

## 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 specific, 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, contact 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