



BPS Wellness Policy Revision Process Community Discussions Wellness Policy Input Report

Introduction

The Boston Public Schools (BPS) aims to actively promote the health and wellness of all students to advance both their healthy development and readiness to learn. Due to the many health crises and inequities faced by our students, and in response to the Healthy, Hunger-Free Kids Act¹ and Massachusetts Standards for School Wellness Advisory Committees,² the Boston Public Schools will be revising its District Wellness Policy this school year. The District Wellness 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.

During the summer of 2012, BPS engaged in discussions with nine school wellness experts to review the current Wellness Policy and make recommendations for revisions. A list of interviewees and school districts can be found in Appendix A of this report. Discussions were guided by ten questions (Appendix B) that asked general questions about best practices regarding both policy language and policy implementation. Interviews were conducted over the phone, and the interviewer took notes during the discussion.

During the fall of 2012, BPS engaged in discussions with four school administrators and conducted five key stakeholder discussion groups to gather feedback on the current state of wellness in schools and make recommendations for revisions to the district's Wellness Policy and Implementation Guidelines. Administrator interviews were guided by a set of questions (Appendix C) that asked about current barriers to implementation and best practices regarding both wellness policy language and implementation. Interviews were conducted over the phone, audio recorded, and subsequently transcribed and coded. Discussion groups were guided by unique, but related sets of questions for each audience (Appendix D), which asked about topics ranging from definition of wellness to communication strategies to better engage community members. Discussion groups were conducted in person, recorded, and subsequently transcribed and coded.

Expert Stakeholder Interviews: Key Recommendations

Community Input and Buy-In

Stakeholders emphasized the importance of support from all stakeholders in the school community: school and district administrators, school nurses, teachers, and parents. These members of the school community should be involved in the development and implementation process to both assist in successful implementation, and also play a major role in keeping schools accountable.

¹ <http://www.gpo.gov/fdsys/pkg/PLAW-111publ296/pdf/PLAW-111publ296.pdf>
PUBLIC LAW 111-296—DEC. 13, 2010

² 105 CMR 215 <http://www.mass.gov/eohhs/docs/dph/regs/105cmr215-school-wellness.pdf>



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Notable insight from interviews included:

“All interests must be at the table and represented during policy development.”

“Schools need to be giving you honest feedback on what it would take to implement a policy.”

“Seek and get parent input. Just saying you sought it isn’t enough.”

“Buy-in from the top at the outset. There is some awareness at the very highest levels for the need for policy change and for a new policy and that they designate someone from their team to work on this.”

Create a SMART Policy and SMART Implementation Guidelines

According to most stakeholders, language used in policy and implementation guidelines must be SMART: Specific, Measurable, Achievable, Reasonable, and Time-Bound. Pointing out language like “will,” “shall,” and “must,” stakeholders stressed that using strong language helps the individuals responsible for implementation. Creating policy that can be measured was another key recommendation, both for those individuals who are implementing the policy and for those who are monitoring the progress of it.

However, stakeholders cautioned that while the policy must be strong, specific, and measurable, it also has to be reasonably attainable by schools. Keeping implementation guidelines realistic facilitates sustainable change. Stakeholders also recommended creating tools that will aid in realistic implementation so that schools feel supported in the process. One stakeholder cautioned: “How seriously do schools take these initiatives? Do schools know how to implement them? Are there time and resources to implement it?” These questions must be answered in order to have a sustainable, effective policy.

Putting a progressive timeline on policy implementation was another recommendation. This “stepped implementation” approach would allow schools to gradually change the school environment. Gradual, but deliberate timelines facilitate the improvement of social norms and attitudes. As one stakeholder said, “include standards that are realistic and achievable but with a goal to strive for. Set the bar to exceed requirements and move beyond the bar.”

One expert was very specific, stating “in your implementation, include the number of minutes for Health Education and Physical Education...and, make sure that the Health Education implementation document matches other core subject areas in terms of language around curriculum.”



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Communication and Accountability are Key to Implementation

Stakeholders emphasized that clearly communicating the policy is essential to successful implementation. This clear communication must not only come from one department, but also from school leadership. Establishing a communication plan that includes all audiences—administration, teachers, parents, and students—will establish a base for accountability. One stakeholder recommended identifying a “policy liaison” for each part of the policy so that there exists a point of contact for the topic area.

