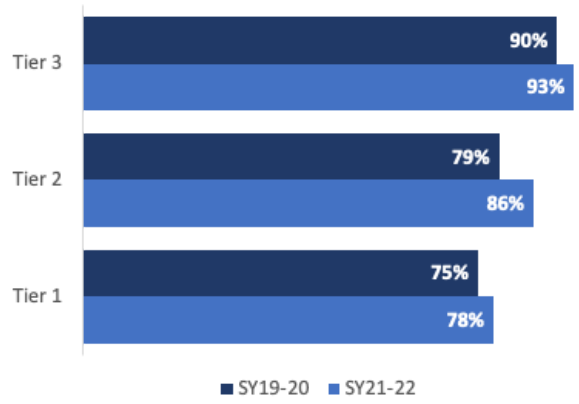
Creating safe and supportive school environments impacts the social-emotional wellbeing and mental health of students. These efforts improve school connectedness, school climate and student social-emotional and behavior skills. They should decrease incidents of bullying and violence, including bias- based incidents, suicide, intimate partner violence, and sexual harassment and assault. Safe and supportive schools foster a climate that improves learning for all students and specifically vulnerable student populations.

Multi-tiered Systems of Support

Boston Public Schools creates systems that align with the Multi-tiered System of Supports (MTSS) framework to ensure that all students have access to key resources and services in a safe and supportive school environment. The MTSS Framework supports the development of a continuum of behavioral health supports and interventions falling across three tiers—Tier I: Prevention and universal support for all students, Tier II: Interventions and group services, and Tier III: Intensive interventions and individual services.

In 2022, school leaders were asked to report which select, tiered curricula, support, and services were in place in their school. 67% of school leaders reported their schools have tiered curricula, support, and services for students' social, emotional, and behavioral development fully in place in all three tiers (Profiles).

Percentage of schools that reported their schools are implementing Tier I, II, and III curriculum, supports, and services that are fully in place (Profiles).

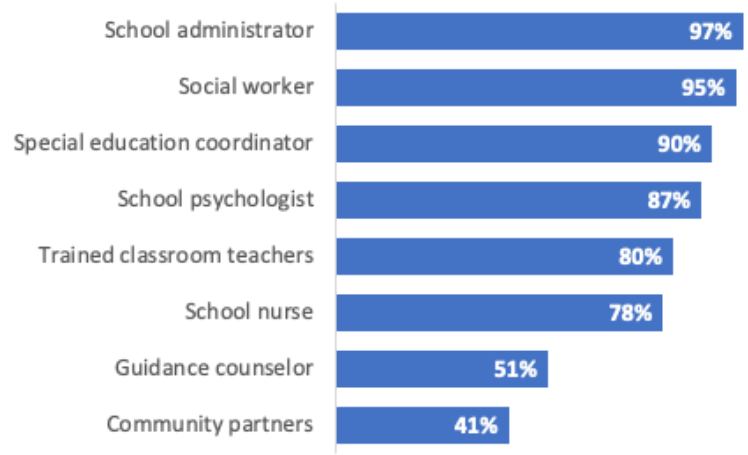


Student Success Teams

A key component of MTSS is the Student Success Team (SST), a school-level, problem-solving team that matches interventions to individual student needs in response to data in order to supplement, enhance, support and provide access to the core curriculum of the school. The SST reviews background data, identifies potential supports, and decides collaboratively which intervention(s) to implement and how the progress of that intervention will be monitored.

93% of schools reported that they had a SST. Only 45% of schools reported having a team that included all of the following roles: school psychologists, social workers, school guidance counselors (only in HS), school nurses, and trained classroom teachers as members (Profiles).

Percentage of schools that reported the following staff are represented on their Student Success Teams (Profiles)



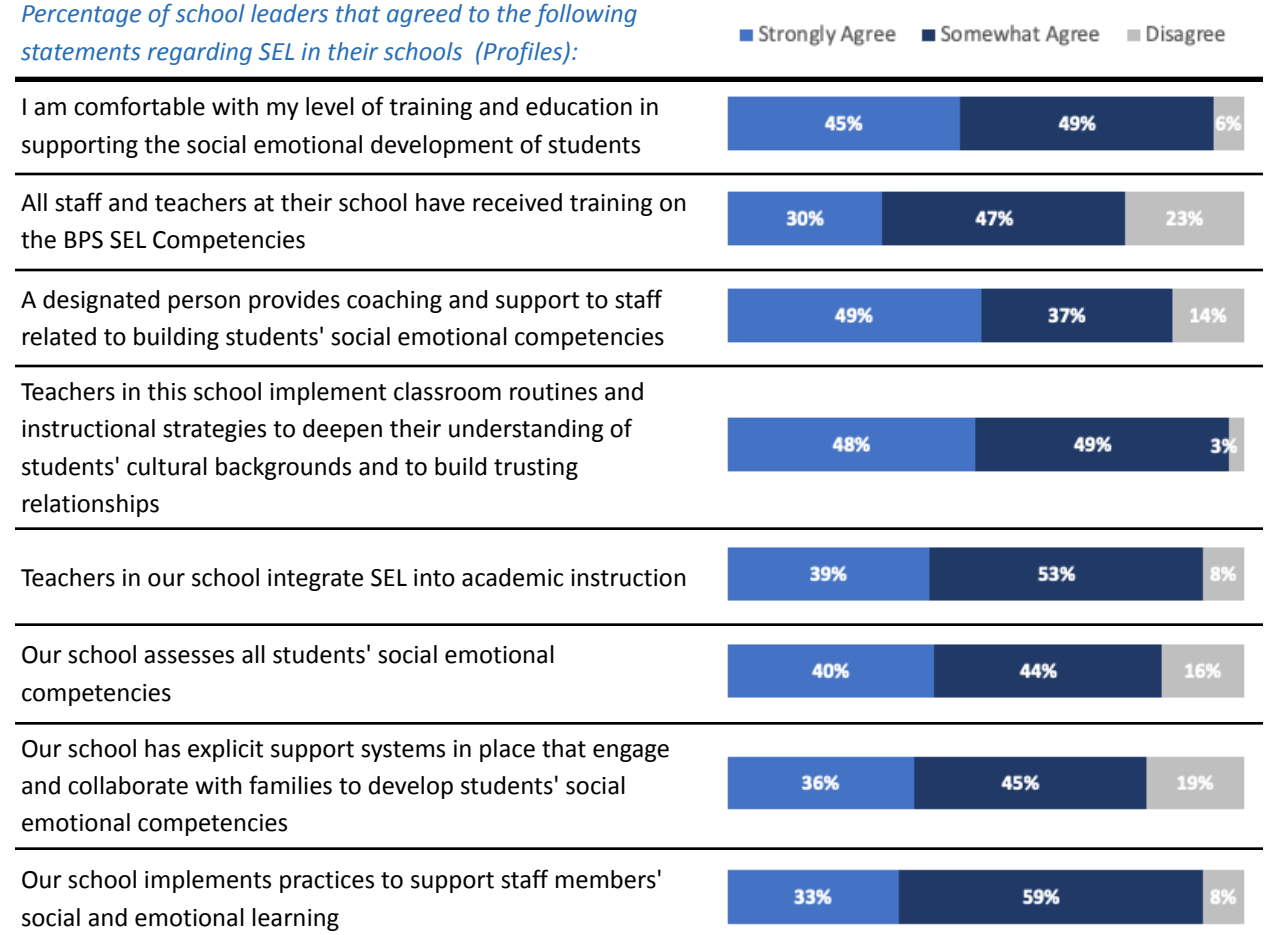
Social Emotional Learning and Instruction

Increasing School Capacity to Implement Social Emotional Learning

The Social Emotional Learning and Instruction (SEL) team, in the Office of Health and Wellness, leads the district in alignment of SEL strategies and practices. The SEL team held a total of 29 professional learning opportunities reaching 733 staff at 104 schools. (OHW)

Social Emotional Instruction in Schools

Percentage of school leaders that agreed to the following statements regarding SEL in their schools (Profiles):



Behavioral Health Services

Professional Development Opportunities

For the SY21-22, school psychologists in Behavioral Health Services attended monthly staff meetings with tailored professional development ranging from working with emotional disability diagnoses, to regular equity activities. Additionally, behavioral health services staff and community mental health partnering agencies attended an annual conference. Lastly, every school psychologist attended professional learning communities (PLC's) once a month to learn from leaders as well as collaborating with colleagues.

Comprehensive Behavioral Health Model (CBHM)

CBHM is a MTSS model that is implemented within schools in partnership with school leaders, school staff, community agencies, students, and families to provide students with adequate supports they need to be successful in schools. CBHM is designed to support a continuum of behavioral health interventions and supports. CBHM was developed in collaboration between BPS BHS Department, the Boston Children's Hospital, and UMass Boston School Psychology Program.

62% of all schools (76 schools) are now implementing CBHM, a slight increase from 74 schools in SY19-20 (BHS)

49% of CBHM schools provide explicit SEL instruction (BHS)

The Behavior Intervention Monitoring Assessment System, Second edition (BIMAS-2) is a measure of social, emotional, and behavioral functioning in children and adolescents ages 5 to 18 years. 15,283 students were screened using BIMAS-2 in the fall and 11,433 students were screened using BIMAS-2 in the spring (BHS). Data from the BIMAS-2 is used to determine the level of behavioral health needs at individual, class, grade and school level.

Partnerships for Behavioral Health Services

In SY21-22, 72% of schools collaborated with a behavioral health community partner to provide mental health services for students in the district while in school (BHS). Deepening these relationships and increasing access to all students remain top priority.

Student Support Staff in Schools

School staffing capacity to support students' social, emotional & mental health

20% Schools met the 1:500 student to psychologist ratio (BHS)

The goal is to have a full time social worker in every school. In SY21-22, all schools were funded to hire a full time social worker and some schools chose to fill the role with another position. In SY23-24 all schools will have a social worker.

The district full-time equivalent (FTE) for positions that provide direct supports to students for their social, emotional and/or mental health need (OHC)	**SY17-18**	**SY19-20**	**SY21-22**
School Psychologists (not including the 2 capacity builders)	66.9	70.5	79.2
Pupil Adjustment Counselors	6	8	4
Clinical Coordinators	3	3	6
Guidance Advisors	21	19.8	20
Guidance Counselors & Student Development Counselors	82.4	80.6	75.6
Social Workers/Coordinators	53.1	59.6	166.6

The district full-time equivalent (FTE) for positions that provide direct supports to students for their social, emotional and/or mental health need (OHC)	SY17-18	SY19-20	SY21-22
Student Services Coordinator	6	6	4
Total FTE	***238.4***	***246.5***	***355.4***

Targeted Supports for Vulnerable Populations

Percentage of schools that reported providing additional supports and resources to the following student populations (Profiles)	SY17-18	SY19-20	SY21-22
Court-involved students	60%	77%	75%
English Learner students	80%	95%	92%
English Learner students with disabilities			91%
Refugee, asylee, documented and undocumented immigrant students	51%	73%	69%
LGBTQ+ Students	55%	72%	78%
Students experiencing trauma	89%	98%	93%

LGBTQ+ Youth

62% of school leaders in schools with grades 6-12 reported having a Gender & Sexuality Alliances (GSA), an increase from 51% in SY19-20 (Profiles)

Percentage of middle and high schools that report engaging in the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth (n=69, Profiles).	
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	90%
Identify “safe spaces” (e.g., a counselor’s office, designated classroom, student organization) where LGBTQ youth can receive support.	100%
Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity	100%
Facilitate access to providers not on school property who have experience in providing health services to LGBTQ youth	73%
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	81%

Expectant and Parenting Students

Schools with grades 6-12 must identify a school-based policy liaison for expectant and parenting students. Liaisons are responsible for informing the school community about this policy and sharing resources for expectant and parenting students from the district and community partners.

42% of schools with any grades 6-12 reported having identified an EPS liaison and of those only 30% had ensured the policy was shared and accessible to staff, students, and families. (Profiles)

Bullying Prevention and Intervention

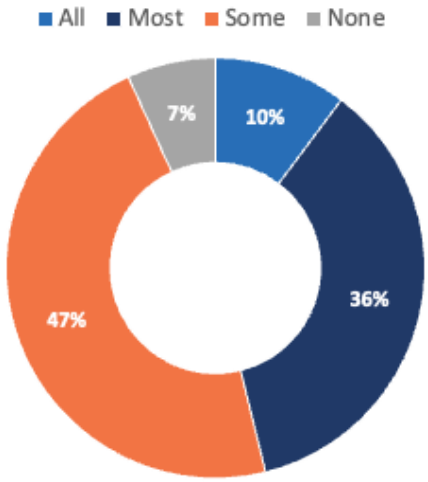
School Capacity to Address Bullying

Succeed Boston held 29 Bullying Prevention PDs reaching 945 participants

73% of schools reported having at least two trained Bullying Prevention Liaisons, a large increase from 28% in SY19-20 (Profiles).

Compared to SY19-20, the share of school leaders reporting all staff at their school completed an annual bullying prevention intervention training decreased from 22% to 10% (Source: Profiles).

Proportion of staff completed annual bullying prevention and intervention training as reported by schools (Profiles):



Succeed Boston Program

Succeed Boston at the Counseling and Intervention center provides short-term counseling and intervention for BPS students who have committed severe offenses of the BPS Code of Conduct. 940 students participated in the Succeed Boston program. (Succeed Boston)

Bullying Incidents

382 bullying cases were reported in SY21-22, an increase from 219 cases in SY19-20. This may be attributed to students spending more time at school. (Succeed Boston)

Restorative Justice

Restorative Justice (RJ) practices acknowledge relationships as central to building community and seek to strengthen the community through the development of a caring school cultures. RJ practices build systems to address harm and conflict in ways that strengthen relationships and promote healing.

The Office of Restorative Justice works to build the capacity of school-based teams to sustain restorative, culturally and linguistically affirming communities through targeted trainings, professional learning communities, and in-service coaching to staff trained in foundational restorative justice. The RJ team partners and collaborates with district and school teams through modeling practices including healing and community building circles, and reviewing policies and practices for alignment and pivots towards restorative justice.

- Trained 29 Social Workers in a 3-day Restorative Justice Foundational Training Institute and continue to provide consultations, guidance and coaching to 17 Social Workers.
- Supported 40 schools with consultation, coaching and circle keeping, and professional develop trainings. Provided 116 hours of professional development to 250 educators and

over 45 staff members received training, coaching and consultation. In addition, at least 7 schools received whole school support.

Supports for Students Experiencing Homelessness

BPS Homeless Education Resource Network (HERN) in the Opportunity Youth Department (Opp Youth) builds capacity at the school level, provides responsive services, and prioritizes access to critical programs and services to ensure equitable access and opportunity for students and families experiencing housing insecurity.

