

National Association of State Boards of Education

Reengaging Students through Physical Activity

By Megan Blanco and Kelly Cornett

Physical activity improves students' academic achievement, behavior management, sense of connectedness, physical health, and emotional well-being.¹ Whenever students' normal outlets for physical activity are disrupted by school closures, state leaders can reengage students and promote their well-being by prioritizing quality physical education and extracurricular programs to ensure that all students have opportunities for physical activity during the school year.

Using a nationally representative survey of parents and caregivers in fall 2020, the Centers for Disease Control and Prevention (CDC) found that parent reports of their children's physical activity levels and emotional well-being varied depending on whether students engaged in virtual, in-person, or combined instruction. Parents of children who received only virtual instruction were more likely than parents of children who received in-person instruction to report that their children experienced decreased physical activity (62.9 versus 30.3 percent) and time spent outside (58.0 versus 27.4 percent).²

Schools are in a unique position to support students' health and emotional well-being. Providing multiple opportunities for all students to participate in physical activities that are age and ability appropriate and enjoyable is key. The CDC recommends that children and adolescents ages 6 to 17 engage in 60 minutes or more of moderate to vigorous activity daily.³ Physical activity encompasses structured engagement through a physical education (PE) course, unstructured play during recess, extracurricular sports, out-of-school time programs, and commuting to school.

CDC recommends that schools adopt a Comprehensive School Physical Activity Program (CSPAP) to increase physical activity.⁴ When implemented with fidelity, this approach provides many opportunities for students to be physically active, helps them get the recommended 60 minutes of physical activity per day, and develops their knowledge, skills, and confidence to be physically active throughout life. The CSPAP reflects strong coordination and synergy across components: quality PE as the foundation; physical activity before, during, and after school; staff involvement; and family and community engagement.

Because many people live in neighborhoods with poor sidewalk and street infrastructure or have limited access to safe spaces for physical activity, a CSPAP can provide more equitable access to physical activity for students during the school day. By offering programs for physical activity before school, after school, and incorporating it in the classroom, schools and communities can also increase opportunities for social interaction and learning alongside peers. State boards of education have the means to advance each CSPAP component through policymaking, convening, and community partnerships.

PRIORITIZING PHYSICAL EDUCATION

State leaders have myriad opportunities to address the quality of PE: through learning standards and curricula, preservice and in-service professional development for educators, qualifications for teaching PE, recommended or required time for PE and daily physical activity, and promotion of adaptive PE for students with disabilities.

PE learning standards. Forty-three states and the U.S. Department of Defense Education Agency implement the national standards and Grade-Level Outcomes for

K-12 Physical Education, developed by the Society for Health and Physical Education America in 2013.⁵ One state implementing the national PE standards, Vermont, further emphasized PE by including it in the state's accountability plan under the Every Student Succeeds Act and physical activity in its portrait of a graduate. States that adopted the national standards or are undergoing standards revisions may find the CDC's 2019 Physical Education Curriculum Analysis Tool useful. It helps localities assess the alignment of PE curricula to the standards, analyze outcomes, identify necessary curricula changes, and develop new curricula.

A national taskforce led by SHAPE America is updating the standards over the next two years. Informed by practitioners and state stakeholders and in close partnership with the state education agency, state boards can consider updating their PE learning standards to reflect the revised standards. Such standards could, for example, embed social and emotional learning competencies and encourage cross-disciplinary connections.

Educator preparedness. As of September 2019, 30 states had policy establishing whether newly hired PE teachers must be certified, licensed, or endorsed by the state in physical education.⁶ Twenty-two states address whether professional development is encouraged or required for PE teachers. Alabama, for instance, encourages PE educators to seek workshops, professional journal subscriptions, and opportunities to collaborate with peers. Michigan takes responsibility for developing and providing statewide and regional in-service professional development for PE educators and provides a virtual learning catalog of program offerings.

Adaptive PE. It is important to ensure that schools have the adaptations, equipment, personnel, and training to fully engage students with disabilities and provide them equal access to PE. Unfortunately, only 18.7 percent of children with special health care needs are attaining the recommended 60 minutes or more of physical activity daily.⁷

Forty-seven states have policies promoting adaptive physical education. Connecticut, for example, provides noncodified guidance that details the definitions, recommended practices, and contextual background for implementing its statute requiring adaptive PE.⁸ Most states' policies on adaptive PE have been on the books for decades. Although the statute or regulation may not warrant a rewrite, it is always worthwhile to determine the effectiveness of the policy's implementation and the field's satisfaction with the support provided. States can consult the National Center on Health, Physical Activity and Disability; Special Olympics; or SHAPE America for resources, technical assistance, and ideas for making PE inclusive.

