

Illinois Enhanced Physical Education Strategic Plan



June 2012

Improving Physical Activity and Wellness in Illinois K-12 Schools



Illinois
State Board
of Education



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MESSAGE FROM LEADERSHIP

Dear colleagues and fellow Illinoisans:

High-quality physical education (P.E.) is as important as math, science, or any other core subject because it correlates directly to the health and well-being of students for the rest of their lives. P.E. and physical activity have cognitive benefits too, and can make students more receptive to learning. There is significant research showing that children who are more physically active - in P.E. class, throughout the school day, and during recess - perform better in class and on standardized tests. Improving opportunities for physical activity is an imperative for improving our children's academic achievement and their health.

Unfortunately, physical activity times in P.E. classes are consistently low. Activity time in a traditional P.E. class can be less than 37% of the total class time. In a typical 30-minute (K-6 grade) class, students engage in only 11 minutes of physical activity. Thus, a traditional P.E. class contributes very little to ensuring students are meeting the 60 minutes per day of exercise recommended in the Physical Activity Guidelines for Americans (U.S. Department of Health and Human Services, 2008).

The impact sedentary lifestyles are having on Illinois children is alarming. In 2007, a national survey on children's health showed that only three states – Mississippi, Georgia, and Kentucky – had a higher childhood obesity rate than Illinois. This means children in Illinois are at excessive risk for serious lifelong health problems like diabetes, heart disease, high cholesterol, and arthritis.

A sedentary lifestyle not only imperils the health of kids, it also threatens our economic future, which could make funding public education and other critical services even more challenging than ever before. A growing body of research suggests that obesity is largely to blame for our ballooning healthcare costs. Right now, 75% of all healthcare costs are spent on the treatment of chronic diseases, many of which are obesity-related. Obesity is a rapidly escalating problem that costs the Illinois healthcare system and taxpayers nearly \$4 billion per year – including more than \$1 billion to Medicaid and \$800 million to Medicare annually. Some experts predict that, if nothing changes, the cost of obesity to the Illinois healthcare system will increase to \$14 billion a year by 2018.

Illinois has long been a leader in valuing children's education and health. Although many states require P.E., Illinois was the first state in the nation to require daily P.E. for all students. Many schools have designed or adopted model programs to meet this requirement and create opportunities for physical activity. Although roughly one-third of Illinois schools have been granted a waiver from this requirement at some point, many current waivers are due to expire in the next few years. This presents a unique window of opportunity to assist schools, already struggling with budget constraints and other demands, to identify and adopt cost-effective, evidence-based strategies for improving student wellness.

We are dedicated to promoting and implementing enhanced P.E. and physical activity programs that are integrated into a broader wellness strategy and health curriculum in Illinois schools.

This strategic plan provides a high-level roadmap for implementing our vision that all students enrolled in Illinois K-12 schools will participate in daily, high-quality physical education. Creating a shared vision and working to accomplish a common mission moves us forward together, beyond simply the sum of what any one of us can accomplish alone.

This plan is a call to action for state and local coalitions to join this important cause. To achieve the full potential of this plan, a broad range of stakeholders must use it to help guide their work. Strategies discussed in this document should be undertaken by members of the Enhance P.E. Task Force, dedicated teachers, school administrators, public health advocates, community leaders, and organizations throughout Illinois who strive to improve the lives of children every day. Finally, this plan is a living document – it will need to be revisited and revised based upon our collective successes and inevitable challenges that arise along the way.

We look forward to working together to enhance and increase physical education, physical activity and wellness in all K-12 schools.

Sincerely,



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EXECUTIVE SUMMARY

Three-Year Vision

All Illinois K-12 school students will participate in daily, high-quality physical education (P.E.) in order to promote academic achievement and realize the lifetime benefits of fitness.

Enhanced Physical Education Task Force Mission

Consistent with the Guide to Community Preventive Services (Khan, et al., 2002), the Illinois Enhanced P.E. Task Force is dedicated to promoting and implementing enhanced P.E. programs that can be integrated with a broader wellness strategy and health curriculum in Illinois K-12 schools.

