



Boston Public Schools Wellness Policy Revision Process Community Discussions Wellness Policy Feedback Report

Introduction

This school year, the Boston Public Schools (BPS) District Wellness Council, with guidance from community members, has been working to revise the District’s Wellness Policy. The Council, co-chaired by Mr. Sam Depina, Assistant Chief Operating Officer for the Boston Public Schools, and Dr. Huy Nguyen, Medical Director of the Boston Public Health Commission, acts as an advisory group to recommend, review and advise on implementation of school district policies that address student wellness. In order to continue to promote the health and wellness of our students as well as to reduce the inequitable risks for illness and chronic disease many students experience, the Council has taken a comprehensive approach to reviewing and incorporating changes in policy, curriculum, and operating procedures to promote healthy lifestyles and sustainable wellness practices for all students and staff.

To begin the process during the spring of 2012, BPS engaged in discussions with school wellness experts to review the current Wellness Policy and make recommendations for revisions. Discussions were guided by questions about best practices regarding both policy language and policy implementation. Then, the following fall, BPS engaged in discussions with school administrators and conducted discussion groups with teachers, families and students to gather feedback from almost 100 individuals on the current state of wellness in schools and make recommendations for revisions to the district’s Wellness Policy and Implementation Guidelines. You can read more about the Wellness Policy Input Report online.¹

Based on this input, a subcommittee of the District Wellness Council formed into seven work groups, representing topic areas within student wellness. Consulting evidence-based national recommendations, work groups wrote specific policy language and implementation guidelines to address the wellness-related topic areas. After a revised policy was drafted, it was presented to the District Wellness Council for feedback and discussion.

Policy Revision Feedback Process

In addition to gathering feedback from the District Wellness Council, the subcommittee conducted discussion groups and a community-wide survey. The survey was posted on the BPS Health and Wellness Website, in the BPS Healthy Connections Newsletter, and was also communicated through the BPS main Facebook page and Twitter account, along with the City of Boston Mayor’s Twitter account. District Wellness Council members were also encouraged to send the survey to community members.

Overall, the feedback process garnered responses from 146 individuals. The sources of this feedback included recommendation from the following:

1. District Wellness Council Meeting, March 21, 40 attendees
2. Russell Elementary Student meeting, 5 students
3. Kennedy Academy Wellness meeting, 10 school staff members
4. Sociedad Latina Discussion Group, 15 students
5. Survey, 76 respondents²

¹ www.bpshealthandwellness.org

² 46 reported living in the city of Boston; 24 reported being a BPS student; 14 reported being BPS family members; 7 reported working for BPS; 3 reported being from a district outside of Boston; 15 reported being an “Other”

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General Recommendations

Policy Format

- Include a Table of Contents
- Include borders around sections
- Include an index
- Change the appendices: there are too many important details are in the appendices
 - *Quote from a survey: The overview and distinct headings and sections allow for easier review of each of the policy areas. One challenge about the current format of the policy is that many of the important and practical, yet more granular details, are relegated to the appendices. This is particularly noticeable, in say, the areas of Health Education policy, or School Safety. Perhaps more detailed guidance can be provided at a higher level by summary paragraphs contained within the main outline of the policy (then referring to appendices for greater detail)? A drawback of balancing not enough information at a higher level, with too much information, is that this may will impact students' access to and use of a variety of important services.”*
 - *Quote from a survey Separate sections allow easier analysis of each policy area. However, including significant portions of the Health Education policy in the appendix is problematic for schools, students, and parents looking for clear guidance.*

Policy Content

- Identities to be inclusive of throughout the policy:
 - Special education students
 - LGBTQ
- Include a family/parent component throughout the policy—parents need to keep students accountable, and parents need resources
- Recognize that school wellness councils take a lot of time. To increase participation, allot time in the school day to have a council meeting, stipend a wellness council position, and/or require a school budget for supplies and snacks at meetings
- Recognize that wellness competes with other priorities with MCAS, SAT, and ACT tests
- Include community partners on school wellness councils
 - *Quote from a survey Will the approved community partners list only be available to BPS? Will other community partners be able to view it in order to potentially collaborate with one another to provide services/support, instead of competing with each other all the time?*

In general, students recommended...