Support Systems at the School Level

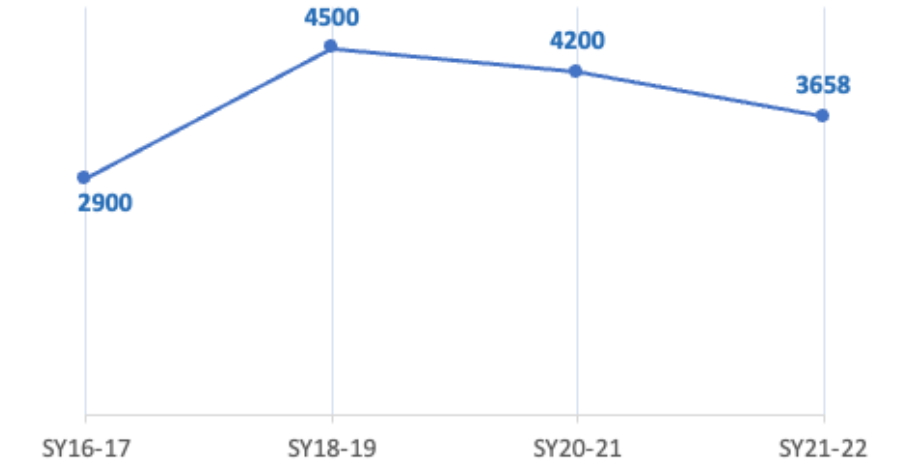
To help students, families, and school staff navigate complex and disjointed systems and increase access to support and resources, HERN relies on a consultative and responsive approach that leverages the network of school homeless liaisons to quickly disseminate resources and services to families at the school level.

100% of schools have a homeless liaison (Opp Youth).

Identification of Students Experiencing Homelessness

Since 2016, BPS has improved identification of students experiencing homelessness and improved support systems at the school level. The number of students experiencing homelessness decreased from 4,200 in SY20-21 to 3,658 in SY21-22. 217 families received housing vouchers through a partnership with Boston Housing Authority and 166 families were housed. (Opp Youth)

Number of BPS students identified as experiencing homelessness (Opp Youth)



There has not been a change between SY19-20 and SY21-22 in the number of identified unaccompanied youth experiencing homelessness, remaining at over 70 students. Each of these students were provided case management services and referrals through integral partnerships with YouthHarbors and Rising to the Challenge Youth Homelessness Initiative. (Opp Youth)

Student Perceptions of School Climate

The Students Climate Surveys asks about experiences related to culture and climate at the schools, including school safety, sense of belonging, and school support. For each question, students were asked to respond using a 5-point scale to rate favorability (e.g., 1= "not at all important", 2= "slightly important", 3= "somewhat important", 4= "quite important", and 5= "extremely important"). See Appendix D for a full list of questions for each construct.

Overall favorable reporting on feeling a sense of belonging and staff support was higher among students in grades 3-5 compared to students in grades 6-11. Favorable reporting of school safety was nine points higher among students in grades 6-11 compared to grades 3-5. Grades 3-5 favorability results fell near the 70th percentile when compared nationally for sense of belonging and near the 40th percentile for school safety. Grades 6-11 favorability results fell near the 10th percentile when compared nationally for sense of belonging and near the 70th percentile for school safety. All areas show the need for significant improvement of the culture and climate of schools related to these topics.

Percentages of students who answered favorably overall to questions relating to the flowing constructs list below (ODA)	**Grades 3-5**	**Grades 6-11**
Perceptions of physical and psychological safety at school	54%	63%
Feeling that they are a valuable member of the school community (sense of belonging)	63%	39%
Feeling of support through their relationships with adults at school	56%	45%

Health Services

Policy Overview

The Boston Public Schools nurses are responsible for evaluating and managing the health needs of all students. That includes the following:

- Case management of students with special health needs
- Monitoring and administering medications and medical procedures as prescribed by a student's primary care provider or medical specialist
- Providing first aid and emergency care
- Screening students for height, weight, Body Mass Index, vision, hearing, scoliosis, and substance use (screening, brief intervention, and referral to treatment)
- Managing student medical records and immunization records
- Managing the control of communicable diseases
- Coordinating medical transportation for students
- Coordinating special dietary accommodations for students with food allergies
- Working with other school-based groups to provide safe and healthy environments

Additionally, BPS High Schools shall provide access to condoms, with appropriate reproductive health counseling for students. Each high school will have a Condom Accessibility Team (CAT); members may be any school staff. Parents and legal guardians may exempt their children from receiving condoms by notifying the school. This exemption to not receive condoms does not apply to other confidential health services.

Intended Impacts on Student Health

The Boston Public School Health Services support students to be healthy, engaged, safe, and academically challenged by providing high-quality, cost-effective in-school health care. School nurses ensure that all students are ready to learn by attending to and supporting their health and medical needs. School nurses also help create a culture of health and wellness throughout the school by promoting positive health behaviors among students and staff with lifelong impacts

COVID-19 Response

Boston Public School Health Services and all its field nurses, management, and administrative staff were the backbone of the BPS team ensuring a safe, full-time, in-person learning environment for our students. On a daily basis and in collaboration with the Boston Public Health Commission, BPS Health Services engaged in coordinating and managing a set of COVID-19 protocols based on DESE standards and guidelines for the largest school district in the commonwealth, including:

- Soliciting and collecting parental consent to in-school testing
- In-school symptomatic testing
- Coordinating the scheduling and deployment of hundreds of outside contractors who facilitated a complex weekly COVID-19 testing operation involving pooled PCR testing, individual PCR testing, and individual antigen testing of tens of thousands of BPS students

- Coordinating contact tracing and communication with parents, students, staff, and the rest of the BPS community over hundreds of hours, including evenings and weekends to ensure adequate control of clusters and outbreaks
- Managing all changes and adapting to policy adjustments to the complex COVID-19 surveillance operation, including but not limited to:
    - Changes in DESE's protocols
    - Changes in CDC and DPH recommendations and guidelines
    - Fluctuating outside contractor staffing levels
    - Ebbs and flows in viral prevalence, including surges
- Identifying needs as these new protocols were being implemented, recommending and implementing internal policy and operational changes
- Data analysis

Increasing the capacity of school-based staff to deliver high-quality nursing services

Professional Development

The BPS Office of Health Services provided 11 professional development (PD) offerings that were held virtually and in person. All PDs were provided through Health Services in collaboration with internal BPS offices and external partners. During the 2021-2022 school year, Health Services offered all professional development live via ZOOM as well as recording via a secure training platform.

PD Topic	**Attendance**
Using SNAP in the Cloud (Uploading documents, records and notes)	60
Visit Log Details and Shortcuts	40
Health Record - Immunizations – ImmLink, Data Entry, Understanding Compliance	40
Creating Orders and Documenting Administrations	40
Reports	25
Individual Healthcare Plans (IHP) & Emergency Action Plans (EAP)	10
Health Record - Screenings	30
Health Record - Conditions and Alerts	25
Asthma Management Training	25
Deaf & Hard of Hearing Services and Referral training	20
Suicide Prevention Workshop	40

A total of 127 nurses received the training provided by Health Services. Those 127 nurses are made up of school-based, central-based, coverage, and substitute nurses.

Health Services also had the opportunity through the Massachusetts Department of Public Health Comprehensive School Health Services (CSHS) grant to offer all BPS school nurses access to the Northeastern University School Health Academy's (NUSHA) electronic learning library. Nurses were able to register for up to 10 courses at no cost.

School nurses also led training sessions with over 1,500 school staff members related to life-threatening allergies, epinephrine auto-injector training, infection control/bloodborne pathogen, and medication administration delegation for school-sponsored field trips.

Direct Student Services

In SY21-22, the nurse-to-student ratio was 1:314. This ratio is a change from the SY19-20 ratio of 1:355 and the decrease is likely due to changes in enrollment since school nurse staffing remained constant from SY19-20. During these years, the centralized Health Services team did have some staffing structure changes, including adding an assistant director.

School Nurse Activities

Comparison of school nurse activities completed (SNAPNurse)	SY17-18	SY19-20	SY21-22
Injury Care	69,281	50,291	67,190
Illness Management	141,682	107,398	113,370
Chronic Illness Management	--	13,568	21,363
Treatments and Medications	233,192	139,080	125,681
Case Management	130,460	106,510	110,785

Individual Health Care Plans (IHCP) are an important component of providing care to students with chronic conditions. In SY21-22, 2,800 students had an IHCP.

There are 7,901 (16%) students in BPS diagnosed with asthma. During SY21-22, Health Service's records show that there were 74,304 individual visits to the nurse by those students diagnosed with asthma and 43,944 instances of care coordination and case management by the school nurse in support of those students diagnosed with asthma across multidisciplinary teams both within and outside of the district.

Student Health Services Referrals

During SY21-22, school nurses made a total of 12,210 referrals from office visits. (SNAPNurse)

- 4,598 referrals were to outside care (e.g. mental health, dental, and other specialties)
- 1,603 referrals were to school-based health centers
- 6,009 referrals were to primary care physicians

Following nurse visits, 87% of students returned to their classrooms. This is a decrease from 91% in SY19-20, and likely due to more students being dismissed for exposures to COVID-19 and increases in illness.

Student and Community Education

BPS nurses engaged in over 2,470 educational forums, which include 1:1 sessions between nurses and students and group sessions with students, families, and nurses, on the following topics: nutrition, mental-emotional health, sexual and reproductive health, tobacco cessation, and more (SNAPNurse).

School Health Screenings

School health screenings serve as an important early intervention on health barriers to learning. Schools are required to provide the following health screenings to students: vision, hearing, body mass index (BMI), postural, and Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT screenings were completed by school nurses but state requirements for this data changed and so the number of SBIRT screenings was not collected.

Mandated screenings were paused periodically during SY21-22 due to increases in COVID-19 rates across the district to ensure the health and safety of students and staff. School nurses completed 41,843 initial screenings. Of those 41,843 screenings, 899 students were re-screened. In total, school nurses made 5,128 referrals from the screenings.

Type of Screening	**Number of Screenings**
Vision	19,944
Hearing	15,422
BMI	5,504
Postural	829
Dental	155

Provisions of Sexual Health Services and Referrals

According to the 2022 Principal School Health Profiles Survey, nurses at BPS High Schools (grades 9-12) were more likely to provide sexual health services and referrals when compared to all schools with grades 6-12. Blanks in the table below represent items not included in the survey. Improvement in referrals for these services is needed across all schools serving students in grades 6-12.

Percentage of middle and high schools that reported providing students with the following services and/or referrals through school-based health services (Profiles)	Services		Referrals	
	Middle & High Schools (gr. 6-12)	High Schools	Middle & High Schools (gr. 6-12)	High Schools
HIV testing	14%	29%	52%	79%
HIV treatment	10%	21%	52%	79%
nPEP (non-occupational post-exposure prophylaxis for HIV)	n/a		46%	68%
PrEP (pre-exposure prophylaxis for HIV)	n/a		49%	74%
STD testing	16%	32%	57%	88%
STD treatment	10%	21%	57%	88%
Pregnancy testing	17%	35%	57%	88%
Provision of condoms	55%	91%	57%	85%
Provision of condom-compatible lubricants	28%	50%	52%	79%
Provision of contraceptives other than condoms	10%	21%	57%	88%
Prenatal care	9%	15%	55%	85%
Human papillomavirus (HPV) vaccine administration	7%	15%	51%	76%
Assessment for substance use, abuse, or dependency	45%	53%	n/a	
Alcohol or other drug abuse treatment	n/a		68%	88%
Tobacco-use cessation (e.g., individual or group counseling)	35%	47%	71%	91%

Condom Accessibility

The BPS Condom Accessibility Policy states that all BPS high schools must have an active Condom Accessibility Team (CAT). CATs should have at least the following three roles represented on the team: school nurse(s); a school administrator; and a school-based staff member. Schools are encouraged to add more members to their CAT to create more access points for resources within the school. CATs have two primary responsibilities: 1) to make condoms available to BPS high school students who are not opted out of the program; and 2) to provide appropriate sexual and reproductive health care referrals for students seeking to access sexual health services. To gain expertise and skills in health care referrals, all CAT members must complete the CAT training.

All high schools had identified CAT members and 23% of CAT members completed the full online training during SY21-22 (OHW Records). A new online, asynchronous training with five learning modules was shared with CAT members via Google Classroom. The training reviewed the policy, rights young people have to sexual health care, referring students, and documenting referrals. The training in total took about one hour. Approximately 2,400 condom packets were distributed to 21 high schools with at least one trained CAT member (OHW Records). High schools who did not have trained CAT members did not receive condoms.

Menstrual Access Program

The BPS Menstrual Access Program (MAP) aims to promote menstrual equity by providing schools with free menstrual products. During SY19-20, the program reached students in grades 6-12. An expansion of the program in SY21-22 extended access to all schools in BPS, an increase from the 77 schools previously reached. Pads and tampons in a variety of sizes were also ordered in SY21-22 following school nurse feedback to have products that accommodate different flows.

The program's structure started off with menstrual products made available in the school nurse's office. Following the CAT model, Health Services requested that school nurses increase menstrual product access points within the school by recruiting other school staff members to be part of a menstrual access team. Each team member would have period products in their classroom or office that they could make available to students as needed. Establishing and expanding a team was strongly encouraged by Health Services in SY21-22 to reduce exposures in the health office. New posters were created after feedback from the Empowering Teens Through Health Youth Advisory Board to make the posters more clear with visuals. These posters along with the menstrual pad educational pamphlets were delivered to schools two times throughout the year.

Community Partner Services

School-Based Health Centers

School-Based Health Centers (SBHCs) are converted school spaces that operate as fully-functional medical offices to provide comprehensive, trauma-informed health care to students. SBHCs aim to address inequitable access to healthcare, particularly those who are disconnected from the healthcare system or are uninsured or underinsured.

School-Based Health Centers	Operating Agency
Madison Park Boston Latin Academy New Mission Brighton High School Burke High School BCLA* Snowden Another Course to College	Boston Public Health Commission
TechBoston Academy	Codman Square CHC
East Boston High School	East Boston Neighborhood Health Center
Charlestown High School	North End Waterfront Health
Blackstone Elementary	South End CHC
Young Achievers K-8	Mattapan CHC

*BCLA merged with McCormack Middle School and students in grades 7-9 are at the Dorchester campus and students in grades 10-12 are at the Hyde Park campus where the SBHC is located.

Of SBHCs operated by BPHC, approximately 37% of students are enrolled in the program, consistent with previous years. Across all BPHC sites, there was a total of 5,013 student encounters during the academic year.

BPHC SBHC Encounters by Service Type	**SY17-18**	**SY19-20**	**SY21-22**
Family Planning	1,021	491	430
Mental Health	3,399	2,965	2,336
Medical Provider	3,615	1,974	2,247
Total	8,035	5,430	5,013

*SY19-20 and SY18-19 data indicated different provider types: Health Educator, Mental Health Clinician, and Nurse Practitioner/Physician Assistant instead of service

Health Resource Centers

The Health Resource Centers (HRC) are a collaboration between the Boston Public Health Commission and Boston Public Schools to bring health education, in-school health counseling, and referrals to community health care resources to students at Another Course to College, Boston Arts Academy, Community Academy of Science and Health, English High School, Excel High School, and Fenway High School. Additionally, the HRC team provides one class at Boston Collaborative High School and has been working with the Academy of the Pacific Rim Charter School to build capacity with their PE teacher; these two additional sites do not have a drop-in office.