Strategic Plan

This Strategic Plan calls for communities to partner with local decision-makers -- school boards, superintendents, and principals -- to increase school-based physical activity and inspire a culture shift that makes high quality P.E. and wellness a priority for all schools and children in Illinois. The Plan presents aspirational goals that when fully achieved will make this a reality.

BACKGROUND

In January 2011, at the invitation of the Association of State and Territorial Health Officials and the National Network of Public Health Institutes, a team of stakeholders from Illinois attended a meeting in New Orleans. The purpose of the meeting was to learn about the Centers for Disease Control and Prevention's [Guide to Community Preventive Services](http://www.communityguide.org) (www.communityguide.org), or "Community Guide," a free resource designed to help communities identify health improvement interventions that are evidence-based and proven to work. In addition, the meeting was designed to help the participating teams identify a strategy from the Community Guide that they could take back to their states and implement.

Dr. Damon Arnold, then director of the Illinois Department of Public Health (IDPH), led the team in partnership with Elissa Bassler from the Illinois Public Health Institute (IPHI). At their invitation, the other participants were: State Representative William Davis of Illinois' 30th district and chair of the Elementary and Secondary Education Appropriations Committee; Dr. Vinni Hall, secretary of the Illinois State Board of Education (ISBE), who represented the Board and the Superintendent Dr. Chris Koch; Salim Al-Nurridin, CEO of the Healthcare Consortium of Illinois; and three members of the IDPH staff: David Carvalho, Deputy Director, Office of Policy, Planning and Statistics, Leticia Reyes-Nash, Division Chief for Policy, and Chad Brose, Assistant to the Director.

Through the discussion process, the team determined that the project should fall within existing state priorities and landed on the Illinois State Health Improvement Plan's priority of "Obesity: Nutrition and Physical Activity." In reviewing the evidence-based interventions recommended by the Community Guide, the team narrowed the specific focus to the recommended strategy of ["Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education"](#) (Guide to Community Preventive Services, 2011). The Team developed a goal of working with the Illinois State Board of Education (ISBE) to incentivize enhanced physical education in schools.

Members of the New Orleans team, along with IDPH Assistant Director Dr. Teresa Garate, had discussions with Superintendent Dr. Christopher Koch and several members of his staff to determine the best approach to operationalizing this goal. Dr. Koch and his staff, along with two members of the ISBE student advisory committee who were also working on physical education issues, expressed great interest in the project.

The initial meeting between IDPH, ISBE, and IPHI was a wide-ranging discussion of opportunities to promote integrated approaches to enhanced P.E., nutrition, physical activity more generally, and health education as well as increasing student self-efficacy in staying healthy and managing their own health. Also discussed were a number of

issues unique to Illinois that provide opportunities for enhancing P.E. and strengthening schools' impact on physical activity and obesity. For example, Illinois is a state in which there is extensive local control of curriculum. ISBE provides standards and guidance, but has little direct control of schools and districts. Moreover, Illinois is the only state in the nation that has a daily K-12 P.E. requirement. Some schools have sought and received waivers for this state-directed mandate, but those waivers are limited in scope and duration. Although some schools may have waivers or approved program modifications, they may be searching for ways to enhance their more limited program offerings. In addition, a number of school districts in Illinois will soon be reaching the end of their waiver periods, and may be ripe for new approaches to P.E. programs and standards for enhanced P.E., such as C.A.T.C.H.(Hoelscher, et al., 2010) and the HealthierUS School Challenge standards (USDA, 2012), as well as adaptive P.E. standards for students with physical and development disabilities.

Given this wide array of considerations and options and the desire to integrate the enhanced P.E. goal into broader goals around nutrition and the development of integrated teaching strategies and methods, the group determined that a Task Force was needed to support development of a high-level plan to implement enhanced P.E. and wellness programs in all K-12 schools.

In early 2011, ISBE and IDPH convened the Illinois Enhanced P.E. Task Force. The Task Force was charged with informing development of a plan that could be used to make rapid and significant progress toward implementing enhanced P.E. programs in Illinois schools. This plan was produced during three half-day meetings, during which the Task Force adopted a vision and mission, and brainstormed and refined goals and strategies.