Keeping schools accountable for implementation is essential for the goals of the policy to be met. Effective ways for accountability is a systematic means of inspection, monitoring, and evaluation of schools. As one expert put it: “Think about accountability; Find those parents that are supportive and help them be the leaders.”

One stakeholder summarized this key recommendation:

“Make policy implementation really easy, not a barrier, for people to understand. Be specific. Have a plan that will take schools through all the steps of implementation, and supply them to resources so that schools don’t have to do it alone. Think through the outcomes. Speak with individuals in schools who know the barriers. Ask yourself: What would you consider successful implementation? What would schools need to have in place to be considered implemented?”

Be Comprehensive and Coordinated

Experts recommended following the coordinated school health model when developing the District Wellness Policy. Most thought that creating a policy that serves as a linking document for all wellness-related policies can be effective for communication and accountability. One expert said “I agree that we need to make the Wellness Policy more comprehensive to follow the CDC’s coordinated school health model. We’ve been able to attach our priorities within that framework. I think there’s a fit for coordinated school health.”

Some stakeholders warned that a comprehensive policy has the potential to be difficult to implement, stating: “It seems a bit hard to be pushing this approach, because the requirements are obesity-discussioned. I can see the benefit to including other areas, because it takes a more holistic approach, but I can also see how it can be difficult to get everyone on the same page.”

Separate policy language from implementation guidelines

It is important, according to stakeholders, to separate policy language from implementation guidelines. Making the policy flexible enough to allow for the diverse approaches of each BPS school is advantageous. Implementation guidelines can be updated more regularly, and therefore specific information about how the policy will be carried out can change frequently; curricula become updated and new health information is uncovered. One stakeholder said, “I



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love this approach. Keep the policy language general but comprehensive in the wellness policy, and then be more elaborate in separate implementation guidelines. Use discussion group sessions to ask members of your community not only about policy language, but also about implementation.” Another similarly recommended “Keep policy language broad, getting more explicit in implementation guidelines but let schools get creative in their approach.”

Teacher Discussion Group: Key Findings

A group of over 30 teachers were asked for their insight regarding health and wellness issues and priorities in their schools. In addition, teachers were asked to provide their recommendations for policy development.

General Recommendations

- Administration and teachers lack knowledge about what to do when a new policy is passed.
- Teachers need assistance changing/educating about policy changes to school faculty.
 - Teacher devotes 1/2 hour or 45 minutes/day to wellness .
- Need staff and administrative buy-in.
- Staff must model positive wellness behaviors.

In addition to general recommendations, teachers identified topic-specific policy ideas:

Recommendations for Physical Education and Activity

- Require daily P.E.
- Integrate math and science into P.E. class
- Prohibit taking away PA as a punishment
 - Require PE core competencies as a graduation requirement

Recommendations for Foods and Beverages

- Change school norms regarding candy fundraisers
- Use ingredients that are kid-friendly
- Improve menu options using chefs in schools

Recommendations for Health Education

Require health education once weekly

Recommendations for Healthy School Environment

- Require health impact assessments be conducted whenever a school is renovated
- Create a welcoming environment
- Require recycling; minimize Styrofoam in schools
- Increase access to tap water (not bottled)

Recommendations for Positive School Climate



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- Include social/emotional wellness supports such as meditation.
- Emphasize student counseling

Recommendations for Cultural Competency

- Involve families to reinforce behaviors learned at school
- Coordinate with other community programs, like YMCA
- Address special student populations

Administrator Interviews: Key Findings

Several key themes emerged in the administrator interviews and parent discussion groups including barriers and successful strategies around physical activity, nutrition, health education, access to water, and partnerships; specific recommendations; feedback about implementation guidelines and strategies; feedback about the language or content of the wellness policy; and feedback about the structure and/or communication among school wellness action committees.

Ultimately, administrators were supportive of the district's policy. They found it to be concise and easy to understand, but noted a need for improvement around implementation strategies and resources provided to schools. For example, one principal said:

“It’s really that policies are great but it’s just the implementation that can be a challenge. I think we have had a school-based policy that is very aligned with the district policy. We find the district policy to be good and solid but like any regulation, it’s only as good as it’s made possible to implement.”

All administrators supported combining all of the district’s wellness-related policies into one comprehensive document for simplification and ease of use.