PHYSICAL ACTIVITY POLICIES

Recess. According to NASBE's State Policy Database on School Health, nine states require daily recess for students of all ages or in certain grades.⁹ The parameters that states set for fulfilling this requirement vary. Arkansas requires at least 40 minutes of recess daily for all elementary school students while West Virginia requires at least 30 minutes daily. Connecticut, Florida, and Rhode Island require at least 20 minutes daily, and Virginia sets no minimum requirement.

Safe routes to school. An often-overlooked opportunity for daily physical activity is through active commuting to and from school by walking, biking, or rolling. States can help localities improve the safety and accessibility of routes their students must traverse to get to school every day. Little Rock, Arkansas, and Flint, Michigan, have leveraged state AmeriCorps funding and community partnerships to create urban safety corps that ensure there are safe pathways for students to get to school. Virginia stands out for its strategic planning approach and dedicated localized technical assistance offerings, with three local technical assistance coordinators at the state's department of transportation. Grant writing support, walkabouts, stakeholder convening assistance, and identification of funding opportunities for infrastructure improvement are among the technical assistance they provide.¹⁰

Shared-use agreements. Shared-use agreements allow public access to

school facilities by defining terms and conditions for sharing the costs and risks associated with expanding a property's use. For example, school districts may create shared-use agreements to allow after-hours access to school facilities so community members can use gymnasiums, fields, and playground equipment. Especially in densely populated areas with limited green space and public parks and where government funding is available for increased maintenance, utilities, and staff expenses, such partnerships can be valuable. They can provide a safe, no- or low-cost, convenient place for students and families to be physically active together, thereby promoting a family and multigenerational commitment to physical activity.

QUESTIONS STATE BOARDS CAN ASK

To examine their role in improving student access to physical activity, state boards can ask the following:

- If students' health is a priority in our state's approach to education, what actions have we taken or are we planning to reflect this priority?
- What health challenges are adults in our state experiencing? Can these challenges be prevented in future generations through education and physical activity in school?
- Does the state have a strategic plan for increasing student physical activity, and how can we contribute to the plan's success?
- How do the state's PE learning standards and recess requirements reflect public health guidelines and alignment with evidence-based practices?
- Do subgroups of students by geographic location, gender, race, disability, or income level engage less frequently in school-sponsored physical activity programs and clubs? If so, why, and how can these inequities be addressed?
- When did we last ask students for their input on ways to increase access to PE and improve the quality of PE and physical activity, including through afterschool programs and clubs?

Disruptions to educational experiences and afterschool programs can limit many stu-

dents' access to PE and extracurricular activities and consequently restrict opportunities to engage in structured physical activities that promote physical health, socialization, and emotional well-being. By creating an inclusive culture for PE and physical activity, state boards can help ensure that every student learns to lead a healthy, active life.

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NOTES

1 Shannon L. Michael et al., "Physical Activity, Sedentary, and Dietary Behaviors Associated with Indicators of Mental Health and Suicide Risk," *Preventive Medicine Reports* 19 (September 2020): 101153.

2 Jorge Verlenden et al., "Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being during the COVID-19 Pandemic—COVID Experiences Survey, United States, October 8–November 13, 2020," *Morbidity and Mortality Weekly Report MMWR* 70 (2021): 369–76.

3 CDC, "Active Children and Adolescents," chapter 3 in *Physical Activity Guidelines for Americans, 2nd ed.* (Atlanta, GA: CDC, 2018).

4 CDC, "Increasing Physical Education and Physical Activity: A Framework for Schools" (Atlanta, GA: CDC 2019).

5 SHAPE America, "Grade-Level Outcomes for K-12 Physical Education" (Reston, VA: SHAPE America, 2013).

6 NASBE State Policy Database, Physical Education Teacher Qualifications, <https://statepolicies.nasbe.org/health/categories/physical-education-physical-activity/physical-education-teacher-qualifications>.

7 Data Resource Center for Child and Adolescent Health, National Survey of Children's Health, combined data set, 2017–18, website, <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>. <https://www.childhealthdata.org/browse/survey/results?q=8032&r=1&g=846>.

8 NASBE State Policy Database, Connecticut: Adaptive Physical Education, <https://statepolicies.nasbe.org/health/categories/physical-education-physical-activity/adaptive-physical-education/connecticut>.

9 The nine are Arizona, Arkansas, Connecticut, Florida, Missouri, New Jersey, Rhode Island, Virginia, and West Virginia. Data are current through September 2019.

10 Virginia Department of Transportation, "Virginia Safe Routes to School: Five-Year Strategic Plan, 2012–2017," (Richmond, VA: VDOT, 2012), https://www.virginiadot.org/programs/resources/safe_routes/VDOT_Strategic_Plan_120418.pdf).