At this writing, the Illinois legislature has passed SB3374 and the governor is anticipated to sign it into law soon. This bill will transition the Enhanced P.E. Task Force from a voluntary group to a statutorily convened task force. It will be charged with promoting enhanced P.E. strategies that align with this plan, and its scope will be expanded to include the revision of Illinois' P.E. curriculum standards.

Going forward, the plan is designed to engage key stakeholders and inform them of the need for and benefits arising from an enhanced physical education curriculum and increased physical activity and wellness. The plan serves to support key partners in making a commitment to and taking steps towards the implementation of evidence-based P.E. strategies in the long run.

ENHANCED PHYSICAL EDUCATION

What Is Enhanced P.E.?

According to the CDC's Guide to Community Preventive Services (www.communityguide.org), (the Community Guide), enhancing physical education (P.E.) curricula involves making classes longer or having students be more active during existing classes in order to increase the amount of time students spend doing moderate to vigorous physical activity (MVPA) in P.E. class.

Some enhanced P.E. programs change the activities taught to increase activity levels and minimize time when inactivity occurs (e.g., substituting soccer for softball). Other enhanced P.E. programs modify the rules of the game so that students are more active and the amount of time that students sit on the sidelines, or are otherwise inactive, is minimized (e.g., in softball, have the entire team run the bases together when the batter makes a base hit). Enhanced P.E. programs can be modified based upon differing levels of ability to ensure active participation by all students, regardless of athletic ability. Finally, enhanced P.E. programs can be integrated into a broader health education program that focuses on developing skills needed for life-long physical activity and nutrition.

To assist local communities with implementing enhanced P.E., the Community Guide provides a menu of eight [Research-Tested Intervention Programs](#) (RTIP), provided in coordination with the National Cancer Institute (NCI, 2012). An RTIP is an evidence-based program that has been rigorously evaluated and shown to be effective in a peer-reviewed journal; it must also be accompanied by messages and materials that can be used to implement the intervention. Enhanced P.E. RTIPs can be [found here](#).

Why Is Enhanced P.E. Needed?

Regular physical activity is an essential tool for enhancing health and reducing risk for the development of many chronic diseases, including obesity, diabetes, heart disease and high blood pressure (CDC, 1997). According to the National Association for Sport and Physical Education, "the goal of physical education is to develop physically educated individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity." P.E. is different from and complements other opportunities for physical activity throughout the day, like recess and classroom-based programs (other than P.E.), because P.E. is instructed by qualified teachers who assess student knowledge, motor and social skills to establish and sustain a healthy lifestyle (NASPE, 2003).

Unfortunately, activity times in P.E. class are consistently low. Activity time in a traditional P.E. class can be less than 37% of the total class time (McKenzie, 2006). In a typical

30-minute K-6 grade class, students engage in only 11 minutes of physical activity. Thus, a traditional P.E. class falls substantially short of the Healthy People 2010 objective of being physically active at least 50% of time in P.E. class and contributes very little to ensuring students are meeting the 60 minutes of moderate to vigorous physical activity per day recommended in the Physical Activity Guidelines for Americans (Office of Disease Prevention and Health Promotion, 2008).

Moreover, there are also many schools who do not offer P.E. classes at all. According to the 2009 Youth Risk Behavior Survey, among Chicago high school students, “40% did not attend physical education (P.E.) classes in an average week when they were in school. Sixty percent did not attend P.E. classes daily when they were in school” (CDC, 2010a).

The imperative for improving children’s health is also compelling. Childhood obesity statistics in Illinois are troubling. In Illinois, 20.7% of youth (10-17 years old) are obese, much higher than the national rate (16.4%). In fact, only three states - Mississippi, Georgia, and Kentucky – have higher rates than Illinois (Levi, et al., 2011). Considering that the Healthy People 2010 Objective for overweight and obesity for children and adolescents is five percent (U.S. Department of Health and Human Services, 2000), this is of serious concern.