Lack of Recourses to Promote Physical Health

Administrators were most concerned with the physical health of the child, noting school nutrition programs, opportunities for physical activity, and a need for health education as frequent concerns (see Appendix E). Regarding physical activity and physical education, administrators said:

“I don’t have a certified gym teacher. I know I have to have one but no one is willing to give me the money to do it so I have somebody who’s been functioning as a gym teacher who is my athletic director. He doesn’t have actual licensure in physical education. I’m finding a solution but what will be the solution for everybody else? It’s a real big problem for BPS.”



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“The two main areas happen to be the P.E. and health education. We were trying to problem-solve around those two areas. I don’t know if we’ll be able to accomplish them because it would require another P.E. teacher and space is a problem because I don’t have a gym.”

Regarding concerns about the food available in schools, another said,

“Right now we’re having a really big problem in the cafeteria because the regulations have changed. The amount of grains that people are allowed to have is smaller and so the kids are getting these really small slices of pizza. They’re wondering why and so it’s not in there. It’s not in the policy because it’s a direct mandate from the U.S. government. I’m just saying maybe there could be an addendum to it or something that summarizes the USDA School Meals initiative. That’s the big thing that parents want to know about. They don’t understand the school lunch and right now I don’t understand the school lunch. All I know is my kids are hungry.”

Competing Priorities in Schools

Administrators also noted the challenge of balancing competing academic and health priorities.

“The competition we have as a principal; we have many directives to implement and high-stakes testing, a math plan, an ELA plan, a science plan, etc. As much as I know how important nutrition is and this whole wellness plan is, I have a lot of other high priority items. The challenge is how do we weave it into the other plans or how do we demonstrate that it’s important.”

But despite the barriers noted, many have found innovative ways to prioritize wellness in their schools through creative approaches, partnerships with community volunteers or programs, or by finding additional funding streams.

To comply with BPS’s competitive food policy that prohibits using candy as a reward in the classroom, one principal told me:

“We’re trying to buy incentives in the office that our old school teachers can trade them out. So it’s give us your bag of candy and here’s a bag of pencils. We’re trading teachers for what they had done for years and trying to change that mindset.”

Importance of Community Partnerships



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Partnerships were identified as an effective way to promote wellness in the school environment, often creating supplemental health education components. Partnerships were mentioned both in the form of financial commitments and time and resources.

“We work with Children’s Hospital Home for Little Wanderers and each year they do something. For two years they did reduced screen time events and one night we invite families in to talk about turning the TV off and increasing active play. We have our afterschool program, which is Boys & Girls Club Boston, help with that and we’ve had PlayWorks help with that and everybody has responsibility. We’re also part of the Roslindale Health and Wellness Day at one of their farmer’s markets and we had a table set up.”

“We have a relationship with Planned Parenthood around sex ed and we’ve embedded health education in curriculum units like I said. In those cases where the teachers are consistent over the last 3 years, that’s been institutionalized.”

“We do bring in people from UMass Boston to do a nutrition program and we have the dental people come in to do that piece.”

Importance of Administrator Buy-in

Lastly, administrators seemed well aware that their buy-in was a determinant of their school’s success in complying with the district’s wellness policy.

“I think that if the principal is putting discussion on something, everybody else is going to put discussion on it. I think it is one of the first thing you learn in administrative classes. If we’re focused on wellness and that’s made a priority and there are certain things that are non-negotiable, other folks will follow.”

Parent Discussion Groups: Key Findings

Subthemes also emerged from parent discussion groups that included parental attitudes toward and definitions of wellness and a healthy school environment; recommendations for improvement, concerns, and partnerships. Recommendations and concerns were further categorized according to physical activity, school environment, food/nutrition, communication, language barriers, food waste, parent engagement, safety, academic performance water, health disparities, and social/emotional health. See Appendix G for a visual display of common parental concerns about wellness.

There was a diverse scope of parental knowledge among parents. Some parents were members of their child’s school’s wellness council, while others had little knowledge of conditions within



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the schools, providing a wide variety of responses. Overall, parents also expressed interest in elements of physical health of the child, however, more parents spoke to social/emotional and environmental health factors than did administrators.