Health education topics include public health and health equity, sexual health, mental health, and substance use awareness education. At schools with HRC drop-in sites, students can access confidential services such as pregnancy testing and condoms. Pregnancy testing at the drop-in sites started in June 2022. Three drop-in sites offer STI testing for chlamydia and gonorrhea. HRC staff at the drop-in sites make referrals to trusted outside entities and school-based health centers as needed.

HRC Services	**SY19-20 Total Number**	**SY21-22 Total Number**
Number of HRCs in BPS High Schools	7	6
Office Encounters*	6,212	735
Youth engaged in outreach events held during lunch**		2,380
Number of sites offing STI testing	3	3
STI tests provided	34	42
External condom packets (3 condoms) distributed	140	146
Internal condoms distributed	N/A	12
Packets of lubricant distributed	N/A	88
Oral dams distributed	N/A	27

HRC Services	SY19-20 Total Number	SY21-22 Total Number
Youth involved in HRC health classes	665	541

*Each time a student comes in for a 1:1 they are counted in this number, some students will be counted multiple times due to multiple visits

**Total number of students for each event are counted so there may be repeat students attending events. Unique visits are not captured.

Additional Community Partners

According to the Partnership Portal, eight agencies offered health services in schools (not counting mental health services; see Safe & Supportive Schools section). From SY19-20, the number of agencies offering primary health care increased while those offering vision and dental decreased. We acknowledge that while the numbers only represent those agencies registered in the partnership portal, our schools may partner with other health service providers within their communities.

Community agencies providing the following health services to school (Source: Partnerships)	SY19-20		SY21-22	
	Agencies	Schools	Agencies	Schools
Primary Health Care	2	unknown	5	5
Vision Care	4	13	1	1
Dental Health	3	22	2	28

Staff Wellness

Policy Overview

The Boston Public Schools cares about the well-being of staff members and understands the influence that staff actions have on all student health behaviors. All staff shall promote a school environment supportive of healthy behaviors. Adults are encouraged to model healthy behaviors, especially on school property and at school-sponsored meetings and events. Schools are encouraged to support staff wellness initiatives.

Intended Impacts on Student Health

Healthy workers are better able to manage stress, leading to increases in energy and productivity. Healthy school staff are also more likely to model healthy behaviors for students. By promoting staff wellness, BPS aims to improve staff health, satisfaction, and retention while further supporting students' well-being and community connectedness.

Strategic Vision Commitment 5: Cultivate Trust

In the BPS 2020-2025 Strategic Vision, one of the priorities of Commitment 5 is that in order to cultivate trust through caring and competent staff that reflect our students and are focused on service, we must make BPS a place where educators and staff want to be employed because they feel valued and supported in their work.

Policy Subcommittee Development and Efforts

The Staff Wellness Subcommittee for the District Wellness Policy was formed this year with representation from: the Superintendent's Office, the Office of Health and Wellness, the Boston Teachers Union, and BPS schools. Co-chairs for the committee were identified from the BPS Office of Health and Wellness and the BPS Superintendent's Office. The subcommittee co-chairs and members reviewed the policy and made a project plan to rewrite the policy to better reflect the value of staff wellness in BPS. The subcommittee agreed that focus groups and data collection were necessary before making major changes to the policy language. The subcommittee used the Racial Equity Planning Tool to plan the recruitment of subcommittee members and identify focus group audiences. The subcommittee gathered and reviewed the literature on best practices for staff wellness policy and implementation.

Central Office Organizational Improvement

During SY21-22, BPS hired a Director of Organizational Improvement to support the BPS Central Office in building organizational culture with a focus on well-being. The Director of Organizational Improvement created several initiatives to improve BPS culture.

- JUICE (Joy, Unity, Inclusion, Collaboration, Equity) Committee to plan and lead staff recognition and appreciation events for BPS Central Office
- Stress Management Workshop - open to all staff

- Burnout, Compassion Fatigue, and Radical Self-care Training - open to all managers
- Professional development for project managers

School Level Activities and Professional Development

For SY21-22, 50 schools (60% of wellness councils) included a Staff Wellness goal on their Wellness Action Plan, making up 20.6% of all Wellness Action Plan goals across the district. This is an increase from the 39 (37%) schools that had included a Staff Wellness goal in their Wellness Action Plan in SY19-20.

Schools reported the following activities for SY21-22 related to promoting the physical, social, and emotional well-being of faculty and staff. (Source: Profiles)

68% of schools integrated staff wellness as the school's core value and/or aligned policies and practices with this value

64% of schools created healthy spaces and facilities that support staff wellness

48% of schools promoted health benefits and free or low-cost resources to increase staff awareness and utilization

89% of schools embedded meaningful and consistent recognition, appreciation, celebration of staff across all levels of the organization

85% of schools integrated leadership and professional development rooted in SEL, sustainability, wellness, and healing-centered principles

68% of schools created opportunities for staff wellness promotion at school sites, especially during contracted hours

Staff Wellness Domain of Wellness Champion Program

Staff Wellness remained a policy domain area within the Wellness Champion Program for a second year. Fourteen school-based staff, from different schools, joined the program as Staff Wellness Champions. As part of their role, the champions engaged in three 1.5-hour professional development training sessions, individualized technical assistance, and led a staff wellness initiative in their school.

This school year, a one-time funding opportunity from the Centers for Disease Control and Prevention (CDC) was available to support Staff Wellness Champions and Empowering Teens Through Health (ETTH) Champions with a school-based staff wellness initiative. A total of 32 schools received the funding to create or improve a staff-specific space in the school building. Staff

spaces were an emphasis for the one-time funding since dedicated space can offer continued opportunities for staff wellness initiatives and staff connection within a school.

Teacher Feedback Survey

The Teacher Climate Survey asks about experiences related to school climate and professional leadership. For each question, participants were asked to respond using a 5-point scale where responses 1-3 of the scale were considered least favorable (e.g., 1= "not at all important", 2= "slightly important", and 3= "somewhat important") and responses 4 and 5 were considered "favorable" (e.g., 4= "quite important" and 5= "extremely important"). Specific questions can be found in Appendix E.

Overall, 56% of teachers answered favorably regarding their perceptions of the overall social and learning climate of the school (Panorama)

Overall, 46% of teachers answered favorably regarding their perceptions of the amount and quality of professional growth and learning opportunities available to faculty and staff (Panorama)

Recruitment, Cultivation & Diversity (RCD) Programs

The Office of Recruitment, Cultivation & Diversity Programs (RCD) combines talent acquisition and cultivation, pipeline development, and diversity programs to better support candidates and employees from recruitment throughout their careers.

The RCD Team supports the district's workforce diversity strategy by developing and delivering retention programming for educators of color and by partnering with other departments to promote their retention supports.

RCD holds frequent district-wide affinity events, particularly for educators of color. In addition, several schools offer affinity group series both for their staff of color and in some cases for White staff to learn more about how to be more effective as anti-racists. A few schools have also included parents and guardians in these offerings.

The Central Office offers three ongoing affinity groups focused on issues of race: Black and Brown at Bolling; Asian Pacific Islander Desi Americans (APIDA); and multiple White anti-racist groups.

SY21-22 Educators of Color Retention Programs and Services

Leadership Development for Educators of Color

- Women Educators of Color (WEOC) Executive Coaching Leadership Program
    - 10 meetings; 16 participants
- Male Educators of Color (MEOC) Executive Coaching Leadership Program
    - 10 meetings; 21 participants

Networking and Community Building for Educators of Color

- ALANA (African, Latinx, Asian, and Native American) Educators Program
    - 10 events; an average of 50 participants per event
- School Leaders of Color (SLOC) Network
- Boston Public School Affinity Group Gatherings
    - Black and Brown at Bolling met weekly
    - APIDA (Asian, Pacific Islander, Desi American) met monthly
    - ABA Specialist of Color met weekly
    - School Administrative Leaders of Color met bi-monthly
    - LGBTQ+ Affinity Group met monthly
    - People with disabilities and allies met monthly
    - White Anti-Racist Affinity groups met monthly

Supports and Services

- MTEL Prep and ESL Mentoring Program
- Pathway Programs for Licensure and Professional Practice
- Educators of Color Monthly Newsletter
- Outreach and Individual License Support for Provisional Teachers
- Degree Completion Support through Higher Education Partnerships
- Exit Interviews for School-Based and Central Office Staff of Color

Student Health Impacts

When students have access to a safe, healthy, and sustaining learning environment that provides quality education, programs, and services, they will gain the knowledge and skills necessary to make healthy choices, ultimately leading to improved health outcomes. Through implementing a WSCC approach grounded in healthy equity, we expect to see an increase in the prevalence of protective behaviors, a decrease in the prevalence of risky behaviors, and improved social and emotional well-being and health outcomes. To understand the extent to which the District Wellness Policy impacts student health over time, the DWC selected key student outcome indicators aligned with the various components of the policy. The student-level outcomes presented here provide information on student behaviors, student health status, and student knowledge, skills, attitudes, and perceptions.

Youth Risk Behavior Survey (YRBS)

The YRBS is a component of the Centers for Disease Control & Prevention national surveillance system and is used to monitor critical health-related behaviors of adolescents. The surveys are conducted biennially among a randomized sample of middle and high school students. The most recent weighted results available are from 2021, collected in the fall. Results of the YRBS provide data for three major student-level outcomes: (1) reducing the prevalence of risk behaviors, including sexual risk behaviors, substance use, and sedentary behaviors; (2) increasing the prevalence of protective behaviors, including increasing physical activity and positive dietary behaviors; and (3) improving social and emotional well-being by increasing school connectedness, decreasing violence, injury, and bullying, and reducing self-harm and suicidality.

The high school YRBS results for these key student impacts are displayed in the following tables. Each table presents percentages for 2019 and 2021, and any significant subgroup differences by sex[1], race[2], and sexual orientation[3]. Significant changes from 2019 to 2021 are indicated by an asterisk and color coded: green indicates an improvement and orange indicates an adverse change. See Appendices F for detailed table of comparisons of 2021 BPS, state, and national data and Appendix G for 2021 BPS subgroup differences by sex, race/ethnicity, and sexual identity. The CDC expanded category options for sexual identity in 2021 to include “questioning my sexuality” and “describe my sexuality in some other way” (O/Q) in addition to heterosexual (straight) and lesbian, gay, or bisexual (LGB); when the non-straight categories are combined they are denoted as LGBQ+. Middle School YRBS is shared at the end of each subsection section.

[1] 52% Female students (F); 48% Male students (M).
[2] 31% Black students (B); 45% Hispanic/Latinx Students (L); 9% Asian Students (A); and 12% White students (W). 3% of students identify in another racial category or as multiracial, these subgroups are too small to include in statistical analysis.
[3] 68% Straight students; 17% Lesbian, gay, or bisexual students (LGB); 12% of students are questioning or describing their sexuality in some other way (O/Q). 1.7% of BPS students identify as transgender and 2% are unsure if they are transgender, this subgroup population is too small to include in statistical analysis.

Sexual Health

Boston data continued to show the decrease in risky sexual behaviors among high school students in 2021. Since 1993, there have been statistically significant, long-term decreases in the percentage of students who have ever had sexual intercourse (60.6% to 27.1%); students who are currently sexually active (42.0% to 17.5%); students who have had four or more sexual partners in their life (25.9% to 5.0%); and students who have been pregnant or gotten someone else pregnant (11.1% to 1.8%). A new risk factor of concern that we have begun tracking is the age gap between a student and their first sexual partner: 16.1% of student who have had sex reported their partner was 3+ year older than themselves the first time they had sexual intercourse. There are statistically significant disparities between LGB students and their straight peers and between Black and Latinx students compared to their White and Asian peers in all of the sexual risk behaviors.

BPS High School YRBS Results: Prevalence of risk behaviors related to sexual health. Data analysis by Westat/CDC

Percentage of students who…	2019 %	2021 %	2021 Significant Subgroup Differences (t-test, p<0.05)
Intended Outcome: Decrease Risky Sexual Behaviors			
Have ever had sexual intercourse	37.6	27.1*	B>A; B>W; L>A; L>W; W>A
Were currently sexually active (had sexual intercourse in the last 3 months)	26.4	17.5*	B>A; L>A; L>W; W>A
Reported their partners were 3+ years older than themselves the first time they had sex	–	16.1	F>M B>W, L>W LGBQ+>Straight
Had sexual intercourse with 4+ persons during their life	11.0	5.0*	M>F B>A; B>W; L>A; L>W LGB>Straight
Have ever been pregnant or gotten someone pregnant	5.7	1.8*	B>A; B>W; L>A; L>W LGB>Straight
Intended Outcome: Increase Protective Sexual Behaviors			
Used a condom during last sexual intercourse (among students who were currently sexually active)	52.0	53.4	Straight>LGB
Used effective hormonal birth control† to prevent pregnancy during last sexual intercourse with opposite sex partner (among students who were currently sexually active)	28.3	37.8	F>M
Used a condom and effective hormonal birth control† during last sexual intercourse with opposite sex partner (among students who were currently sexually active)	6.0	12.7	None
Were ever tested for HIV	23.5	8.6*	B>A; B>W; L>A; L>W
Were tested for a STD other than HIV (in the past 12 months)	20.1	8.0*	B>A; B>W; L>A; L>W

-- Indicates data not available; * Indicates a significant difference as compared to 2019 based on t-test analyses, p<.05
† Effective hormonal birth control defined here as birth control pills, an IUD or implant, a shot, a patch, or a birth control ring

While the prevalence of risky sexual behaviors have decreased, there have also been decreases in protective behaviors for sexual health. There was a significant decrease in students who have been tested for HIV or STDs from 2019-2021. Perhaps this could have been as a result of the pandemic. However, HIV testing has been decreasing over a 10-year period. Black and Latinx students were more likely to engage in these testing behaviors than their White and Asian counterparts (Appendix G). Condom use did not change between 2019-2021 (53.4%) but there has been a statistically significant long-term decrease (74.2% in 2005). Just over half of sexually active students reported using a condom during last sexual intercourse. Boston students are not statistically more or less likely to engage in sexual intercourse, have sex with 4+ people, use condoms, or use hormonal birth control than their peers in MA or nationally; Boston students are statistically more likely to report engaging in STD testing (Appendix F).

Middle School YRBS Data:

There has been no significant change in the percentage of middle school students who have ever had sexual intercourse since 2013 (3.1%). There has been a significant decrease in the percentage of middle students that have had sexual intercourse with three or more persons (3.7% to 2.3%). 57.7% of sexually active students used a condom during the last time they had sexual intercourse.