There is limited regional data on childhood obesity in Illinois, but statistics available for Chicago are especially worrisome. In Chicago, the rate of obesity in children 3-7 years old was 22%, more than double the U.S. rate. In Chicago, obesity prevalence for children aged 10-13 is 28%, which is almost one and a half times the national average for comparable age groups. Limited data on obesity from select communities outside Chicago suggest alarming rates among children throughout Illinois.

Enhanced P.E. is Evidence-Based

There is *strong evidence* that enhanced P.E. increases physical activity, according to the U.S. Centers for Disease Control and Prevention’s Guide to Community Preventive Services (Khan, et al., 2002). After a systematic and comprehensive review of all available evidence, the Task Force on Community Preventive Services recommended school-based, enhanced P.E. as an effective method of increasing physical activity and physical fitness (Task Force on Community Preventive Services, 2002).

Prior research has shown that enhanced P.E. programs can increase the amount of time spent engaged in physical activity at school, improve the quality by increasing time spent engaged in moderate to vigorous physical activity, increase daily energy expenditure, improve overall aerobic capacity of students, and have a significant impact on physical fitness (Sallis & McKenzie, 1991; McKenzie, et al., 2001). Moreover, enhanced P.E. teaches

students about activities that can help them become active for a lifetime, which has the potential not only to prevent childhood obesity, but to prevent adult-onset obesity as well (Coleman, et al., 2005). In contrast, students enrolled in traditional classes failed to meet the Healthy People 2010 goal of spending at least 50% of P.E. class being physically active (McKenzie, et al., 2001; Sallis, et al., 1997).

Community Guide Review: Enhanced P.E. and Physical Activity

Students' physical fitness improved in all 14 studies that qualified for the Task Force on Community Preventive Services' (2002) systematic review of enhanced P.E.

- There were five studies that measured activity levels during P.E. class. All those studies recorded increases in the:
 - Number of minutes spent in moderate or vigorous physical activity,
 - Percentage of class time spent in moderate or vigorous physical activity, and/or,
 - Intensity level of physical activity during class.
- The median estimates from the reviewed studies suggest that modifying school P.E. curricula as recommended will result in an 8% increase in aerobic fitness among school-aged children.
- Many enhanced P.E. interventions included:
 - Changing the activities taught (e.g., substituting soccer for softball),
 - Modifying the rules of the game so that students are more active (e.g., in softball, have the entire team run the bases together when the batter makes a hit), and/or
 - Health education
- Modified school P.E. curricula were effective across diverse racial, ethnic, and socioeconomic groups, among boys and girls, elementary- and high-school students, and in urban and rural settings.

Academic Benefits of Enhanced P.E. and Increased Physical Activity

Physical activity is good not only for physical health, it also has cognitive benefits (Etnier, et al., 1997). For example, physical activity feeds the brain with glucose and oxygen, and increases nerve connections, all of which makes it easier for children of all ages to learn. Numerous studies have shown that children who exercise have better in-class performance (Pollatschek & Hagen, 1996; Etnier, et al., 1997; Sibley & Etnier, 2003). A growing body of research suggests that students who exercise also perform better on standardized tests (Reed, et al., 2010; Coe, 2003).

More specifically, research has shown that various cognitive and motor skills develop dynamically when children are physically active and are associated with psychological changes that can affect school performance (Trudeau & Shepard, 2008; Rosenbaum, et al., 2001):

Physical movement can affect the brain's physiology by increasing:

- Cerebral capillary growth
- Blood flow
- Oxygenation
- Production of neurotrophins
- Growth of nerve cells in the hippocampus (center of learning and memory)
- Neurotransmitter levels
- Development of nerve connections
- Density of neural network
- Brain tissue volume



These physiological changes are associated with:

- Improved attention
- Improved information processing, storage, and retrieval
- Enhanced coping
- Enhanced positive affect
- Reduced sensations of cravings and pain

CDC conducted a systematic review of 50 studies that looked at the impact of school-based P.E., recess, physical activity in the classroom (non-P.E.), and extracurricular physical activity on academic performance (CDC, 2010b). There was overwhelming evidence of a positive relationship between all four categories and academic performance, including cognitive skills and attitudes, academic behavior, and achievement:

Cognitive Skills and Attitudes	
<ul style="list-style-type: none"> • Attention/concentration • Self-esteem • Creativity • Perception of academic or intellectual competence/self-concept 	<ul style="list-style-type: none"> • Perceived self-concept • Impulse control • Life satisfaction • Visual spatial skills • Working memory
Academic Behavior	Academic Achievement
<ul style="list-style-type: none"> • Conduct • "On task" (not fidgeting) • Attendance 	<ul style="list-style-type: none"> • Achievement test scores • Grades/grade point average

GOALS AND STRATEGIES

In order to make rapid and significant progress toward implementing enhanced P.E. programs and improved physical activity and wellness in Illinois schools, this plan identifies three partners as most able to effect change and make enhanced P.E. in all Illinois schools a reality: school boards, superintendents, and principals. The Strategic Plan identifies goals for each of these three partners and corresponding community-level implementation strategies for the years 2012 through 2015.

Partner #1: School Boards

GOAL I: Local schools boards will hold an annual meeting to discuss the state of P.E. and wellness policy in the district. The district will review and update the wellness policy to reflect identified issues.

Strategy:

1. Members of the Illinois Enhanced P.E. Task Force will formally request that the Illinois Association of School Boards develop a model policy calling for school districts to hold an annual meeting dedicated exclusively to the topic of P.E. and wellness.
2. Local coalitions will organize and mobilize parents, students, disability advocates, P.E. teachers, and other stakeholders in order to request that their school board members hold a local school board meeting dedicated exclusively to P.E. and wellness.
3. P.E. teachers should collectively invite each school board member to attend a P.E. class in advance of an annual meeting dedicated exclusively to P.E. and wellness. State-wide, school board associations should encourage school board members to attend at least one P.E. class per year.

GOAL II: Continuous Quality Improvement: School Boards will select measures to capture the impact of P.E. and wellness programs.

Strategy:

1. Statewide organizations and members of the Enhanced P.E. Task Force will review available measures and tools and assist school boards with capturing the impact of P.E. and wellness programs.
2. Local coalitions should work with school board members on selecting measures that would be most appropriate locally (e.g., standardized test scores increasing, disciplinary problems decreasing, increased student fitness, etc.).
3. Statewide and local coalitions will advocate for school boards to adopt policies requiring the collection of outcome data using the measures that were identified by school board members.

Partner #2: Superintendents

GOAL I: Superintendents will help deploy a communication and education strategy in order to educate their peers about the need for enhanced P.E., increased physical activity, and wellness programs.

Strategy:

1. Local stakeholders, such as teachers and health advocates will facilitate the sharing of model programs and best practices across districts with their superintendents.
2. Members of the Enhanced P.E. Task Force will encourage superintendents who champion this cause to bring presentations about enhanced P.E., physical activity, and wellness programs to their professional meetings in order to communicate the positive impact of these programs to other superintendents.

GOAL II: Superintendents will find and develop funding models in order to sustain enhanced P.E., increased physical activity, and wellness programs.

Strategy:

1. Stakeholders at the state level, such as prevention groups and state agencies, will create an information resource that compiles potential grant opportunities for schools to pursue for the purpose of funding and implementing enhanced P.E. and wellness programs.
2. State and local health and school improvement coalitions and organizations will disseminate models on how to engage local businesses and other non-traditional partners in discussions about donating equipment, space, etc. for use in P.E. programs, with the intention of promoting local entrepreneurship and partnership to support physical activity in schools.
3. State and local coalitions will encourage superintendents to apply for grants as they present themselves, coordinating with other schools and districts as well as non-traditional partners.

GOAL III: Superintendents will support the routine use of program metrics to evaluate fitness.