Parent Definitions of Wellness

Parents defined wellness in a variety of ways (see Appendix F). Some of the most common definitions from parents include the following:

“Anything that relates to your overall well-being; whether it’s environmental, whether it’s nutrition or physical health.”

“Social emotional. It’s all of it. It’s your thinking; those things that feed the human and the spiritual and the natural. It’s not just taking care of our bodies or eating the right thing – it’s the whole picture.”

“Good service in a hospital when you’re sick.”

“Your environment – air condition; you know you want to go into a neat room, you want to go into something that has quality air.”

“Healthy food and exercise.”

“Balance is another key word to being healthy.”

“Safety.”

While parents had broad definitions of wellness, they were more narrowly focused when asked about specific concerns within the school environment. Parents discussed school food and opportunities for physical activity largely, although some expressed safety concerns.

Physical Health Concerns

Regarding physical health, parents expressed the following concerns in schools,

“The breakfast - it’s such an opportunity. I thought how wonderful it was that their to-go breakfast was really being tailored to the population; that kids were allowed to take it into the classroom and spill all over the floor. But they really had Cinnamon Toast Crunch.”

“At my daughter’s school, they are rushed to eat and they make them throw it away if they’re not finished eating in time.”

“I brought my son’s lunch to school and got there late and I had a meal in front of me. I said, “Let me try to eat it.” Couldn’t do it. It was just terrible. I couldn’t distinguish what type of meat it was.”



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“Exercise is lacking. It’s not enough.”

Mental/Social-Emotional Health Concerns

Several parents broadened their concerns about wellness in the schools to include broader health concerns beside nutrition and physical activity.

“Given that almost 99 percent of kids are in school, and so the schools are one of the only ways to have access to all kids. It’s a really important that schools offer kids physical activity and nutrition; and as you mention, the mental emotional support as well.”

“My son had to have surgery two years ago but he went into depression. He was out of school a lot and ended up getting kept back. It was not because he couldn’t do the work, but because for his birthday he was the hospital and for the first months of school he was in the hospital. It played on his psyche.”

“Besides nutrition, the relationship between the teacher and the child is important.”

Relationship to Academic Success

Parents largely believe that physical health of the child is tied to academic success.

“The brain needs good food to develop properly.”

“If you eat bad food, the hyperactivity that comes with that tends to slow down the learning process.”

Parent Responsibility

Some parents assigned blame to school administration for failing to provide safe and healthy environments for their children, while others defended school staff and recognized the role of parents in sustaining healthy practices at home. Parents said:

“Maybe parents could volunteer. I know it’s difficult to get parents out to schools – you have 9-5s and whatever – but there’s a list of things the administration asks parents to do as part of being connected to the school and maybe that could be one of them.”

“Habits are inspired at home. At home, I mix juice with water and serve vegetables, but not in the schools.”

“It comes from home. The parents have an obligation to make sure the kids have breakfast before they leave home even if you have to work every day. Even though you send them to school, it doesn’t mean they’re eating anyway, even if they’re getting free lunch. So the parents – they have to get even just a piece of toast, or something in their stomachs until they get to school.”



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Parent Recommendations

The BPS Health and Wellness Department is interested in parent solutions to the problems they see in schools. The parents I spoke with suggested several solutions to remedy the problems they see, including:

“I would like to see uniforms for all the Boston Public Schools. I like to see the children wear the same clothes so they’re not competing with each other. It creates a safe environment so that you don’t have to compare yourself to other people.”

“I think a wider variety of what’s on the menu could help.”

“Maybe a nutritionist in the cafeterias; someone you could communicate with that says: Look this is a bulletin that shows the meals.”

“I think there should be more awareness and monitoring of the children when they walk out the door until they are off of school grounds.”

“One way you could do that is make it mandatory that once per year the parent comes to the school. If your child is here all day in our care, there’s no reason why you shouldn’t know where your child is or what the environment looks like for your child.”

“Walking school buses would be great.”

Communication/Language Barriers

Finally, parents expressed a need to further address the multiple languages spoken among school children and parents in the Boston Public Schools. Particularly in the Spanish-speaking parent discussion group at Boston Latin Academy, parents voiced concerns about being able to communicate with teachers and administrators in their child’s schools.

“The people at Boston Public School don’t speak Spanish. It’s a problem. It’s very important to speak Spanish in the school. Written communication is also important. Documents should be sent in multiple languages.”