Substance Use

BPS High School YRBS Results: Prevalence of risk behaviors related to substance use. Data analysis by Westat/CDC

Percentage of students who…	2019 %	2021 %	2021 Significant Subgroup Differences (t-test, p<0.05)
Intended Outcome: Decrease Substance Use			
Currently smoked cigarettes	2.8%	1.7%	L>B
Currently vaped (Nicotine)	12.2%	9.7%	F>M B>A; L>A; L>B; L>W; W>A LGB>Straight
Currently drank alcohol	21.2%	16.3%*	F>M L>A; W>A; W>B; W>L LGB>Straight, LGB>O/Q
Currently were binge drinking	9.8%	7%	L>A; L>B; W>A; W>B; W>L LGB>Straight
Currently used marijuana	22.6%	17.3%*	F>M B>A; L>A; W>A LGB>Straight, LGB>O/Q
Ever misused prescription pain meds	11.3%	10.2%	F>M LGB>Straight

-- Indicates data not available; * Indicates a significant difference as compared to 2015 based on t-test analyses, p<.05

Students in Boston remain statistically less likely than their peers across the state and the nation to smoke cigarettes, use electronic vapor products (vape), drink alcohol, binge drink, or misuse prescription pain medication (Appendix F). There have been significant long-term decreases in students who currently smoked cigarettes (20.9% in 1993 to 1.7%), drank alcohol (40.1% in 1993 to 16.3%), and were binge drinking (10.5% in 2017 to 7%). We have seen a significant 10-year decrease in current marijuana use (27% in 2011 to 17.3%); Boston students are statistically more likely than their peers nationally to use marijuana (17.3% vs. 15.8%). We continue to keep an eye on the emerging trend of vaping tobacco products; there was a significant increase in vaping prevalence from 2017 to 2019 (5.7% to 12.2%) and no significant change from 2019 to 2021 (9.7%). Vaping prevalence among BPS students continues to be statistically less than MA (17.2%) and nationally (18%). About 10% of students who used marijuana reported that they vaped it.

The table below shows the prevalence of substance use or misuse by sex, race, and sexual identity. Students who identify as female are more likely to vape, drink alcohol, use marijuana, and misuse pain prescription pain meds compared to students that identify as male. White students are more likely than Asian, Black, and Latinx students to drink and to binge drink alcohol, and Latinx students are more likely than Asian and Black students to binge drink. Asian students are less likely than Latinx, Black, and White peers to vape and Latinx students are more likely than all their peers to vape. Asian students are also less likely than all their peers to use marijuana. Lastly, students who identify as lesbian, gay, or bisexual (LGB) are significantly more likely than students who identify as straight to engage in all of the substance use and misuse behaviors listed below.

2021 HS YRBS Significant Subgroup Differences by Sex, Race/Ethnicity, and Sexual Identity (t-test, p<0.05)								
Health Behavior	Sex %		Race / Ethnicity % (NH=Non-Hispanic)				Sexual Identity %	
Percentage of students who…	Male (Ref)	Female	White NH (Ref)	Asian NH	Black NH	Hispanic/ Latinx	Straight (Ref)	LGB
Currently vaped (Nicotine)	6.3	12.9*	7.3	1.6*	7.7	13.5*	8.2	19.2*
Currently drank alcohol	14.0	18.6*	28.0	8.6*	12.7*	17.7*	15.2	26.9*
Currently were binge drinking	5.8	8.2	14.4	2.0*	4.0*	7.9*	5.7	14.0*
Currently used marijuana	13.2	21.1*	17.6	2.0*	18.0	20.5	13.6	32.7*
Ever misused prescription pain meds	7.0	12.9*	7.1	6.8	11.6	11.0	8.4	16.3*

* Statistically significantly different than the reference group; blue = less likely, orange = more likely

Middle School YRBS Data:

1.1% of BPS middle school students currently smoked cigarettes; 6.8% currently vaped; 3.9% currently drank alcohol; 3% currently used marijuana; and 8.5% ever misused prescription pain medication. Current cigarette use, alcohol drinking, and marijuana use have all significantly decreased since 2013 (3%, 11%, and 10%, respectively). There was a significant increase in misuse of prescription pain medication from 2017 to 2019 (7.4% to 12.2%) and then a significant decrease in 2021. Asian middle school students are less likely than their peers to engage in these behaviors.

Unintentional Injury & Violence

BPS has seen significant long-term decreases since 1993 in the percentage of students who did not go to school because they felt unsafe at school or on their way to or from school (14.4% to 11%); students who carried a weapon on school property (15.8% to 2.9%); students who were threatened or injured with a weapon on school property (12% to 5%); and students who were in a physical fight, in general (43% to 18.7%) and on school property (15.2% to 8.1%). There was a significant increase from 2019 to 2021 (7.5% to 11%) in students who did not go to school due to safety concerns though the long-term trend shows a significant decrease overall, and BPS students are more likely to report this behavior than their peers in the state and the nation. There continues to be no significant change in the percentage of students who were electronically bullied between 2009 and 2021 (8.6%). However, there is a significant long-term decrease in the prevalence of bullying on school property from 2009 to 2021 (11.6% to 6%). MA and the US show statistically significantly higher rates than Boston in both forms of bullying (Appendix F).

BPS High School YRBS Results: Prevalence of risk behaviors related to violence victimization, injury and bullying. Data analysis by Westat/CDC

Percentage of students who…	2019 %	2021 %	2021 Significant Subgroup Differences (t-test, p<0.05)
Intended Outcome: Decrease Violence Victimization, Injury & Bullying			
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day in the last 30 days)	7.5%	11%*	B>A; L>A LGB>Straight
Carried a weapon on school property (in the last 30 days)	3.6%	2.9%	M>F B>A, B>W, L>A, L>W
Were threatened or injured with a weapon on school property (in the last year)	5.3%	5%	none
Were in a physical fight (in the last year)	19.3%	18.7%	M>F B>A, L>A, W>A LGB>Straight
Were in a physical fight on school property (in the last year)	8.1%	4.4%*	L>W Straight>O/Q
Were bullied on school property (in the last year)	11.2%	6%*	L>B; W>B LGB>Straight
Were electronically bullied (in the last year)	9.7%	8.6%	F>M W>A LGB>Straight
Intended Outcome: I Decrease Sexual & Dating Violence Victimization			
Experienced physical dating violence (in the last year)	6.3%	7.3%	L>A; L>W
Experienced sexual violence by anyone (in the last year)	–	9.8%	F>M B>A, L>A LGBQ+>Straight
Were ever physically forced to have sexual intercourse (when they did not want to)	9.2%	9.2%	F>M B>A; B>W; L>A; L>W LGBQ+>Straight

-- Indicates data not available; * Indicates a significant difference as compared to 2019 based on t-test analyses, p<.05

Looking at the trend data for sexual and dating violence victimization, there has been no significant change in the prevalence of students who experienced physical dating violence since we started collecting the data in 2013 or the percent of students who were ever physically forced to have sexual intercourse when they did not want to since 2009. In 2021, students were asked if they had experienced anyone making them do sexual things they did not want to do in order to better understand the broader range of sexual violence experience within and outside of dating relationships: 9.8% of student reported experiencing sexual violence in the last year. Students who identify as gay, lesbian, or bisexual are more likely than students who identify as straight to experience sexual violence victimization, injury, and bullying and to not go to school due to safety concerns; most striking are the disparities in experiences of sexual violence (22% LGB vs 5.2% Straight) and experiences of forced sexual intercourse (20.5% LGB vs. 5.2% Straight; Appendix G). Black and Latinx students are also at higher risk for many of the violence and injury measures compared to White and Asian students. Lastly, male students are more likely than female students to report weapon carrying and being in a physical fight (in general and on school property), and female students are more likely than male students to report experiencing sexual violence and specifically forced sexual intercourse (Appendix G).

Middle School YRBS Data:

Questions for middle school students asked if they had *ever* been in a physical fight (50.8%), been bullied on school property (36.9%), been electronically bullied (26.7%), experienced physical dating violence (5.9%), and experienced being forced to do sexual things when they did not want to (i.e. ever experienced sexual violence, 10%). There was a significant increase in ever experiencing electronic bullying from 2019 to 2021 (20.5% to 26.7%), continuing a long-term trend since 2013 (15.6%). Female students (14%) and LGB students (21.8%) are more likely to report having experienced sexual violence when compared to their male (6.6%) and straight (6.6%) peers, respectively. Black (59.2%) and Latinx students (54.7%) and male students (61.1%) are more likely to report having been in a physical fight compared to their Asian (25.7%), White (31%), and female peers (39.4%), respectively.

Social-Emotional & Mental Health

There are concerning trends in social-emotional and mental health protective behaviors such as school connectedness and sufficient sleep for Boston students. Less than half of students agree or strongly agree that they feel close to people at school, a significant decrease from 2019; Latinx (42.9%) and Black students (43.5%) are statistically less likely than White students (57.6%) to agree or strongly agree to feeling close to people at school, and Latinx less likely than Asian students (52.6%, Appendix G). The percentage of students who reported getting enough sleep on an average school night has significantly decreased from 2013 (22.6% to 15.6%).

The percentage of students who felt persistent sadness has increased significantly since 2015 (26.7% to 43.9%), reversing a decreasing trend from 1999 (32.2%) to 2015. The percentage of students who have seriously considered suicide and attempted suicide has significantly decreased since 1993 (23.7% to 15.6% and 13.5% to 7% respectively) though there has been a significant increase in percentage of students who have seriously considered suicide since 2007 (10.5%); BPS

students are less likely than students nationally to experience suicidality (Appendix F). There has been no significant change overall in the percentage of students who did something to purposely hurt themselves without wanting to die since 2009, but there was a significant increase between 2019 and 2021 (15.4% to 19.1%). There are disparities among female students and students that identify as LGBQ+; they are more likely to experience persistent sadness, suicidality, and self-harm, compared to their male and straight counterparts respectively (Appendix G). Black and Latinx students are also at greater risk for persistent sadness (B: 43.7% and L: 48.2%) and attempted suicide (B: 7.2% and A: 8.1%) compared to Asian students (33.1% and 1.5%, respectively).

Boston High School YRBS results: Prevalence of risk behaviors related to school connectedness, suicidality, and self-harm. Data analysis by Westat/CDC

Percentage of students who…	2019%	2021 %	2021 Significant Subgroup Differences (t-test, p<0.05)
Intended Outcome: Increase school connectedness and well-being			
Agreed /strongly agreed they felt close to people at school	58.2%	45.8%*	M>F A>L, W>B, W>L
Got 8 or more hours of sleep on an average school night	16%	15.6%	L>W
Intended Outcome: Decrease Sexual & Dating Violence Victimization			
Felt depressed (sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities) †	35%	43.9%*	F>M B>A; L>A; L>W LGBQ+>Straight
Did something to purposely hurt themselves without wanting to die †	15.4%	19.1%*	F>M LGBQ+>Straight
Seriously considered attempting suicide †	15.6%	15.6%	F>M LGBQ+>Straight
Attempted suicide †	9.3%	7.0%	F>M B>A; L>A; L>W LGBQ+>Straight

-- Indicates data not available; * Indicates a significant difference as compared to 2015 based on available t-test analyses, p<.05; LGBQ+ stands for lesbian, gay, bisexual, questioning, and some other non-straight sexual identity
† During the 12 months before the survey

Middle School YRBS Data:

48.1% of BPS middle school students reported getting enough sleep, a significant decrease from 56.3% in 2013; 57% reported there is at least one teacher or other adult in their school that they can talk to if they have a problem. 35.6% of BPS middle school students felt persistent sadness that impacted their day-to-day activities, significantly increasing from 25.8% in 2017; 27.6% had ever seriously considered attempting suicide, significantly increasing from 20.7% in 2013; and 10.4% had ever attempted suicide, significantly increasing from 8.2% in 2013. Female students, Latinx students, and LGBQ+ students are at increased risk for persistent sadness and suicidality.

Physical Activity & Nutrition

There has been no significant change in the percentage of students getting the recommended amount of daily physical activity (at least 60 minutes every day of moderate-to-vigorous physical activity) since 2011 (18.5%); however, there was a significant increase from 2019 to 2021 in the

percentage of students getting at least 60 minutes of physical activity on 5 or more days in a week (29.6% to 36.7%). Unfortunately, there remains about a quarter of high school students that are not participating in physical activity for at least 60 minutes on any day during the week. BPS students were significantly less likely to get the recommended daily physical activity and more likely to not be physically active compared to MA and nationally (23.5% and 23.9%; Appendix F).

For healthy eating behaviors, there was a significant decrease in the number of students eating breakfast daily since 2009 (33.3% to 21.5%). BPS students are significantly less likely to eat breakfast daily compared to students in MA (30.8%) and nationally (25%). There has been a decrease in daily fruit consumption (32.3% in 2009 to 25.9%), no change in daily vegetable consumption (21.5%), and a significant decrease in drinking one or more glasses of milk (30.5% in 1999 to 18.4%). We have seen a significant increase since 2007 in the percentage of students who do not drink soda (17.1% to 30.1%) and no significant change in the 85% of students who do not drink sugar-sweetened beverages daily (less than six times in a week, not counting soda).

Boston High school YRBS results: Prevalence of protective health behaviors related to physical activity and dietary behaviors. Data analysis by Westat/CDC

Percentage of students who…	2019%	2021 %	2021 Significant Subgroup Differences (t-test, p<0.05)
Intended Outcome: Increase in Physical Activity & Decrease Sedentary Behaviors			
Were physically active at least 60 minutes per day, all 7 days	14.8%	18.5%	M>F B>A; B>L L>A; W>A; W>L Straight>Other/Questioning
Did not participate in at least 60 min of physical activity on any day in the past week	25.6%	22.4%	F>M A>B; A>W; B>W; L>B; L>W
Spent 3+ hours per day on screen time (not counting for schoolwork, on an avg. school day)	–	77.7%	none
Intended Outcome: Increase Positive Dietary Choices			
Ate breakfast daily	24.7%	21.5%	M>F A>B; A>L; W>B; W>L Straight>LGBQ+
Ate fruit or drank 100% fruit juice 2+ times per day	26.8%	25.9%	none
Ate vegetables 2+ times per day	20.4%	21.5%	A>B; A>L; W>L
Drank 3+ glasses of water daily	49.5%	52.3%	M>F W>A; W>B; W>L
Drank 1+ glasses of milk daily	22.6%	18.4%*	M>F A>B; A>L
Did not drink soda	29.4%	30.1%	A>B; A>L; W>B; W>L
Did not drink sugar-sweetened beverages daily†	87%	85%	A>B; A>W; A>L; W>B; W>L

-- Indicates data not available; * Indicates a significant difference as compared to 2015 based on available t-test analyses, p<.05; † Sugar-sweetened beverages do not include soda or 100% fruit juice; less than 6 times in the past 7 days

Middle School YRBS Data:

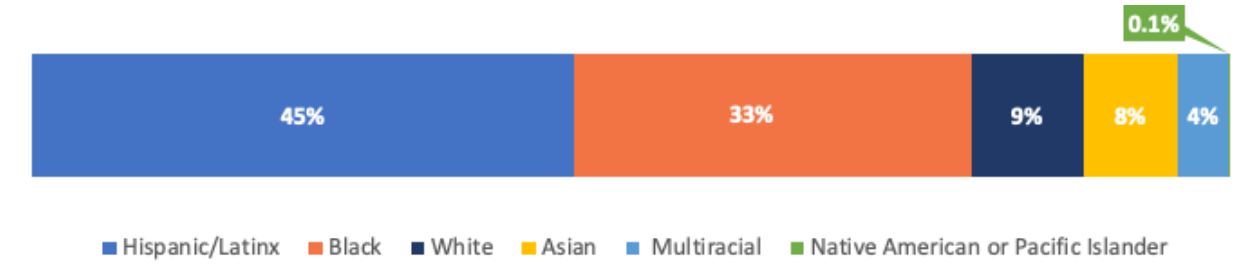
18% of middle school students got the recommended daily physical activity, decreasing significantly since 2013 (22.7%) and 21.7% did not participate in at least 60 minutes of physical activity on any day, increasing significantly since 2013 (15.4%). 72.1% of students spent 3 or more hours per day on screen time outside of screen time for schoolwork. Decreasing from 2019 to 2021, 36.5% of middle school students ate breakfast daily in the week before the survey, following a long-term trend since 2013 (47.6%).

