



Superintendent's Circular

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HWD-03
Version 01

COMPREHENSIVE HEALTH EDUCATION POLICY

This circular will remain in effect unless rescinded or superseded by a subsequent version.

BACKGROUND

Health education, as defined by the CDC, helps students “acquire functional health knowledge, strengthen attitudes and beliefs, and practice skills needed to adopt and maintain healthy behaviors throughout their lives.” Health education curricula should address the [National Health Education Standards \(NHES\)](#), incorporate the [characteristics of an effective health education curriculum](#), and be taught by qualified, trained teachers. In addition, the American Cancer Society, the American Diabetes Association, and the American Heart Association believe that school health education programs can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress and risk of injury and violence. Because these behaviors are amenable to change, quality school health education taught by trained and licensed health educators provides the best opportunity to promote positive health behavior among children and adolescents. [What Works in Schools](#) ([Facts: Learning for Life Health Education in School](#))

Health education is an integral component of quality school programming. Schools have direct contact with a significant number of Boston's youth and for the critical years of students' social, psychological, physical, and intellectual development. As a result, schools play an important role in improving students' health and social outcomes as well as promoting academic success ([CDC Healthy Schools](#)). Healthy students are more ready and able to learn and are less likely to experience negative academic impact (e.g., academic failure, lower test scores, truancy, absenteeism) than students who engage in risky health behaviors. According to the CDC, schools cannot achieve their primary mission of education if students are not healthy, and schools can address the health needs of students in part through effective comprehensive health education. Research supports that school health programs and policies may be one of the most efficient ways to reduce risky behaviors in students, prevent health problems, and address the achievement gap.

Boston Public Schools (BPS) believes, in accordance with the NHES, health education should empower students to practice behaviors that protect and promote their health while minimizing risks. Therefore, health education in BPS includes teaching health skills and essential concepts such as health literacy, health promotion, and health equity, with a strong focus on understanding the social determinants of health.

In line with the NHES, BPS emphasizes a holistic approach to health by shifting the focus from specific health behaviors to overall well-being. This approach leverages the strengths and resources within students, their families, schools, and communities. It prioritizes equipping students with the health skills and essential knowledge needed to assist them in living

healthier lives and to enable them to actively support their own health and the health of others within a broader societal context.

The policy and implementation guidelines presented here explain how we, at Boston Public Schools, will create effective health education programming.

POLICY

The Boston Public Schools require comprehensive Pre-K through grade 12 health education that is medically accurate, age and developmentally appropriate, culturally and linguistically sustaining, and implemented in a safe and supportive learning environment where all students feel valued. All Boston Public Schools must take a skills-based approach to teach comprehensive health education that addresses a variety of topics, such as tobacco, alcohol, substance misuse and harm reduction, nutritional health, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, violence prevention, and comprehensive sexual health education that is LGBTQ+ affirming.

Comprehensive health education curriculum shall be modified as needed for students with disabilities and students who are English learners. It shall promote healthy lifestyle habits, healthy relationships and health literacy for all students. Health education curricula will align with the BPS Health Education Frameworks, which integrate the [Massachusetts Comprehensive Health and Physical Education Framework](#) and National Health

Education Standards, as well as the National Sexuality Education Standards. Qualified and trained teachers will implement the curricula.

All schools will follow relevant promotion and graduation requirements that include: Health education that includes at minimum the Healthy and Safe Body Unit in elementary school; two semesters of health education in grades 6 to 8 taught by a licensed health education teacher; and a one-semester course of health education in total in grades 9 to 12 taught by a licensed health education teacher. In addition to these course requirements, health education topics will be integrated into other subject areas where possible, to reinforce their importance, provide additional skill practice, and demonstrate the connections of health concepts to many other content areas.

IMPLEMENTATION GUIDELINES

Boston Public Schools are committed to addressing the health and wellness of all students, in part, through effective health education programming. Therefore, BPS will require comprehensive pre-K-12 health education to be taught to all students throughout the district. The Boston Public Schools take a comprehensive approach to review and incorporate changes in policy, curricula, and implementation. This effort will result in a skills-based approach to teaching health education that promotes healthy lifestyle habits, healthy relationships, and health literacy for all students.

Schools will adhere to the following implementation guidelines:

A. School leaders or their designees are responsible for implementing and enforcing this policy. Grade-level teams, lead health education teacher, or other instructional lead will determine, in collaboration with the school leader, how their school will meet the policy requirements relating to time, staffing, and implementation. School leaders may consult with the Director of Health Education in the Office of Health and Wellness on how their school can meet the policy requirements.

B. BPS Policy requires that all students in PreK-12 should receive health education in line with promotion and graduation requirements that include a minimum of:

- a. The BPS Healthy and Safe Body Unit in elementary school
- b. Two semesters of health education in total grades 6 to 8
- c. A one-semester course of health education in total in grades 9 to 12.

C.

The National Health Education Standards recommend

- i. Pre-K to grade 2 receive a minimum of 40 hours of HE each year.
- ii. Grades 3 to 12 receive a minimum of 80 hours of

HE each year.