Student Discussion Group

Over 10 students from the Boston Student Advisory Council participated in a discussion about school wellness and policy revision. During a brainstorming activity, students identified key priorities that would create healthier schools:

What does a healthy school look like?

- A team of students that encourage fitness
- More and healthier options at lunch, including vegetarian options
- More Counselors (psychologist)
- Comprehensive Sexuality Education



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- More Field Trips
- Has a gym for physical education and athletic events
- Options for yoga

When asked for their opinions on policy revisions, students told us to include:

- Better communication of the policy, and student access to the policy and to school Wellness Councils
 “Not a lot of people know about the wellness policy”
- Opportunities for ELL students
 “Say I was a student learning the English language, how is this information being translated to me?”
- Embracing all student learning styles, “hands-on” education
 “You don’t want to sit in front of a book when you learn about health”
- Emphasizing gender-friendly practices for health education
 “As a female, I’m comfortable talking to other females about health; will there be gender-friendly practices?”
- Consistency across the district
 “If I move to another school, will the curriculum be the same or different?”
- Connections with community health centers

Workgroup chair review of other school district Wellness Policies

Subcommittee chairs reviewed policies from other school districts. Overall, the review identified number of key factors to consider when revising Boston’s policy.

- Length. The review found that effective Wellness Policies were concise and specific.
- Structure. For better communication, is important to have a background or introduction, policy language, implementation guidelines, and definitions.
- Flexibility. Reviewers liked that some policy implementation guidelines provided direction, but still allowed for individual flexibility.
- Strength. Policies with strong language like “will” and “shall” were favored over soft language like “we encourage you” were not favored.
- Monitoring and Evaluation. Including some aspects of the evaluation process, or identifying checklist that has to be completed every year and that’s a part of the review process, seems to strengthen a policy.
- Student Involvement. Spelling out who will be involved, and including student involvement, bolstered policy language.
- Accountability. Policies who identified the staff member responsible for implementation strengthened the policy.
- Communication. Reviewers favored policies that included ways to publicize the policy to different stakeholders.

Acknowledgements



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Appendix A

Organizations represented in Expert Stakeholder Interviews included:

- Harvard School of Public Health Prevention Research Center
- Waltham Public Schools
- MassCOSH
- Everett Public Schools
- Massachusetts Alliance on Teen Pregnancy
- Tufts University John Hancock Center on Physical Activity, Nutrition, and Obesity Prevention
- Yale University Rudd Center for Food Policy and Obesity
- Massachusetts Department of Public Health
- Alliance for a Healthier Generation

Participants in School Administrator Interviews included:

- One Elementary School
- One K-8 School
- One Middle School
- One High School

Locations and audiences for other Discussion Groups included:

- Boston Latin Academy (English-speaking parents)
- Boston Latin Academy (Spanish-speaking parents)
- Grove Hall Library (English-speaking parents)
- Madison Park High School (Student Discussion Group)



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Appendix B

Teacher Discussion Group Questions included:

1. What are the major issues regarding health and wellness in your school?
2. What should the district discussion on in terms of health and wellness policy development?
3. What challenges do you face in the implementation of the wellness policy in your school?
4. How would you like to see the wellness policy implemented in your school?

Appendix C

Expert Stakeholder Interviews Discussion Guide Questions included:

1. From your experience, what makes a successful wellness policy?
2. What districts currently have an effective wellness policy?
3. We are thinking of using the wellness policy to act as a coordinating document for all wellness-related policies. Do you think this is a good approach, or should the other health-related policies be explicitly separate (namely, health ed, phys ed)?
4. What are your recommendations for effective language we should use in the wellness policy?
5. What are your recommendations for implementation guidelines regarding the wellness policy?
6. Do you know of any action planning tools that might help us prioritize implementation of the wellness policy?
7. What resources should we be accessing in this revision process?
8. Who else should we be speaking with about this revision process?
9. What are your recommendations for effective language we should use regarding health education?
10. What are your recommendations for implementation guidelines regarding health education?