Asthma

A student's diagnosis of asthma is reported to the school nurse and recorded in their school medical record in SNAPNurse. 19% of students in Grades 1, 4, 7, and 10 are reported to have asthma (SNAPNurse). The percentage of students with asthma was highest among Grade 7. Of the students that have asthma in these grades, 45% are Latinx, 33% are Black, 9% are White, 8% are Asian, 4% are multiracial, ad 0.1% are NAtive American or Pacific Islander.

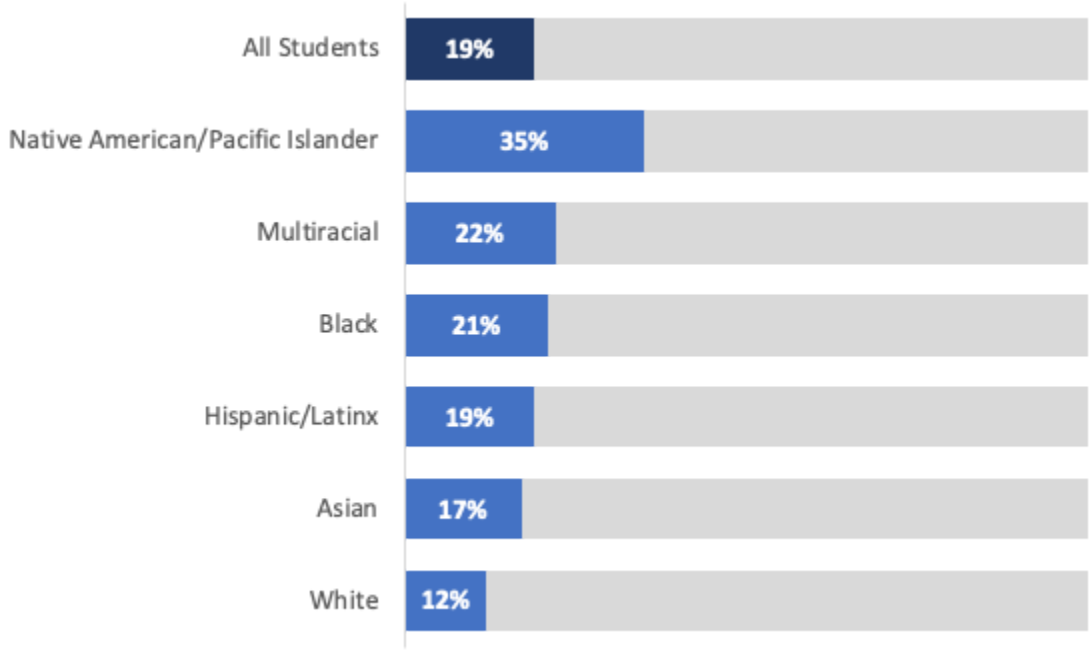
Percentage of students with a diagnosis of asthma by grade (SNAPNurse)	SY19-20	SY21-22
Grade 1	15.3%	10.3%
Grade 4	20.1%	18.3%
Grade 7	21.5%	26.0%
Grade 10	22.5%	19.3%
All Grades	19.8%	18.5%

Race/ethnicity of students in grades 1, 4, 7, and 10 with asthma (SNAPNurse)



Among students enrolled in selected grades, 35% of Native American and Pacific Islander students, 22% of multiracial students, 21% of Black students, 19% of Hispanic/Latinx students, and 17% of Asian students have asthma (chart below). Twelve percent of White students have asthma, suggesting they may be less likely than the other student groups to have asthma. No statistical analysis was conducted on this data to compare differences among subgroups.

Percentage of students (Grades 1, 4, 7 and 10) with asthma by race/ethnicity (SNAPNurse)



Body Mass Index

Body Mass Index (BMI) is used here as a public health surveillance measure. BMI is calculated by dividing a person's weight in kilograms by the square of height in meters. For children and teens, BMI is age- and sex-specific. The CDC states, "A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex."[4] Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.; overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile; underweight is defined as a BMI less than the 5th percentile; and healthy weight is defined as a BMI at the 5th percentile to less than the 85th percentile (CDC).

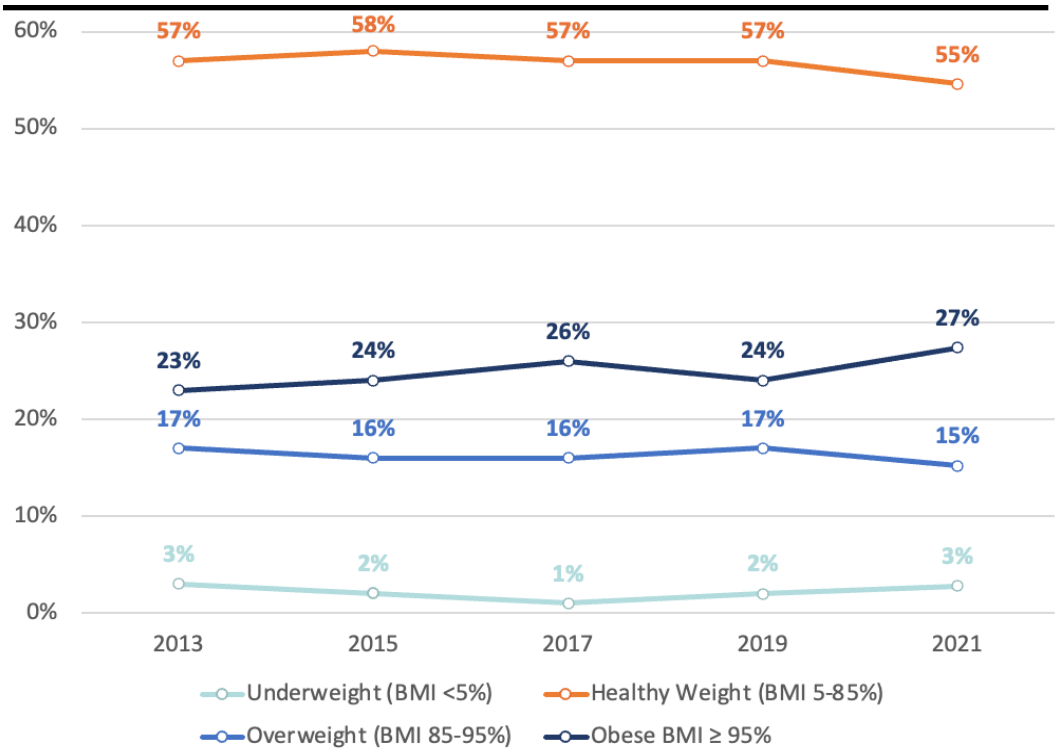
BPS school nurses measure BMI in grades 1, 4, 7, and 10 each year. Fewer students were screened in SY21-22 since screenings were periodically paused throughout the year due to COVID-19 protocols.

[4] Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, https://www.cdc.gov/obesity/childhood/defining.html

Percentage of students screened for BMI (Source: SNAPNurse)	SY17-18	SY19-20	SY21-22
Grade 1	70%	67%	32%
Grade 4	68%	67%	32%
Grade 7	57%	61%	24%
Grade 12	49%	37%	21%

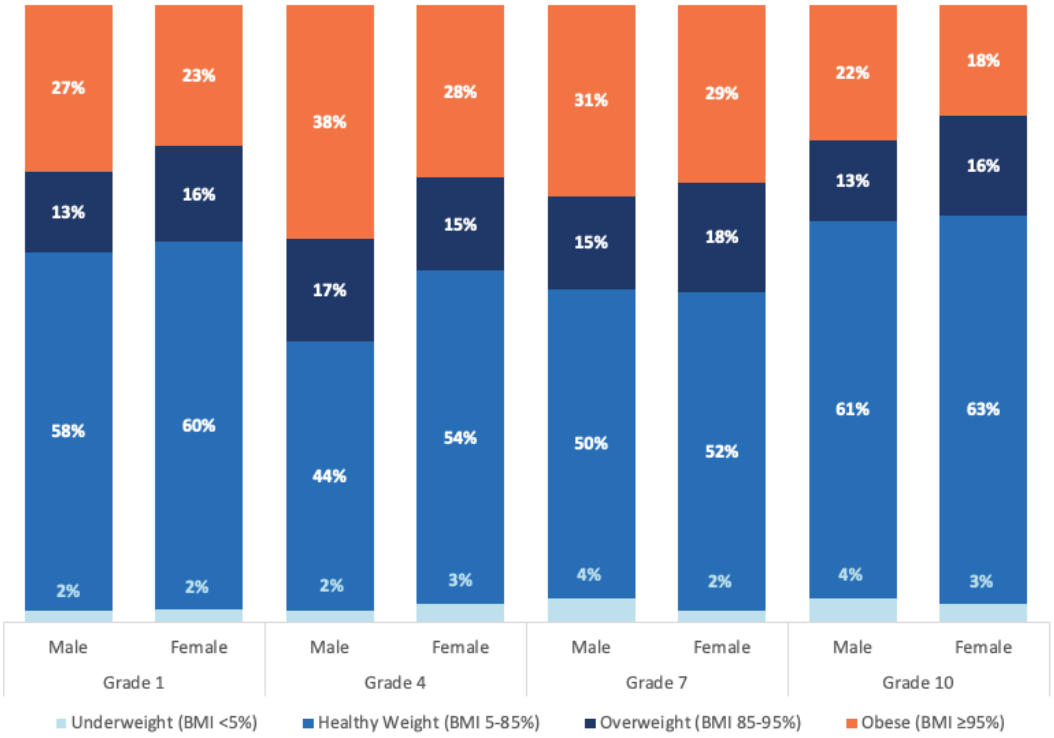
Overall, 42% of students in the district were either overweight or obese. These percentages have neither increased nor decreased drastically since 2013. We did see a four-percentage-point increase in students that fall within the obese category. We cannot say if this change is significant without statistical analysis and without consistent screening.

Trends over time in the percent of BPS students (Grades 1, 4, 7, and 10) screened for BMI within the four weight status categories (Source: SNAPNurse)



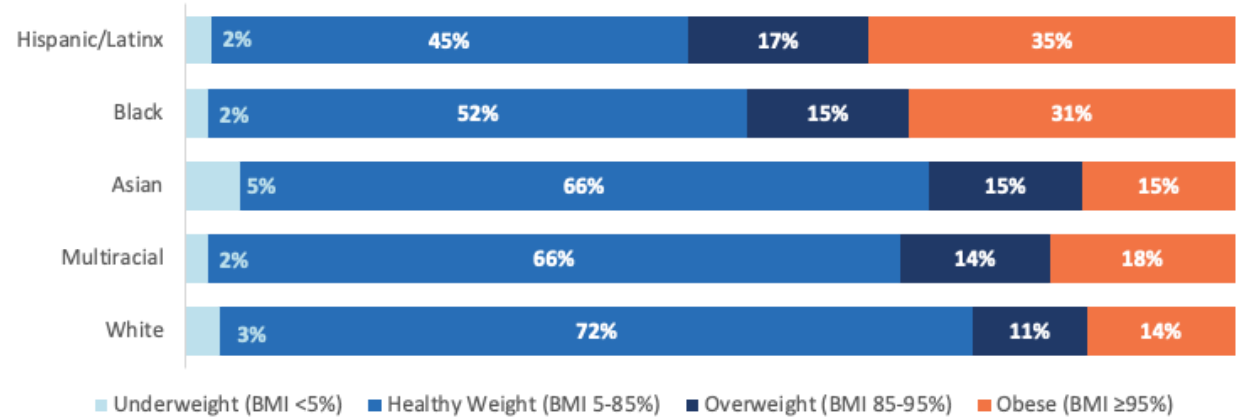
When the percent of students in each weight category is compared by gender and by grade, the data show some differences across the grade levels. Grade 4 shows the biggest difference between males and females with fewer males in the healthy weight range, and more in the obese category compared to female students. When comparing all male students screened to all female students screens, 30.1% of male students and 24.5% of female students fall in the obese category. All other BMI categories show no major differences in the percentages between male and female students.

Percentage of BPS students (Grades 1, 4, 7, and 10) screened for BMI within the four weight status categories by grade and by sex (Source: SNAPNurse)



Across the four weight status categories by race/ethnicity, White students had the greatest percentage of students within the healthy weight range, followed by multiracial students, Asian students. Black students and Hispanic/Latinx students have the lowest percentage of students within the healthy weight category and the highest percentages of students who are overweight or obese. Asian student had the greatest percentage of underweight students. There were too few Native and Pacific Islander students screened to compare to other race categories.

Percentage of BPS students (Grades 1, 4, 7, and 10) screened for BMI within the four weight status categories by race/ethnicity (Source: SNAPNurse)



Culture & Climate Survey

The BPS Office of Data and Accountability offers climate surveys every spring to students, families, and school staff. The Student Climate Survey gathers student perceptions of the overall school culture and climate. Students in grades 3-11 were surveyed. For each question, students were asked to respond using a 5-point scale to rate favorability (e.g., 1= "not at all important", 2= "slightly important", 3= "somewhat important", 4= "quite important", and 5= "extremely important"). The table below represents district-level favorable results for each category.