D. Staffing requirements:

- a. BPS supports a learning environment in which all teachers are highly qualified in the subject areas they teach. Therefore:
 - i. In grades K-5, HE instruction must be implemented by trained teachers who hold an active and valid teaching license.
 - ii. In grades 6-12, HE instruction must be implemented by trained teachers with an active and valid health education teaching license.
- b. If a school is unable to provide students with HE instruction from licensed teachers, they should contact the Office of Health and Wellness for support with identifying district-approved staffing alternatives. All HE staffing alternatives should be approved by the Office of Human Capital, the Office of Health and Wellness, and the school's respective instructional superintendent. Staffing alternatives are only considered in extenuating circumstances or in situations that increase opportunities for students.

E. The BPS HE curriculum must meet the following criteria.
The district-endorsed curriculum is:

- a. Aligned with the 2023 Massachusetts Comprehensive Health and Physical Education Framework and 2024 National Health Education Standards, as well as the 2020 National Sex Education Standards

- b. Comprehensive, standards-based, and sequential; teaching a variety of skills and topics in such a way that student learning and skill development is built upon with each unit and each year
 - c. Inclusive of a variety of topics, such as tobacco, alcohol, and other drug misuse; healthy eating/nutrition; mental and emotional health; personal health and wellness; physical activity; safety and injury prevention; violence and bullying prevention; and comprehensive sexual health education that is LGBTQ-inclusive
 - d. Medically accurate and age and developmentally-appropriate
 - e. Culturally and linguistically sustaining, including but not limited to race, gender, sexual orientation, and cultural identity
 - f. Modified as needed for students with disabilities and students who are English Learners
 - g.
- F. District endorsed high quality instructional materials include the following curricula: CATCH K-8 HE Journeys, Goodheart-Wilcox Grades 6-12 Essential Health Skills and the PreK-Grade 12 Rights, Respect, Responsibility curriculum.
- G. Student assessments in HE must include graded competency (i.e. knowledge, skills, practice) and participation assessments that are reflected on all students' report cards.

- H. Implemented in safe and supportive learning environments in which all students feel acknowledged, respected, and valued.
- I. Schools should include cross-curricular, interdepartmental collaborations to enhance the value and meaning of health education programming, including opportunities for students to think critically, globally, and inclusively to develop health literacy to enhance health equity.
 - a. For example, the school recognizes World Health Day by organizing a student-led Wellness Day. In preparation, health education classes explore the social determinants of health and identify Boston-based community health resources to enhance personal, family, and community well-being. Meanwhile, in social studies, students research global health issues and create maps or infographics to illustrate how different regions are impacted by various health challenges, as well as the role of international organizations in addressing these issues. In math, students analyze and compare data from the National YRBS and the Boston YRBS creating graphs, and interpreting trends using a strengths-based approach. In computer science, students design a simple app or website to promote healthy habits, such as a sleep tracker, a nutrition diary, or a mental health check-in tool. This interdisciplinary approach encourages and motivates healthy behaviors by focusing on positive outcomes.
- J. Professional development is an essential component of effective policy implementation. Therefore, HE teachers will

attend relevant professional development opportunities.

- a. Schools will support and encourage school personnel in their professional development.
 - b. Teachers are expected to stay current in the fields of health and health education through the review, analysis, and implementation (when appropriate) of national, state, and local health policies, procedures and standards, research in best practice, guidelines from international, national, and state organizations, etc.
- K. Schools should monitor (or assign another individual to monitor) relevant student and community information that can assist in identifying priority areas for health education. This should include, but not be limited to, district- level [Youth Risk Behavior Survey data](#), School Health Profiles data, school-level Health Services Data, and community public health trends. Data should be used to review and modify health education programming in order to ensure that it is meeting the needs of the students.
- L. Schools are required by the state to notify parents/guardians about any curriculum that primarily involves human sexual education or human sexuality issues, and permit parents/guardians to exempt their children without penalty from any portion of that curriculum (see Superintendent Circular HWD-05: Human Sexual Education Education - Parent Notification). Schools will engage families in their child's health education by providing access to curricular materials and health-related information.

Schools will also encourage students to actively engage parents/caregivers and other family members in promoting healthy behaviors.

M. Should schools decide to utilize community partners to support their health education program, they will refer to PartnerBPS and consult with the Office of Health and Wellness to identify the most appropriate community partners to meet their needs. Community partners can provide an important aspect of quality health education and can meaningfully support and enhance programming in BPS. If a school is using a community partner and/or supplementary materials and curriculum to teach sexual health education, the school must consult the Office of Health and Wellness for vetting and recommendations.

N. The Office of Health and Wellness leads health education for the district and will support schools by:

- a. Vetting health education curriculum, materials, and resources
- b. Providing curriculum training and materials, professional development, instructional coaching, and technical assistance
- c. Maintaining and enhancing the BPS health education digital learning library
- d. Vetting and managing partnerships to ensure equitable support of HE education across the district
- e. Collaborating to offer family health education informational workshops and events

- f. Coordinate with other central office department to develop health promotions and family events on specific health topics when applicable and align with tier II and tier III services and programs provided by those departments

We recognize that effectively implementing a comprehensive skills-based health education program can be challenging. The Office of Health and Wellness is committed to providing training, support, and resources to schools and school personnel to help in the implementation of this policy.

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