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Appendix D

Administrator Interview questions included:

1. From your experience, what makes a successful wellness policy?
2. Are you familiar with Boston Public Schools' wellness policy? If so, do you find it to be effective?
3. We are thinking of using the wellness policy to act as a coordinating document for all wellness-related policies. Do you think this is a good approach, or should the other health-related policies be explicitly separate (namely, health ed, phys ed)?
4. Do you find the language used in the wellness policy to be effective and understandable? How could it be improved?
5. How could Boston Public Schools improve its guidelines for implementation regarding the wellness policy?
6. Do you know of any action planning tools that might help us prioritize implementation of the wellness policy at your school?
7. How involved are you in your schools' efforts to promote wellness? (Ex. How many hours per month do you spend on wellness-related activities?)
8. How were the members of your school's wellness council selected?
9. How does your wellness council interact with other leadership groups and/or committees within the school?
10. How has your school been able to make wellness a priority?
11. Tell me about how you have implemented your school's wellness plan?
12. Describe how your school was able to prioritize which topics to tackle in your 2012-2013 Wellness Action Plan.
13. What has your school been able to achieve that you are most proud of regarding wellness promotion?
14. What has been the biggest hurdle in either creating or implementing your school's Wellness Action Plan? How did you/will you overcome it?
15. Have you felt sufficiently supported by the Health & Wellness Department to achieve your goals? If not, what could BPS offer that would increase your success in a priority wellness category?



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Appendix E

Parent Discussion Group questions included:

1. What do you think of when I say “wellness”?
2. Is wellness something that is important to you? Why or why not?
3. If yes, what are the most important components of wellness?
4. How do you define a healthy school?
5. What are the major issues facing your school in terms of achieving wellness?
6. How involved are you in wellness at your child’s school?
7. How does the district’s wellness policy impact health in your school?
8. Based on your observations and what we’ve talked about today, how can the district improve its school wellness policy?
9. What can schools do to better engage parents in promoting wellness in and out of the school environment?
10. Can you think of community resources or partnerships that could help the schools promote wellness?

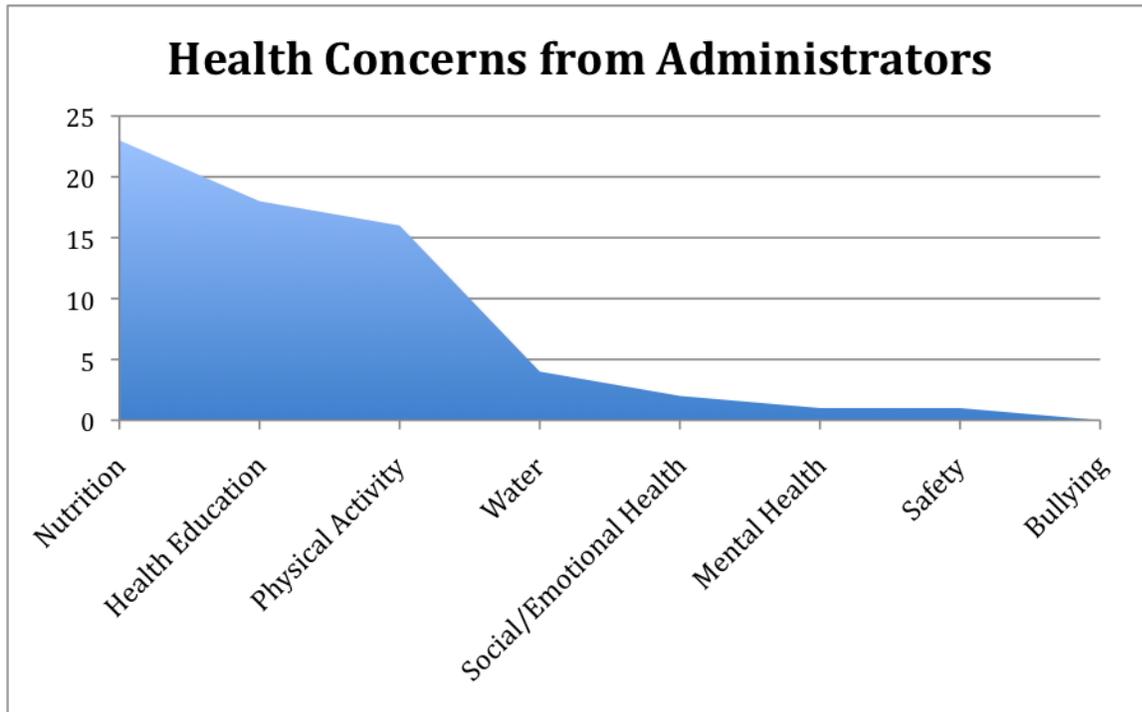
Appendix F

Student Discussion Group Questions included:

1. What do you think of when I say “wellness”?
2. Is wellness something that is important to you? Why or why not?
3. If yes, what are the most important components of wellness?
4. How do you define a healthy school?
5. What are the major issues facing your school in terms of achieving wellness?
6. How involved are you in wellness at your school?
7. Based on your observations and what we’ve talked about today, how can the district improve its school wellness policy?
8. Can you think of ideas that could help the schools promote wellness?

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Appendix E

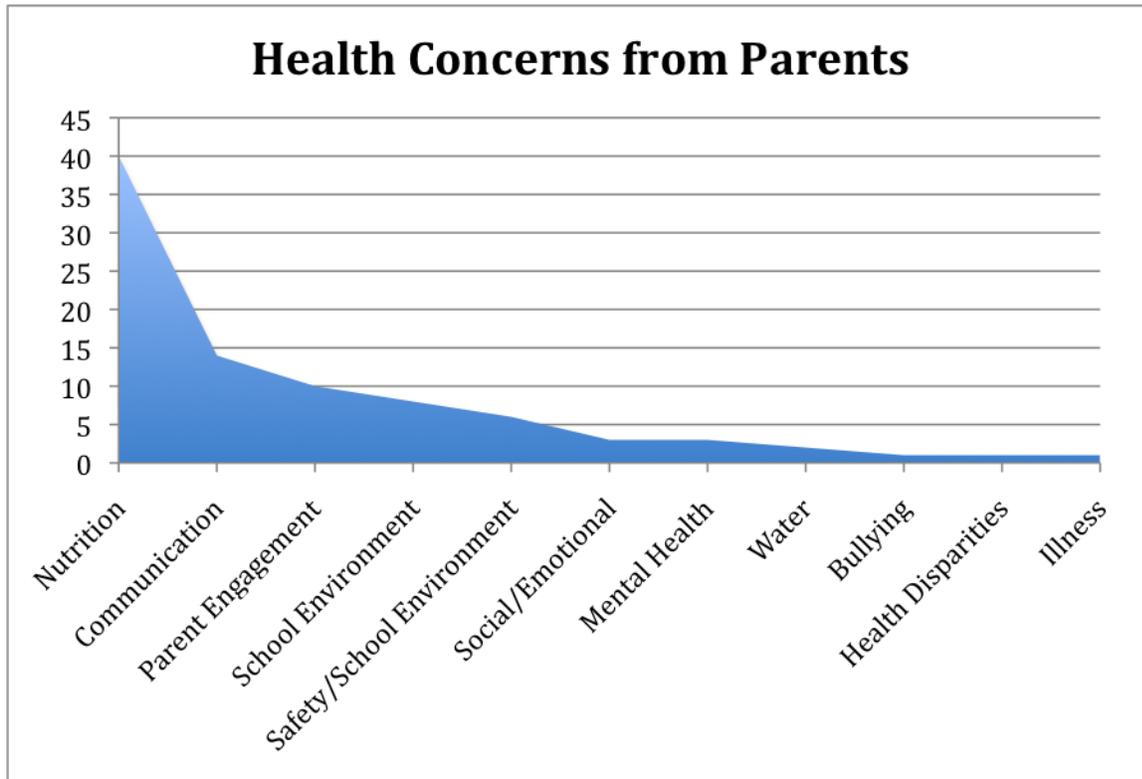


The graph above shows the number of times each topic was mentioned independently in an administrator interview. Using the word “nutrition” several times in one sentence or related thought only counted as one reference. Actual numbers are shown in the table below.

Theme	References
Nutrition_____	23
Health Education_____	18
Physical Activity_____	16
Water_____	4
Social/Emotional Health____	2
Mental Health_____	1
Safety_____	1
Bullying_____	0

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Appendix F



Health Concerns	References
Nutrition_____	40
Communication_____	14
Parent Engagement_____	10
Physical Activity_____	10
Safety/School Environment_____	6
Social/Emotional_____	3
Water_____	2
Health Disparities_____	1
Illness _____	1



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Appendix G

Parental Definitions of Wellness

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