Student Climate Survey Grades 3-5 | n = 7,294

Valuing of School: 67% favorable *How much students feel that school is interesting, important, and useful.*	~60th percentile on this topic compared nationally
62% Report finding the things learned at school extremely or quite interesting	
40% Report almost always or frequently using ideas from school in daily life	
86% Feel it is extremely or quite important to do well in school	
78% Feel school will be extremely or quite useful in the future	
Grit: 55% favorable *How well students are able to persevere through setbacks to achieve important long-term goals.*	~30th percentile on this topic compared nationally
41% Report frequently or almost always staying focused on the same goal for more than 3 months at a time	
64% Extremely or quite likely to try again if they fail at an important goal	
59% Report being extremely or quite focused even with lots of distractions when working on a project that matters a lot to them	
56% Report being able to work extremely or quite well if a problem occurs while working towards an important goal	

Student Climate Survey Grades 6-11 | n= 12,473

Valuing of School: 47% favorable *How much students feel that school is interesting, important, and useful.*	~10th percentile on this topic compared nationally
36% Report finding the things learned in class extremely or quite interesting	
20% Report almost always or frequently using ideas from school in daily life	
80% Feel it is extremely or quite important to do well in classes	
42% See themselves a tremendous amount or quite a bit as someone who appreciates school	
59% Feel school will be extremely or quite useful in the future	

Grit: 48% favorable

~10th percentile on this topic compared nationally

How well students are able to persevere through setbacks to achieve important long-term goals.

40% Report frequently or almost always staying focused on the same goal for several months at a time

51% Extremely or quite likely to try again if fail to reach an important goal

51% Report being extremely or quite focused even with lots of distractions when working on a project that matters a lot to them

56% Report being able to work extremely or quite well if a problem occurs while working towards an important goal

52% Report it is extremely or quite likely they will continue to pursue one of their current goals in the future

Discussion

Each section of the report shows areas of strength and progress in the implementation of the wellness policy, as well as areas that continue to need improvement or areas where implementation has declined since the SY19-20 Annual Report. The student health impact data in the previous section of the report can help us to understand significant issues and prioritize funding and programming. Asthma continues to be a significant health condition for BPS students and is impacted by environmental conditions in schools. Continued high rates of childhood obesity among the BPS student population and students reported nutritional and physical activity behaviors signal that schools still have a role to play in addressing nutrition, opportunities for physical activity, and health education. The most significant and stark data are related to students' mental health, particularly their feelings of persistent sadness, self harm, and thoughts of suicide. The issues of mental and emotional wellbeing are tied to other indicators of injury, violence, and substance use. More than ever our approach to multi-tiered systems of support (MTSS) needs to be strengthened, not only through health services, behavioral health services, and student supports but also through strong tier I education, district-wide, in health education, physical education, and social emotional learning in instruction and throughout the school.

Progress on Policy Implementation

There were many elements of the wellness policy that were disrupted by the ongoing pandemic. The response to the public health emergency meant schools and central office staff focused efforts on emergency related tasks and had to pause other normal functions. Below is a table with bulleted takeaways for each policy area. Because the measures and the tools for each policy area can change from year to year (e.g. changes in surrey items, changes in program activities, etc.), it is not possible to measure the change of all the metrics from year to year. Throughout the report we have identified changes where possible. In the table below, we have attempted to provide some insight into the overall change in the policy areas since the last report and extent of the policy area implementation. The policy implementation scale is a range of *not implemented, minimally, partially, mostly, and fully implemented*; change is indicated as *improved, declined, or no change*.

Overall policy implementation changes between SY19-20 and SY21-22

Policy Area Policy Implementation	**Overall Change**	**Takeaway Observations for SY21-22**
Wellness Councils Partially Implemented	Declined	• The percentage of completed WAP decreased from 85% to 69% of schools. • Very few schools were engaging students and families in wellness councils. • While fewer schools had active wellness councils and submitted WAPs, schools were heavily focused on addressing COVID-19 health and safety protocols and addressing the needs of students and staff struggling through the pandemic.
Cultural Proficiency Partially Implemented	Improved	• Increased training and resources at the central office and at schools: New Racial Equity and Leadership (REAL) Training was launched and there were additional training and resources to support LGBTQ+ students and dialogues on race.

Overall policy implementation changes between SY19-20 and SY21-22		
Policy Area Policy Implementation	**Overall Change**	**Takeaway Observations for SY21-22**
		• Continued lack of student and family engagement on school wellness councils. • There were many efforts in SY21-22 to put antiracism at the center of the work at the district and in schools; many actions were taken to address health and educational equity and we must there continue to address the work that needs to be done based on the disparities evident in the student health data, specifically for Black and Latinx students, female students, and students who identify as LGBTQ+.
School Food & Nutrition Promotion Mostly Implemented	No Change	• Improvements to kitchen infrastructure allowed for 17 more schools to provide on-site meal preparation; 56% of schools offered cafeteria meals for lunch; 44% provided vended meals. • The community eligibility provision continues to allow BPS to provide school meals free for all students and 100% of schools serve breakfast after the bell. • Competitive Food and Beverage Policy communication and adherence continues to be an issue at schools: 65% of schools reported all food outside of the school meals program followed BPS nutritional guidelines, 68% prohibited food to be sold during meal times, and only 39% of schools reported following all elements for the policy. • Professional development for nutrition education is needed as only 34% of lead health education teachers reported receiving PD on the topic since 2020.
Physical Activity & Physical Education Partially Implemented	No Change	• There continued to be improvements in the percentage of schools staffed to meet the PE policy and that reported meeting or exceeding the policy with the amount of PE offered. Nearly all schools serving any grades PreK-8 meet PE requirements (increased from 90% to 97% in 2022). 82% of schools with grades 9-12 offered some PE (with increased offerings for grades 10, 11, and 12), but only 55% offer PE in all grades 9-12, as required. • There were increases in the percentages of grades 6, 7, and 8 that have some recess, and increases in grade 6 getting at least 20 min per day. However, only 44% of schools that contain any grades 6-8 provided the required amount for those grades. All PreK-5 schools continue to offer recess, but only 72% reported offering 20 min of recess daily for all grades PreK-5. • The percent of schools offering before or after school physical activity programs decreased from 2020 to 2022 (83% to 74%). BPS Athletics programming was still rebounding from COVID stoppages and total participation remained low. • When looking at PE, recess, and opportunities for movement in the classroom, less than 60% of schools were providing all students in grades PreK-8 with 150 min/week of physical activity during school time. • About a quarter of schools still report withholding physical activity as punishment despite the policy and update to the Code of Conduct. • Very few schools participated in Safe Routes to School activities and 23% of schools taught pedestrian safety in PE class.

Overall policy implementation changes between SY19-20 and SY21-22		
Policy Area Policy Implementation	**Overall Change**	**Takeaway Observations for SY21-22**
Comprehensive Health Education Minimally Implemented	Declined	• 14% of the schools in the district are meeting the minimum health education requirements as outlined in the policy, fewer than SY19-20, while 26% are approaching meeting the policy and 59% are not providing health ed.. • 29% of elementary schools reported meeting the minimum requirements, fewer than in SY19-20. 27% of elementary schools reported offering health ed in all grades preK-5. 52% did not offer any health ed in any preK-5 grades. • 39% of schools with grades 6-8 require 2+ semesters of health ed and 54% of schools with grades 9-12 require 1+ semesters; there are very few teachers with health education licenses teaching in those grades
Healthy School Environment Partially Implemented	Improved	• Drinking water infrastructure improvements continue to switch schools from bottled water to filtered tap water, and the water testing protocol continues to function smoothly to identify and quickly address any issues. • Significant investments and activities were made to improve and monitor air quality; major infrastructure improvements are needed to continue to address thermal comfort and ventilation in old buildings. • The majority of outdoor play structures are in excellent condition (75 out of 87), and active school gardens programs and outdoor classroom spaces have increased. Access to bike racks and active transportation infrastructure has stayed the same. • Fewer school leaders reported communicating key policy elements to school staff: green cleaner, pest management, recycling and decluttering.
Safe & Supportive Schools Partially Implemented	Improved	• A large increase in the total FTE for positions that provide direct support to students for their social, emotional, and/or mental health needs from 246.5 to 355.4 FTE. This was primarily driven by an increase in social workers which more than doubled from 59.6 to 166.6 FTE. Only 20% of schools meet the 1:500 school psychologist to student ratio. • 67% of school leaders reported their schools have tier I, II, & III curricula, support, and services for students fully in place. • Training on implementation of BPS SEL strategies is still needed across all schools in the district according to school leaders. • Percentage of schools with GSAs increased from 51% to 62% • 93% of schools reported having a Student Success Team and 45% of those schools reported having all the recommended participants on the SST. • Student School Climate Surveys show the need for significant improvement of the culture and climate of schools related to school safety and staff support.
Health Services Mostly Implemented	Declined; increased COVID related activities	• Response to the COVID-19 pandemic continued to disrupt the school nurses' regular functions (e.g. health screenings) and introduced numerous other responsibilities related to managing COVID, such as management of testing, contract tracing and communications, surveillance reporting, and adapting protocols and operations as policies and requirements changed. • Nurses led COVID response training for school-based staff. • High school leaders reported fewer sexual health services and referrals available in most categories, with the exception of pregnancy testing, prenatal

Overall policy implementation changes between SY19-20 and SY21-22		
Policy Area Policy Implementation	**Overall Change**	**Takeaway Observations for SY21-22**
		care and provision of condoms in HS. Improvement is needed across most categories ● Fewer Condom Access Team members completed training in SY21-22 (23%) ● Expanded the Menstrual Access Program to all schools in BPS, an increase from the 77 schools previously reached, and increased product options and access points within the school. ● School-based Health Centers and Health Resource Centers reached less students with services and resources, and the number of community partners providing health services for primary care, vision and dental services declined between SY19-20 and SY21-22
Staff Wellness Partially Implemented	Improved	● There was an increase in the number of schools including a staff wellness goal in the wellness action plan (50 out of 84 WAPs submitted); 21% of all WAP goals across the district were related to staff wellness. ● A majority of school leaders report implementing strategies to promote the physical, social, and emotional well-being of faculty and staff; 68% of schools created opportunities for staff wellness promotion at school sites, especially during contracted hours. ● Several central office departments continue to support dimensions of staff well-being; the Recruitment, Cultivation & Diversity Team in OHC is specifically focusing on support to retain and develop educators and staff of color. ● 14 schools had staff wellness champions and 32 schools received funding to improve staff specific spaces (e.g. staff lounges). ● Only just over half of teachers responded favorably regarding their perceptions of the overall social and learning climate of their school; 46% of teachers answered favorably regarding their perceptions of the amount and quality of professional growth and learning opportunities available to faculty and staff

Challenges

Though the DWC has established an evaluation plan with agreed upon metrics to measure improvement on policy implementation, there remain challenges to data collection. We must also continue to improve communications at every level in the district and build an internal system to break through siloed work. It has also been a challenge to establish and maintain leadership of subcommittees that assist in data collection and policy communication.

Data collection: Data gathering of the wellness policy annual report and coordination across multiple departments in the district continues to be a challenge. There needs to be repeated communication and coordination with the departments linked to this plan to improve the efficiency of gathering the data for this report. There also needs to be a reinforcement of the alignment of the District Wellness Policy implementation goals and the individual department and central office goals, so that health and wellness are a part of each department's strategic plan and benchmarks are set to improve policy implementation. We want to ensure the sustainability and feasibility of

monitoring and evaluating policy implementation by improving the information and data sharing between departments.

Policy Awareness: It is an on-going goal of the District Wellness Council to increase awareness of the Wellness Policy among central office leaders, school leaders, school staff, students, and families. Awareness-raising efforts will empower families and students to be advocates for policy implementation and improvement at their own schools and through leadership channels within the district, such as the district parent councils, Boston Student Advisory Council, and School Committee. Changes in district and school leadership and staff also means that wellness policy awareness can also decrease at the administrative level, and the policy must always be re-communicated to those tasked with its implementation. Communication efforts to the various stakeholders remains a challenge.

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 a 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.
    iii. Strengthen connection of Wellness Action Plans to Quality School Plans
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, specifically Cultural Proficiency, Healthy Physical Environment, and Staff Wellness.
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 departments 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 to ensure that efforts and activities center the vision of the community of the schools and the district.

ii. Continue to improve schools' abilities to collectively assess their organizational structure, policies, and school-wide practices for bias(es) through training, technical assistance, and the use of observation tools and walk-thrus.

b. **School Food & Nutrition Promotion:**

i. Continue to improve the district's ability to provide freshly prepared on-site meals through kitchen upgrades and innovative distribution methods.

ii. Continue to increase culinary processes to include more culturally relevant meals and implement a process for feedback from students

iii. Improve management of contracts for vending machines in the schools to ensure that contents meet district guidelines through Food & Nutrition Services oversight.

iv. Improve communication and reinforcement of healthy food environment practices outlined in the competitive food & beverage policy for schools and central office.

v. Increase opportunities for nutrition education training through OHW Health Ed Team

c. **Comprehensive Physical Activity & Physical Education:**

i. Increasing time in school schedules for 20 min/day recess for PreK-8, as well as training, equipment, and resources to support schools in managing recess for middle grades.

ii. Continue to 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 mental health, behavior and attention and reduce the number of schools withholding or using PA as a punishment.

iv. Improve centralized coordination for Safe Routes to School Boston to better promote and support active transportation.

d. **Comprehensive Health Education:**

i. Improve implementation of health education requirements at all levels: elementary, middle, and high school.

ii. 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.

iii. Improve schools' master schedule planning to include time for Health Education.

iv. As the district moves towards more K-6 schools, the policy for middle grades should be adjusted to make it clear when 6th, 7th, and 8th grade students should receive health ed.

e. **Healthy School Environment:**

i. Improve communication of HSE policies to school leaders and staff and provide more opportunities for training and information sharing between facilities and school leaders.

ii. Increase school engagement in zero waste efforts across the district.

iii. Prioritize infrastructure elements that support student and staff health and well-being as the district plans for new buildings and infrastructure improvements throughout the district, including infrastructure to support active transportation for students and staff.

f. **Safe & Supportive Schools:**

i. Improve MTSS coordination and alignment across central office divisions to support schools in achieving strong MTSS implementation.

ii. Strengthen tier 1 social-emotional learning through investments in Transformative SEL professional development and instructional coaches to increase supports for adult SEL, classroom climate, and integration of SEL into academics.

iii. Continue to 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.

iv. Increasing bullying prevention training opportunities for school staff and increase awareness of programs, hotline, and training to address and report bullying

v. Increase awareness and understanding of Expectant & Parenting Student (EPS) Policy through EPS liaison trainings and easy access to resources and information.

vi. Continue to build on and improve support for LGBTQ+ students and students experiencing homelessness.

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 trainings, resources, and supports to school nurses to provide sexual health services and referrals to middle and high school students.

iii. Improve operational support for condom distribution and menstrual product access so that schools have the supplies they need and students can easily access them.

iv. Improve student access to preventative care through increased collaboration with community partners and use of school based health centers and health resource centers.

h. ***Staff Wellness:***

i. Establish a district-level lead for staff wellness to coordinate a plan for sustainable staff wellness promotion and support for school-based initiatives.

ii. Update the Staff Wellness section of the BPS Wellness Policy and create an implementation guidelines circular

ESSER Funds: Supporting the BPS Wellness Policy

During the 2021-2022 school year, the district developed plans to spend the second and third rounds of the Elementary and Secondary Schools Emergency Relief (ESSER) funding from the federal government. The District Wellness Council provided recommendations during the planning period and many of the planned activities are directly linked to the recommendations made above.