Strategy:

1. Members of the Enhanced P.E. Task Force will ensure that superintendents have evidence-based metrics or reporting tools to assess whether classes meet their district's standards for enhanced P.E. and wellness curriculum.
2. Local coalitions should share models for, and encourage superintendents to use, metrics to measure the effect of enhanced P.E., other efforts to increase physical activity, and improved wellness programs on both student fitness and academic performance.
3. Superintendents should encourage their peers, as well as principals, to use best practices and evidence-based measurement tools to conduct an outcomes assessment of their schools.

Partner #3: Principals

GOAL I: Through leadership development, principals will acquire increased knowledge and capacity to improve wellness policies and enhance P.E.

Strategy:

1. Principals who are enhanced P.E. leaders and members of the Enhanced P.E. Task Force will present ideas and lessons learned at professional gatherings for principals. Principals' meetings, newsletters, associations, and other venues will be used to share learning, recognize accomplishments, highlight leaders, and support networking and dissemination of best practices.
2. Local coalitions will encourage principals to use recognition programs to honor teachers, students, etc. who have helped to implement the new programs and policies.

GOAL II: Principals will prioritize P.E., physical activity, and wellness in-service trainings and/or send P.E. teachers, other teachers, and wellness teams to professional development workshops to improve the quality of enhanced P.E., opportunities for physical activity, and wellness programs.

Strategy:

1. Local coalitions will promote and leverage local partnerships (Alliance for a Healthier Generation, IAHPERD, YMCA, Walk Across Illinois, etc.) to offer in-service trainings at their schools.
2. Statewide and local coalitions will encourage principals to appoint a broad array of staff and community stakeholders to participate in wellness teams (e.g., consisting of classroom teachers, school nurses, etc.) to help facilitate the development of the programs and lead school-wide change.

All Partners: School Boards, Superintendents, & Principals

GOAL: Stakeholders will have the tools and resources necessary to engage in a public education campaign about the importance of enhanced P.E. and to effectively mobilize grassroots support.

Strategy:

1. With help from key stakeholders, the Public Health Prevention Service Fellow at the Illinois Public Health Institute will create fact sheets for fast and easy dissemination of information to school boards, superintendents, and principals, as well as teachers, students, parents, and other key messengers.

Potential Allies & Messengers

Potential allies who could help support all K-12 students participating in daily, high-quality physical education include:

Disability educators / Disability rights groups

Disability educators are a critical part of the conversation. They have expertise that can assist schools in modifying existing P.E. programs in order to make physical education more inclusive of all students, regardless of differing levels of ability. Disability advocates also are a potentially strong ally when conducting education, outreach, and advocacy for policy change.

Elected officials / School board members

It is imperative that we make the case to policy makers for why policy changes are needed. They can be powerful messengers once they have seen the impact of policy change.

Teachers

Buy-in is needed from all members of the school community. Teachers on the front lines must believe in the importance of the program because they are the most likely group to create opportunities for physical activity in the classroom or deliver an enhanced P.E. program. P.E. teachers are especially important subject-matter experts.

Parents / Parent teacher organizations (PTA)

Parents may be concerned that an enhanced P.E. program will impede academic performance. However, if parents are educated about the academic benefits of enhanced P.E., physical activity, and wellness, they are likely to become advocates for the program. Parents and the PTA are potentially strong allies that have the ability to make policy change occur.

School nurses / School health system

This is first and foremost a public health issue. School nurses and the school health system should be included on the front lines of this initiative.

Students / Student organizations

Students of all ages (Pre-kindergarten through 12) need to know that health impacts academic performance. Also, there are existing student advocacy groups who appear to be natural allies and have the potential to be especially effective messengers, for example, the ISBE Student Advisory Board and the national network of student advocates associated with the Alliance for a Healthier Generation.

ACKNOWLEDGEMENTS

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Note: Some Task Force members have organizational barriers to official endorsement of documents like this. All, however, are committed to working together to enhance P.E. in Illinois.

* Denotes organizations that joined the Task Force after the initial meetings in which the Strategic Plan was drafted.

Participants in the Planning Process

In addition to those represented on the Task Force, a number of individuals contributed many valuable insights and much hard work to the planning process or reviewed drafts of this Strategic Plan. We recognize their valuable contribution and vision.

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