- Include ways to keep schools accountable
- Improvements to the bathroom, including available soap, paper towels, and toilet paper
- Requiring PE in all grades
- Require locks on classroom doors for safety
- Require LGBTQ inclusivity, support, and resources
 - *Quote from a survey My name is *name removed*, a 18 year old student at West Roxbury Academy. After working so hard for 3 years on the Sexual Education Campaign with the Hyde Square Task Force, This Policy makes me completely devastated. This is honestly unacceptable. My whole family is part of the BPS system and It would be a shame to rely on this curriculum to*

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teach them anything productive, especially on sexual education. Let's start off with the fact that I didn't read the word sex not once in this whole packet. How ironic. I didn't like that not once was the LGBTQ community included in this whole "health" nonsense. No one bothered to mention how a student's privacy and confidentiality is protected, which is probably the biggest part because how do you expect these kids to trust anyone and take advantage of these resources. The word Health is way to broad; That can mean anything. Eating habits, exercise, Drug use are all important things that should be taught, i agree. But we can't keep living our lives depending on word of mouth to educate our kids about sex. It exists, we must talk about it. Stop it with all the cover ups and eating around the bush, be direct. Sex is what they need and want. I need clarification because this Policy is horrible.

- Include a section on sexual health, including STIs, healthy relationships, contraception/ birth control
 - *Quote from a survey Hi my is* name removed* I'm 16 years of age. i go to Madison park high school it is located in Roxbury crossing. i would like to see sex ed in all Boston public schools. the things i would to see the most is*
 - -condoms resources
 - -birth control
 - -sti workshops
 - healthy and unhealthy relationship workshops
- and that all i want just to see my school in a better view that's all i ask for and to see my friends that have kids it break my heart to see they struggle and they are my age..... but if we had those resources they will have no babies at all.. all I'm asking is just please just try to put sex ed are at least put resources in my school thank you have a good day*
- Include STI testing
- Include condom availability in middle and high schools
- Require healthy relationships in health education, including those with family, friends, and romantic partners.
- Mention students' privacy and confidentiality
- Requests more advertisements for health centers, condom availability, and STI testing
- Include sexual harassment
- Monitor bullying prevention at least 2 times per year
- Require student taste test of menu items
- Make menu items culturally proficient, including Haitian and Dominican food

In general, family members recommended...

- Include Clear Implementation, Enforcement, and Consequences for policy violations. Quotes from surveys included:
 - *I believe it needs to be more black and white as to what is acceptable and what is not. Leaving gray areas and things up to individual interpretation leads to inconsistency.*
 - *No "teeth" or consequences for violations are defined, or at least not clearly, and no advice is offered for parents about how to address violations of the policy. For example, schools in BPS routinely (I've experienced this at three different schools, and heard from other parents about more) take away recess as punishment for minor discipline violations and for missed homework. How will the policy make sure this doesn't happen, and what can parents do to stop this violation of the policy?*

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- *I would want to know how the program will be monitored and by whom. Also if procedures are not followed what are the consequences?*
- *School Wellness Councils need a more clear articulation of authority to enforce policies and plans*
- Require Physical Education, even for schools without a gym
 - *Quote from a survey* *I also firmly believe that all children should benefit from physical education and the lack of a gym can't be the excuse anymore!*
- Tone and Audience
 - *Quote from a survey* *I appreciate the detailed goals and addition of more time for PE, but the focus is too much on data collection/monitoring and not enough on enforcement... I think it should include more of a tone and content for informing parents of the basics of the policy and offering resources and specific steps to take if the policy is violated. An FAQ for parents would be a start.*
- Translate policy into different languages
- Keeping the policy comprehensive
 - *Quote from a survey* *Everything is covered: eating, physical activity, bullying, inclusion. The policy is well-rounded.*
- The implications of a longer school day
- Alternatives to food service providers
- Specifically asking for recess for all schools, at least k-8, instead of the movement alternative
- Integrating health services and health education
- Condom Availability *Quotes from surveys included:*
 - *Provide clear guidelines for a middle and high school condom availability program*
 - *It is NOT clear that BPS supports condom availability policy. We need to make this crystal clear so that we can move forward with providing young people with the resources they need to be healthy*
- Sexuality Education *Quotes from surveys included:*
 - *This policy perpetuates the current lack of clarity for teachers, students and parents about what is permissible to be talked about in schools in terms of sexual health education.*
 - *It is not enough to indicate that BPS policies will align with other published standards. Teachers need clear, stated permission to teach sexual health topics, and teachers need to know that teaching sexual health topics is supported by the school committee, the superintendent, and BPS administration.*
 - *We need a sexual health education program that is sex-positive, LGBTQ-inclusive, trauma-informed, and culturally competent in order to meet the needs of all our young people across the city.*
 - *Consider training requirements for health educators to ensure that high priority topics (such as sexual health education) are taught effectively and with competence.*
 - *I like that GLBTQ youth are specifically mentioned with regards to safe schools. However, we also need to mention GLBTQ youth with regards to Health Education and Health Services, to make sure their needs are being met in these parts of the policy ...*



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Topic-Specific Key Recommendations