This funding plan will help the district and schools to address the health and wellbeing of students, families, and staff as we recover. This funding will greatly improve the implementation progress of the BPS District Wellness Policy.

ESSER II & III allocated funds to support multiple elements of the BPS District Wellness Policy in school years 22-23 and 23-34

Before & After School Programs	$7,113,304
Community Hub School Expansion	$2,800,848
Social Work, Restorative Justice, Mental Health	$1,173,681
Opportunity Youth	$3,534,710
Social Emotional Learning & Staff Wellness	$2,700,000
Succeed Boston	$2,550,703
Training for Family Liaisons	$453,677
Outdoor Teaching & Learning	$3,000,000
Athletics	$4,406,000
BPS Moves Together (Phys Ed & Physical Activity)	$1,750,000
Health Education	$1,500,000
Managers for Equity & Strategy	$539,022
Air Quality & Air Conditioning	$18,600,621
Healthy & Safe Facilities	$20,071,000
Nursing and health paraprofessional capacity	$5,460,678
COVID Mitigation Measures	$20,642,092
Water infrastructure	$145,1590
TOTAL	***$96,441,495***

Conclusion

In this report, we are able to see the significant impacts of the COVID pandemic on the district. It is through a collaborative, holistic approach that BPS has begun to recover as an institution. We can see in the data provided that SY21-22 saw opportunities for some facets of each policy area to improve while others declined or continue to be partially implemented. The significant investment of funds through ESSER has supported many areas of the work and allowed us as a district to better deliver on the promise of the Whole School, Whole Community, Whole Child approach. As we look beyond the ESSER funds, we must consider how we sustain the important work we've been able to accomplish and continue to improve the health of BPS students.

Appendices

Appendix A: Whole School, Whole Child, Whole Community (WSCC)

The Whole School, Whole Community, Whole Child (WSCC) Model, is a student-centered framework that emphasizes the connections between health and education, the contributions of the community in supporting the school, and the importance of evidence-based school policies and practices.[1] This framework combines and expands on the Coordinated School Health approach and tenants of ASCD's whole child framework and is supported by evidence showing that healthy students are better learners.[2] The WSCC Model highlights the school health components that every school needs to ensure the health, safety, and wellbeing of their students, staff, and environment. [2]

[1] https://www.cdc.gov/healthyschools/wscc/index.htm
[2] http://www.ascd.org/programs/learning-and-health/wscc-model.aspx

Appendix B: SY21-22 DWC Membership List

Council Co-Chairs:

Jill Carter, Executive Director, BPS Office of Social Emotional Learning and Wellness
Jennifer Jose Lo, MD, Medical Director, Boston Public Health Commission
PJ McCann, Deputy Director of Policy & Planning, Boston Public Health Commission

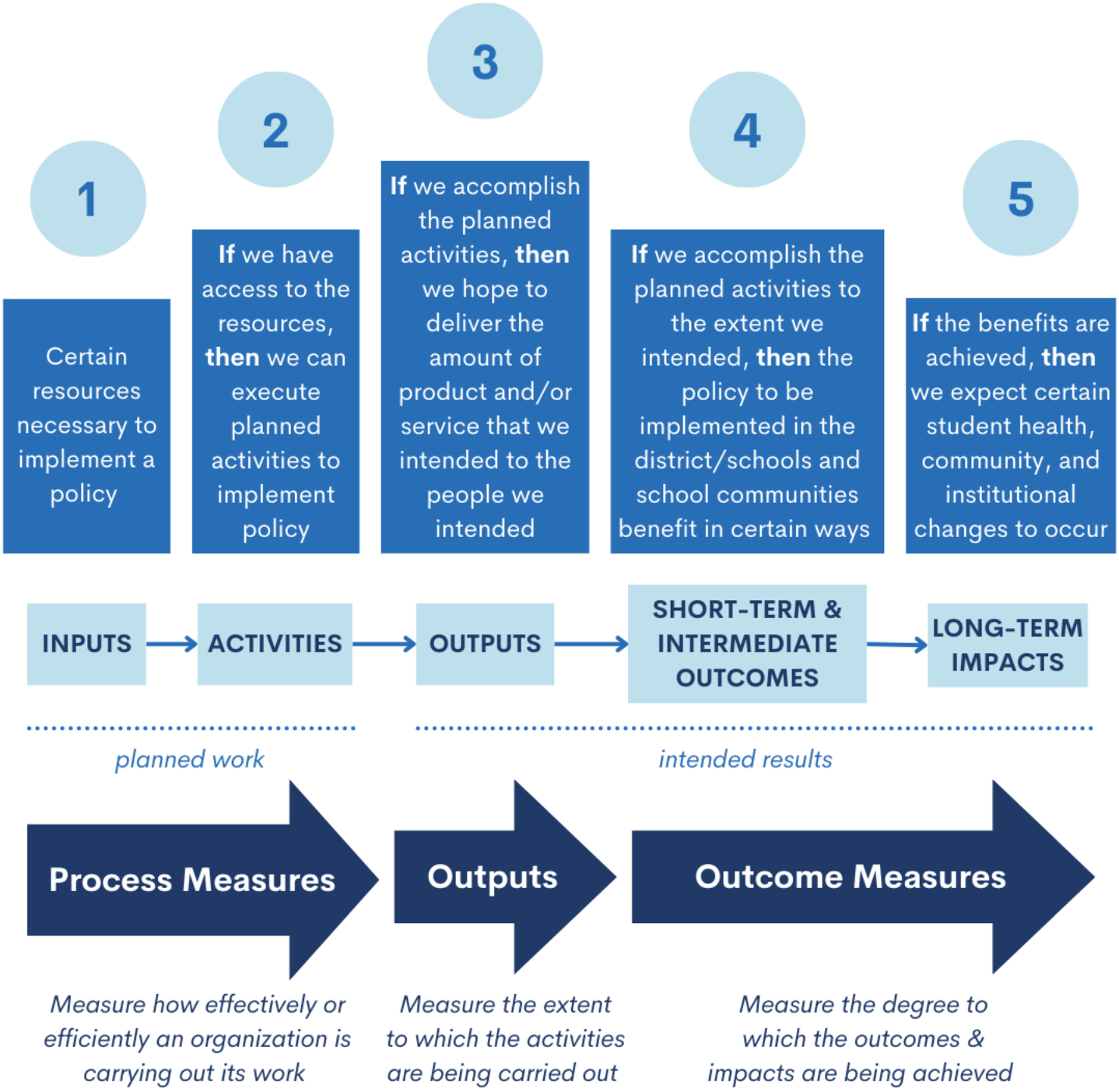
Appointed Members:

Andria Amador, Senior Director of Behavioral Health Services, BPS Behavioral Health Services
Laura Benavidez, Executive Director, BPS Food and Nutrition Services
Carmen Calderón O'Hara, Program Director of Social Work, BPS Office of Social Work
Casey Corcoran, Youth Sexual Violence Prevention Education Director, BARCC
Angie Cradock, Senior Research Scientist, Harvard TH Chan School of Public Health
Tony DaRocha, Physical Education Teacher, Higginson-Lewis K-8, BPS
Brian Forde Jr., Executive Director, Facilities Management, Planning, and Engineering
Jon Gay, Executive Director, Playworks
Yozmin Gay Draper, Assistant Superintendent, Opportunity Gaps
Velma Glover, School Nurse, Mattahunt Elementary
Jessica Greene, Director of Physical Education, BPS Health & Wellness Dept
Faye Holder-Niles, MD, MPH, Medical Director of Community Primary Care, Boston Children's Hospital
Djenny Lobo Lopes, Senior Director, BPS Health Services
Brian Marques, Senior Director, BPS Opportunity Youth Dept
Anne McHugh, Director of Child, Adolescent and Family Health Bureau, Boston Public Health Commission
Myriam Ortiz, Director of Community Engagement, BPS Office of Engagement
Jenna Parafinkcuz, Interim Director of Social Work, BPS Office of Social Work
Sonya Purvis, Director of School-Based Health Centers, BPHC
Jeri Robinson, School Committee Member, Boston School Committee
Myisha Rodrigues, Director of Organizational Improvement, BPS Superintendent’s Office
Geoff Rose, BPS Division of School Supports
Jack Sinnot, SPedPac Parent Rep
Nigel Smith, HE Teacher, Conley Elementary
Cheryl Todisco, Director of Health Education, BPS Health & Wellness Dept
Dr. Caren Walker Gregory, School Leader. EMK Academy for Health Careers
Tommy Welch, Elementary School Superintendent
Erin Wholey, RD, LDN, Director of Youth Wellness, New England Dairy Council
Tanya Woodard, Interim Principal, James W. Hennigan K-8, BPS

SY21-22 Subcommittee Co-Chairs:

Cultural Proficiency	*Positions not filled*
Food and Nutrition Services	Kelly Thompson (BPS, FNS) Sonia Carter (BPHC, Food & Nutrition)
Health Education	Cheryl Todisco (BPS, OHW Health Ed) Maria Melchondia (MA-HPRED)
Health Services	Djenny Lobo Lopes (BPS, Health Services) Sonya Purvis (BPHC, School Based Health Centers)
Health School Environment	*Positions not filled*
Physical Education and Physical Activity	Jessica Greene (BPS, OHW) Angie Cradock (Harvard Prevention Research Center)
Safe and Supportive Schools	Carmen Calderón O'Hara (BPS, Social Work) Shella Dennery (Boston Children's Hospital)
Staff Wellness	Maggie Carmona (BPS, OHW) Michelle Grohe (BPS, OHW) Myisha Rodrigues (BPS, Superintendent Office)

Appendix C: DWC Logic Model for Monitoring & Evaluation Plan



Appendix D: SY21-22 DWC Action Plan

GOAL 1: Improve effectiveness of communication of the BPS District Wellness Policy, District Wellness Council activities and the annual report of the wellness policy implementation in order to increase knowledge and buy-in of stakeholders.

- OBJECTIVE A: Communicate findings of the SY19-20 Annual Report
- OBJECTIVE B: (Re)establish communication channels to key stakeholders in the district

GOAL 2: Improve the functionality of the District Wellness Council and the subcommittees to execute the responsibilities of the council in all areas of the policy.

- OBJECTIVE A: Establish Staff Wellness subcommittee
- OBJECTIVE B: Establish Cultural Proficiency subcommittee
- OBJECTIVE C: Support departments to develop strategic benchmarks for implementing policy

GOAL 3: Improve the ability of the District Wellness Council to measure implementation of the wellness policy at the school level and the policy's impact on student-level outcomes.

- OBJECTIVE A: Subcommittee must review evaluation plan metrics and verify data collection
- OBJECTIVE B: Complete the SY20-21 Annual Report (Qualitative)

GOAL 4: Review and update all policy areas to better align with current language and activities.

- OBJECTIVE A: Subcommittees to review policy and propose changes
- OBJECTIVE B: Present suggested changes to DWC for approval before the School Committee vote

Appendix E: Spring 2022 Climate Surveys Select Results

The BPS Office of Data and Accountability offers climate surveys every spring to students, families, and school staff. The Student Climate Survey gathers student perceptions of the overall school culture and climate. Students in grades 3-11 were surveyed. The Teacher Climate Survey gathers teacher perceptions around school climate and leadership. It was previously based on the MCIEA questions and given through other platforms, but administered in Panorama for the first time in spring 2022. The Family Climate Survey gathers family perceptions on school safety, climate, and communication. The survey was redesigned for spring 2022 to better collect data relevant to district priorities.

For each question, students were asked to respond using a 5-point scale to rate favorability (e.g., 1= "not at all important", 2= "slightly important", 3= "somewhat important", 4= "quite important", and 5= "extremely important"). The table below represents district-level favorable results for each category.

Across the surveys, racial differences were observed. For school safety, Black students in grades 3-11 answered 8 or more percentage points less favorably than other racial groups. Asian students in grades 3-5 answered 8 or more percentage points less favorably than other racial groups related to support staff. The family survey also showed racial differences in the areas of cultural awareness and action and school safety. Asian family members answered 10 or more percentage points less favorably for cultural awareness and action than other racial groups. Latinx family members answered 10 or more percentage points less favorably for school safety than other racial groups.

Student Climate Survey Grades 3-5 | n = 7,294

Sense of Belonging: 63% favorable *How much students feel that they are valued members of the school community*	
57%	Feel people at their school completely understand or understand quite a bit of them as a person
78%	Feel a tremendous amount or quite a bit of support from adults at their school
52%	Feel students at their school show them a tremendous amount or quite a bit of respect
66%	Feel they completely belong or belong quite a bit at their school
School Safety: 54% favorable *Perceptions of student physical and psychological safety at school*	
30%	Almost never or once in a while feel people are disrespectful to others at school
78%	Not at all likely or slightly likely that someone from the school will bully them online
52%	Report physical fights at school almost never happen or happen once in a while
53%	Almost never or once in a while worry about violence at school
59%	It is not difficult at all or slightly difficult to get help from an adult when someone is being bullied at school
Support Staff: 56% favorable *How supported students feel through their relationships with adults at school.*	
56%	Often or all of the time feel there is an adult at school other than a teacher that they can go to if they are hurt, sad, or just need to talk to someone.
56%	Often or all of the time feel that there is an adult in the school other than their teacher who they can work with if they need help learning something.

Student Climate Survey Grades 6-11 | n= 12,473

Cultural Awareness & Action: 59% favorable

How often students learn about, discuss, and confront issues of race, ethnicity, and culture in school

56% Feel teachers encourage them to learn about people from different races, ethnicities, or cultures frequently or almost always

75% Frequently or almost always think about what someone of a different race, ethnicity, or culture experiences

42% Feel extremely or quite confident that students at their school can have honest conversations with each other about race

76% Encouraged frequently or almost always at school to think more deeply about race-related topics

39% Feel extremely or quite comfortable sharing their thoughts about race-related topics with other students at their school

58% Feel students at their school frequently or almost always have important conversations about race, even when they might be uncomfortable

77% Frequently or almost always adults at their school often talk about major news events related to race with students

51% Feel their school helps students speak out against racism extremely or quite well

Sense of Belonging: 39% favorable

How much students feel that they are valued members of the school community

36% Feel people at their school completely understand or understand quite a bit of them as a person

30% Feel extremely or quite connected to adults at their school

48% Feel students at their school show them a tremendous amount or quite a bit of respect

33% Feel they matter a tremendous amount or quite a bit to others at their school

46% Feel they completely belong or belong quite a bit at their school

School Safety: 63% favorable

Perceptions of student physical and psychological safety at school

35% Almost never or once in a while feel people are disrespectful to others at school

79% Not at all likely or slightly likely that someone from the school will bully them online

79% Physical fights at school are not at all likely or slightly likely

72% Almost never or once in a while worry about violence at school

65% It is not difficult at all or slightly difficult to get help from an adult when someone is being bullied at school

Support Staff: 45% favorable

How supported students feel through their relationships with adults at school.

39% Often or all of the time feel there is an adult at school other than a teacher that they can go to if they are hurt, sad, or just need to talk to someone.

50% Often or all of the time feel that there is an adult in the school other than their teacher who they can work with if they need help learning something.

Teacher Climate Survey | n = 2,593

School Climate: 56% favorable
Perceptions of the overall social and learning climate of the school

53% Feel extremely or quite optimistic that their school will improve in the future
46% Feel the attitudes of their colleagues are extremely or quite positive
48% Report overall their working environment at the school is extremely or quite positive

Professional Learning: 46% favorable
Perceptions of the amount/quality of professional growth & learning opportunities available to faculty & staff

37% View the available professional development opportunities as extremely or quite valuable
38% Feel they have a tremendous amount of quite a bit of input into individualizing their own professional development
39% Feel they learn a tremendous amount or quite a bit about teaching from the leaders at their school
39% Report that all the time or frequently professional development opportunities help them explore new ideas
58% Feel that their school has been extremely or quite supportive of their growth as a teacher

Family Climate Survey | n = 12,420

Cultural Awareness & Action: 68% favorable
How often students learn about, discuss, and confront issues of race, ethnicity, and culture in school

76% Families reported their child is frequently or almost always given opportunities to learn about people from different races, ethnicities, or cultures.
64% Families are extremely or quite confident that adults at their child's school can have honest conversations with students about race.
64% Families report that the adults at their child's school frequently or almost always talk with students about major news events related to race.

Family-School Communication: 77% favorable
Family perception of the effectiveness of their school's communication.

73% Feel communication from the child's school has been extremely or quite helpful.
80% Feel extremely or quite comfortable communicating with their child's school.
70% Feel the school values their opinions a tremendous amount or quite a bit.

Appendix F: 2021 YRBS - Boston, State, & National Comparisons

Comparison of Boston, MA, and United States 2021 YRBS Results				
Percentage of students who…	Boston Middle‡	Boston High	MA High	USA High
Goal: Decrease Risky Sexual Behaviors				
Ever had sexual intercourse	3.1%	27.1%	–	30%
Were currently sexually active (at least once in previous 3 months)	–	17.5%	18.6%	20.7%
Had intercourse with 4+ persons during their life *(for middle school: 3+ persons)*	1.0%	5%	4.3%	6%
Reported their partners were 3+ years older than themselves the first time they had sex	–	16.6%	–	–
Have ever been pregnant or gotten someone pregnant	–	1.8%	–	–
Goal: Increase Protective Sexual Behaviors				
Used a condom during last sexual intercourse (among students who were currently sexually active)	57.7%	53.4%	58%	51.8%
Used effective hormonal birth control to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	–	37.8%	42.7%	32.7%
Used a both condom and effective hormonal birth control during last sexual intercourse (among students who were currently sexually active)	–	12.7%	17.4%	10.2%
Were ever tested for HIV (not including tests done when donating blood)	–	8.6%	–	5.8%*
Were tested for a STD other than HIV (in the past 12 months)	–	8.0%	5.3%*	5.2%*
Goal: Decrease Substance Use				
Currently smoked cigarettes	1.1%	1.7%	3.5%*	3.8%*
Currently used electronic vapor products (Nicotine)	6.8%	9.7%	17.2%*	18%*
Currently drank alcohol	3.9%	16.3%	22.5%*	22.7%*
Currently were binge drinking	–	7%	11.4%*	10.5%*
Currently used marijuana	3.0%	17.3%	16.6%	15.8%*
Ever misused prescription pain medication	8.5%	10.2%	–	12.2%*
Goal: Decrease Violence Victimization, Injury, and Bullying				
Did not go to school because they felt unsafe at school or on their way to or from school (on at least once in the past 30 days)	–	11%	7.8%*	8.6%*
Carried a weapon on school property (in the past 12 months)	–	2.9%	–	3.1%
Were threatened or injured with a weapon on school property (in the past 12 months)	–	5%	5.2%	6.6%
Were in a physical fight (in the past 12 months)	50.8%[a]	18.7%	14%*	18.3%
Were in a physical fight on school property (in the past 12 months)	–	4.4%	3.5%	5.8%
Were bullied on school property (in the past 12 months)	36.9%[a]	6%	11.2%*	15%*
Were electronically bullied (in the past 12 months)	26.7%[a]	8.6%	14.1%*	15.9%*
Experienced physical dating violence (of students who had dated in past 12 months)	5.9%[a]	7.3%	6.8%	8.5%
Experienced sexual violence by anyone (in past 12 months)	10%[a]	9.8%	10.8%	11%
Were ever physically forced to have sexual intercourse (when they did not want to)	–	9.2%	7%*	8.5%

‡YRBS data analyses do not include statistical comparison of MS and HS data; not all questions in the HS questionnaire are asked in MS. The MS survey contains fewer questions that the HS survey and some questions are adapted for MS to improve question validity.

[a]For middle school YRBS, this variable is a lifetime measure (e.g. were ever in a physical fight) rather than in the past 12 months.

– Data not available because question was not included in questionnaire

Comparison of Boston, MA, and United States 2021 YRBS Results (cont.)				
Percentage of students who…	Boston Middle‡	Boston High	MA High	USA High
Goal: Increase School Connectedness and Well-Being				
Agreed or strongly agreed they feel close to people at their school	–	45.8%	–	61.5%
Got 8 or more hours of sleep on an average school night	48.1%	15.6%	20.4%*	22.7%*
Goal: Decrease Suicidality and Self-harm				
Felt sad or hopeless almost every day for 2+ weeks in a row (in the past 12 months)	35.6%	43.9%	38.5%*	42.3%
Did something to purposely hurt themselves without wanting to die (in the past 12 months)	–	19.1%	–	–
Seriously considered attempting suicide (in the past 12 months)	27.6%[a]	15.6%	18.4%	22.2%*
Attempted suicide (in the past 12 months)	10.4%[a]	7.0%	7.6%	10.2%*
Goal: Increase Physical Activity and Decrease Sedentary Behaviors				
Were physically active at least 60 minutes per day, all 7 days	18.0%	18.5%	23.5%*	23.9%*
Did not participate in at least 60 min of physical activity on any day	21.7%	22.4%	16.5%*	15.8%*
Spent 3+ hours per day on screen time (on avg school day)	72.1%	77.7%	75.6%	75.9%
Goal: Increase Positive Dietary Choices				
Ate breakfast daily (during 7 days before survey)	36.5%	21.5%	30.8%*	25%*
Ate fruit or drank 100% fruit juice 2+ times per day (during 7 days before survey)	–	25.9%	23.8%	24.2%
Ate vegetables 2+ times per day (during 7 days before survey)	–	21.5%	25%	22%
Drank 3+ glasses of water daily (during 7 days before survey)	–	52.3%	–	–
Drank 1+ glasses of milk daily (during 7 days before survey)	–	18.4%	22.9%*	24.2%*
Did not drink soda (during 7 days before survey)	–	30.1%	39.6%*	31%
Did not drink sugar-sweetened beverages not including soda (during 7 days before survey)	–	85%	–	–

‡YRBS data analysises do not include statistical comparison of MS and HS data; not all questions in the HS questionnaire are asked in MS. Additionally, some questions are adapted for MS to improve question validity.

[a]For middle school YRBS, this variable is a lifetime measure (e.g. were ever in a physical fight) rather than in the past 12 months.

– Data not available because question was not included in questionnaire

Appendix G: 2021 High School YRBS - Subgroup Comparisons

2021 HS YRBS Significant Subgroup Differences by Sex, Race/Ethnicity, and Sexual Identity									
Health Behavior		Sex %		Race / Ethnicity % (NH=Non-Hispanic)				Sexual Identity %	
Percentage of students who…	Total %	Male (Ref)	Female	White NH (Ref)	Asian NH	Black NH	Hispanic /Latinx	Straight (Ref)	LGB
Goal: Decrease Risky Sexual Behaviors									
Ever had sexual intercourse	27.1	28.8	25.8	18.7	8.4*	29.5*	32.2*	26.2	32.2
Were currently sexually active	17.5	16.3	18.8	12.5	5.0*	19.0	20.4*	16.6	21.9
Reported their partners were 3+ years older than themselves the first time they had sex	16.1	11.1	21.1*	2.8	–	13.2*	19.9*	9.8	23.5*
Had intercourse with 4+ persons during their life	5.0	6.7	3.6*	1.8	0.0	6.5*	5.6*	4.5	8.4*
Had been pregnant or gotten someone pregnant	1.8	1.8	1.9	0.0	0.0	2.3*	2.3*	1.0	4.5*
Goal: Increase Protective Sexual Behaviors									
Used a condom during last sexual intercourse	53.4	58.9	49.2	-	-	47.9	57.8	61.3	29.3*
Used effective hormonal birth control to prevent pregnancy during last sexual intercourse	37.8	28.5	45.1*	-	-	42.9	38.3	33.8	47.8
Used a both condom and effective hormonal birth control during last sexual intercourse	12.7	10.2	14.6	-	-	12.4	14.0	12.3	9.6
Were ever tested for HIV	8.6	8.3	8.8	1.3	2.7	9.6*	11.4*	7.7	9.1
Were tested for a STD other than HIV˚	8.0	7.1	8.9	2.9	1.5	9.3*	9.5*	7.1	8.6
Goal: Decrease Substance Use									
Currently smoked cigarettes	1.7	1.6	1.8	2.1	0.8	0.7	2.5	1.4	2.9
Currently used electronic vapor products (Nicotine)	9.7	6.3	12.9*	7.3	1.6*	7.7	13.5*	8.2	19.2*
Currently drank alcohol	16.3	14.0	18.6*	28.0	8.6*	12.7*	17.7*	15.2	26.9*
Currently were binge drinking	7.0	5.8	8.2	14.4	2.0*	4.0*	7.9*	5.7	14.0*
Currently used marijuana	17.3	13.2	21.1*	17.6	2.0*	18.0	20.5	13.6	32.7*
Ever misused prescription pain meds	10.2	7.0	12.9*	7.1	6.8	11.6	11.0	8.4	16.3*
Goal: Decrease Violence Victimization, Injury, and Bullying									
Did not go to school because they felt unsafe at school or on their way to or from school (in the past 30 days)	11	9.0	12.3	7.5	4.6	11.8	12.5	8.1	19.7*
Carried a weapon on school property˚	2.9	4.1	1.7*	0.4	0.5	3.9*	3.3*	2.4	2.3
Were threatened or injured with a weapon on school property˚	5.0	6.2	4.0	4.2	2.2	5.3	5.4	4.5	7.9
Were in a physical fight˚	18.7	23.1	14.7*	15.3	7.7*	18.4	20.8	16.7	22.7*
Were in a physical fight on school property˚	4.4	5.5	3.4	1.2	3.1	3.6	6.2*	4.3	3.9
Were bullied on school property˚	6.0	5.5	6.2	6.1	5.1	3.0*	7.7	4.8	10.1*
Were electronically bullied˚	8.6	6.8	10.0*	13.5	6.4*	7.4	8.7	6.9	16.0
Experienced physical dating violence (of students who had dated)˚	7.3	6.5	8.0	3.1	1.8	6.5	8.7*	5.4	10.4
Experienced sexual violence by anyone˚	9.8	5.2	14.1*	9.0	4.1	10.3	10.5	5.3	22.0*
Were ever physically forced to have sexual intercourse (when they did not want to)	9.2	4.2	13.9*	3.6	2.5	9.7*	11.5*	5.2	20.5*

˚ In the past 12 months

2021 HS YRBS Significant Subgroup Differences by Sex, Race/Ethnicity, and Sexual Identity (cont.)									
Health Behavior		Sex %		Race / Ethnicity % (NH=Non-Hispanic)				Sexual Identity %	
Percentage of students who…	Total %	Male (Ref)	Female	White NH (Ref)	Asian NH	Black NH	Hispanic/Latinx	Straight (Ref)	LGB
Goal: Increase School Connectedness and Well-Being									
Agreed or strongly agreed they feel close to people at their school	45.8	52.3	40.2*	57.6	52.6	43.5*	42.9*	49.7	39.4*
Got 8 or more hours of sleep on an average school night	15.6	16.9	14.6	9.9	14.9	13.8	18.2*	16.8	11.1
Goal: Decrease Suicidality and Self-harm									
Felt sad or hopeless almost every day for 2+ weeks in a row˚	43.9	30.2	56.2*	37.4	33.1	43.7	48.2*	37.1	66.1*
Did something to purposely hurt themselves without wanting to die˚	19.1	10.3	26.9*	22.1	17.1	17.1	19.7	12.3	36.2*
Seriously considered attempting suicide˚	15.6	9.6	21.0*	17.1	11.6	15.4	16.3	10.6	31.8*
Attempted suicide˚	7.0	4.4	9.2*	4.1	1.5	7.2	8.1*	3.4	16.8*
Goal: Increase Physical Activity and Decrease Sedentary Behaviors									
Were physically active at least 60 minutes per day, all 7 days	18.5	24.9	13.0*	24.5	8.7*	22.5	16.2*	20.0	16.0
Did not participate in at least 60 min of physical activity on any day in the past week	22.4	16.6	27.7*	9.2	31.3*	18.4*	26.1*	19.9	26.1
Spent 3+ hours per day on screen time (on avg school day)	77.7	76.3	78.8	75.5	72.1	78.3	79.7	77.1	82.0
Goal: Increase Positive Dietary Choices									
Ate breakfast daily (during 7 days before survey)	21.5	27.7	16.4*	32.9	40.8	15.9*	18.1*	24.4	13.6*
Ate fruit or drank 100% fruit juice 2+ times per day (during 7 days before survey)	25.9	27.4	24.9	24.9	23.1	26.3	26.8	26.8	20.6
Ate vegetables 2+ times per day (during 7 days before survey)	21.5	23.4	19.7	27.3	35.9	19.8	17.7*	20.9	23.3
Drank 3+ glasses of water daily (during 7 days before survey)	52.3	57.7	47.4*	64.1	47.1*	49.2*	52.9*	53.7	57.8
Drank 1+ glasses of milk daily (during 7 days before survey)	18.4	26.6	11.6*	22.3	29.5	16.2	16.0	20.4	10.1
Did not drink soda (during 7 days before survey)	30.1	28.6	31.6	47.8	51.5	26.3*	22.4*	30.3	25.1
Did not drink sugar-sweetened beverages not including soda daily (less than 6 times in a week)	85.0	84.5	85.4	89.4	95.7*	82.0*	83.4*	85.4	82.3

˚In the past 12 months

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