School Food and Nutrition Promotion

- Accountability is key
- Need financial guidelines (students were concerned that some students had to pay while others did not; and that they were charged for extra food and meals, and students want to be able to purchase milk without the meal (like an extra milk))
- Make food healthy AND tasty, appealing, and fulfilling
- Require student taste tests
- Food should be culturally proficient (include Haitian and Dominican food)
- Add variety to the menu
- Recommend fruit salad bars
- Recommend staff wellness for cafeteria staff
- Address the quality of food for satellite schools
- Address visual appeal of school lunch
- Meet Alliance for a Healthier Generation Guidelines
- Add active language rather than passive language
- Requested including school food environment
- Requested a number of food items, from fresh fruit to whole grains to dairy products
- Alternatives to food service providers like City Fresh
- Does not want restrictions during class parties
- *Quotes from surveys included: The USDA School Meals Initiative for Healthy Children requires schools to serve whole milk for the school to qualify for reimbursement. Please understand that 33% of people are lactose intolerant (<http://www.statisticbrain.com/lactose-intolerance-statistics/>) and that alternatives to milk such as soy milk or water are necessary. Thank you for including alternatives to dairy beverages in the beverages section. I *love* the beverages section! Please continue to provide healthy alternatives to milk.... I'm confused as to why no artificial sweeteners are disallowed from being served to children. I'm assuming that this exclusion stems from the controversial literature coming out on artificial sweeteners in recent years. Perhaps you should consider modifying this section to include reasoning behind the decision to exclude artificial sweeteners. Perhaps you should consider educating youth on the dangers of artificial sweeteners (if these products are dangerous) because these products are readily available in neighboring restaurants, fast food joints, etc... Please try to reduce sugared milk in a future proposal. Sugared milk is unhealthy. I understand that you are required to serve milk, but adding sugar to this product makes little sense if the goal of the policy change is to reduce obesity and improve the livelihood of youth. Please refer to the numerous studies that indicate that added sugars are never beneficial to consumers...Any thoughts on organic and local foods? Reduced pesticides in children's lunches would certainly improve youth health.*

Comprehensive Physical Activity and Physical Education

- Fitness—require PE in all grades
- Students mentioned not getting PE in high school
- Concerns about how schools without gyms can implement the policy
- Concerns about how schools have staff to implement the policy
- Concerns about block scheduling issues

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- How to handle PE in schools without a gym or an existing partnership that provides facilities
- *Quotes from surveys included: I also firmly believe that all children should benefit from physical education and the lack of a gym can't be the excuse anymore!*
- *Quotes from surveys included: I appreciate the detailed goals and addition of more time for PE, but the focus is too much on data collection/monitoring and not enough on enforcement. In addition, the document reads too much like an internal document for administrators. I think it should include more of a tone and content for informing parents of the basics of the policy and offering resources and specific steps to take if the policy is violated. An FAQ for parents would be a start.*
- Specifically asking for recess for all schools, at least k-8, instead of the movement alternative
- *Quotes from surveys included: I would like to see the policy state that at minimum at least 1 hour of the mandatory professional development held at our workplace/schools must concern wellness. Every year I go back to school for 2 days of professional development that addresses many areas of the curriculum or many different issues or policies in the building - but never do we have PD that educates our faculty about the Wellness Policy, Wellness Champions, wellness challenges, etc....*

Comprehensive Health Education

- Need to train other administrators, councilors, and teachers about health education
- Ideal setting for health education: a licensed Health Education teacher with a social worker
- Question: do we need to add sexual violence in our topic area?
- Same sex middle school sexuality education
- Mandatory grad requirements must be followed
- Separate sexuality education policy
- Healthy relationship promotion starting in middle school
- Topic areas inclusive of comprehensive health education
- Healthy relationships, both with family, friends, and romantic relationships
- Peer leadership peer education component
- *Quotes from surveys included: Separate sections allow easier analysis of each policy area. However, including significant portions of the Health Education policy in the appendix is problematic for schools, students, and parents looking for clear guidance*
- *Quotes from surveys included: This policy perpetuates the current lack of clarity for teachers, students and parents about what is permissible to be talked about in schools in terms of sexual health education.*
- *Quotes from surveys included: teachers need clear guidelines about instruction on condoms, contraception, GLBTQ sexual health, and other sexual health topics.*
- *Quotes from surveys included: it is not enough to indicate that BPS policies will align with other published standards. Teachers need clear, stated permission to teach sexual health topics, and teachers need to know that teaching sexual health topics is supported by the school committee, the superintendent, and BPS administration.*
- *Quotes from surveys included: We need a sexual health education program that is sex-positive, LGBTQ-inclusive, trauma-informed, and culturally competent in order to meet the needs of all our young people across the city.*
- *Quotes from surveys included: BPS should consider training requirements for health educators to ensure that high priority topics (such as sexual health education) are taught effectively and with competence.*
- *Quotes from surveys included: We also need to specify how the health education provided will meet the needs of GLBTQ youth, particularly with regards to sexual health and healthy relationships.*

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- *Quotes from surveys included: I like that GLBTQ youth are specifically mentioned with regards to safe schools. However, we also need to mention GLBTQ youth with regards to Health Education and Health Services, to make sure their needs are being met in these parts of the policy as well.*
- *Quotes from surveys included: We need to see the words condom demonstration, condom access, STD testing, Gay, Lesbian, BiSexual, Transgender, and Questioning.*
- *Quotes from surveys included: Although I appreciate that the policy states that qualified/trained instructors must teach Health Education, the policy should also include who counts as qualified, and how educators within the schools can become qualified.*
- *Quotes from surveys included: I like the policy in spirit, because I can tell that the intentions are good, but I don't believe it is specific enough. On Page 3, or Appendix C where you go into what comprehensive sexual health is, I would like to see more specific language in the health education. As a mother of a gender nonconforming, now transgender, student, (my son is eleven now, he transitioned in fourth grade. From kindergarten through third grade, he attended school as a "girl that was a boy") here is a list of the items I would like to see added in the health curriculum specifically*

Healthy School Environment

- Cleaner bathrooms
 - Soap available
 - Paper towels, with higher quality
 - Toilet paper
- Locks on classroom doors for lockdowns
- Need facilities to promote staff wellness
- *Things we need at school*
 - Respectful of each other and space
 - Neat and organized
 - Gym
 - Soccer field (indoor)
 - Programs
 - Water
 - Recycling
 - Easy to breath
- *Things we don't need at school*
 - toxic lead
 - Too hot or cold
 - Clutter
 - Rude students
 - Smelly bathroom
 - Graffiti
 - Junk

Health Services

- Be more specific
- Require school based health centers k-12, to increase referral completion and to aid in the classroom around health education
- Condom Availability

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- Make them available starting freshman year, or in middle school (7th and 8th grade)
- Quotes from surveys included: *Provide clear guidelines for a middle and high school condom availability program or for sexual health education.*
- Quotes from surveys included: *We need more clarity around a condom availability policy for middle and high school students. In my conversations with 7th and 8th graders, this need is readily apparent.*
- Quotes from surveys included: *It is NOT clear that BPS supports condom availability policy. We need to make this crystal clear so that we can move forward with providing young people with the resources they need to be healthy.*
- Advertise condom availability
- Include other contraceptives, like birth control pills
- Include STI testing at school and/or resources available for students to get tested. Confidentiality is key—students would like tests done by an independent source recommended Boston Happens.
- Promote STI testing availability
- Health services section is brief and vague. A major function should be access to non-judgmental preventative services and linkages to school or community based health care.

Safe and Supportive Schools

- Liked LGBTQ references
- Requested the creation of an appendix in the policy
 - Include DESE on guidance on transgender students
 - Include secretary Duncan’s “Dear Colleague” letter from October 2010
 - Title IX and bullying
- Superintendent Circular EQT-09 needs to be updated
- SH and SA circulars need to be reviewed and updated; make them living documents
- CBHM doesn’t include implementation (shouldn’t be a silo)
- Healthy relationship promotion
- Focus groups with students
- Get results of school environment survey and have someone analyze yearly to identify trends and progress
- Look at safe and supportive schools through a race and gender equity lens
- District should monitor bullying prevention work in each school, and check it frequently (recommends at least 2 times per year)

Cultural Proficiency

- Need resources for cultural proficiency to be implemented
- For the following paragraph, add "gender" before identity to clarify. Under state nondiscrimination law, "gender identity" is inclusive of transgender people.
- Quotes from surveys included: *Page 5: Cultural Proficiency-related policies include those regarding racial, ethnic, sexual orientation & GENDER identity, disabilities, and policies that promote family and student engagement. Relevant and existing cultural proficiency policies, for which school-based Wellness Councils and school staff must comply, are referenced in the Federal, State, and Boston Public School Policies section of this policy.*
- Quotes from surveys included: *Page 7: For Monitoring and Evaluation, it would be great if in the annual report, compliance with LGBTQ inclusivity at each health and wellness program... I am a researcher in*



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Boston, and I also work with many transgender BPS students or former students, many of which have been bullied out of school. I think there needs to be thoughtful review of all aspects of school structures to more supportive for trans youth just looking to get an education. Being more clear about including LGBTQ youth in each of these sections will make that process much.

- *Quotes from surveys included: Clear and explicit language that underscores how sexual health and wellness education will be culturally competent and sensitive for all students! (regardless of sexual activity levels, sexual orientation, or gender identity)*

Conclusion and Next Steps

In all, 250 individuals from our community have provided input and feedback during this policy revision process. Based on the interest and expertise from the community, the Boston Public Schools have made a commitment to effect important change in our schools.

The policy will be presented to school committee at the end of May. If the policy is passed, this summer, the committee will work to communicate the policy to schools, and create supports for policy implementation.