



Policy Levers to Improve Physical Education, Youth Physical Activity and Social and Emotional Learning

In late spring 2020, the American Heart Association (AHA) convened an internal working group to begin to strategize on how to reimagine its policy work for physical education/physical activity in schools. The organization wanted to engage multiple external stakeholder groups to co-create revised policy priorities that helped foster a healthy, safe learning environment for kids and assure they have an equitable opportunity to move throughout the day to optimize their learning, mental health and well-being, and social connections.

With 130,930 K-12 schools across the country educating more than 55 million students,¹ there is tremendous opportunity to impact child and adolescent health and well-being with effective policy levers around physical education and physical activity. Physical activity before, during and after school, and active transportation to and from school are important ways children and adolescents can equitably access physical activity opportunities that are essential for their overall health and well-being. The Whole School, Whole Community, Whole Child Model and the Comprehensive School Physical Activity Plan were fundamental for guiding the policy lever development.

The Whole School, Whole Community, Whole Child (WSCC) model² guides a broad approach to child well-being that aligns the common goals of education leaders and health sectors to put into action a whole child approach to education. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has [10 components](#):

1. Physical education (PE) and physical activity (PA).
2. Nutrition environment and services.
3. Health education.
4. Social and emotional school climate.
5. Physical environment.
6. Health services.
7. Counseling, psychological and social services.
8. Employee wellness.
9. Community involvement.
10. Family engagement.

A Comprehensive School Physical Activity Plan (CSPAP)³ is consistent with the “whole of school” approach to physical activity promotion recommended in the Institute of Medicine’s consensus report.⁴ CSPAP is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally-recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence for students to be physically active for a lifetime. A CSPAP reflects strong coordination and synergy across all the components: physical education as the foundation; physical activity before, during, and after school; staff involvement; and family and community engagement.

Methodology for Reimagining the American Heart Association's Physical Education/Physical Activity in Schools Advocacy Priorities

We identified four stakeholder groups: Group 1 was comprised of researchers. Group 2 included school board members, administrators including principals, superintendents, and chief diversity officers. Group 3 included physical education teachers. Group 4 consisted of non-governmental organizations, CDC, and professional organizations. We created a series of virtual semi-structured discussions encouraging innovative thinking where everyone could speak openly. We assured no personal attribution would be made (unless participants told us they would not mind being quoted). We also distributed a survey through social media to gather grassroots feedback on the questions we were asking the stakeholder groups. We held two calls with each stakeholder group and then two calls with the groups combined to help develop and respond to the draft policy recommendations in the developing white paper. Through continued feedback and revision, the white paper and recommendations were finalized in early 2021.

Key Themes that Emerged from our Discussions

- The global COVID-19 pandemic likely will have short- and long-term implications for physical education delivery in schools and how physical activity opportunities are offered. There is uncertainty about long-term implications of the pandemic.
- Related to the pandemic themes, understanding resiliency of PA programs (whether PE in school or afterschool PA programs) will be key for sustaining access in future systemic shocks.
- The pandemic underscored the importance of continuing to prioritize physical activity and fitness for student health and well-being, and concern about the detrimental health impacts of physical inactivity and sedentary behaviors.
- The pandemic brought to light and intensified income, race, and ethnic disparities in health and education among children and adolescents.
- The disparities in access to physical activity opportunities will likely be magnified and widened by the pandemic, particularly in marginalized communities.
- The need for inter-department and holistic approaches across the school environment.
- Whole School, Whole Community, Whole Child (WSCC) perspective to look beyond resources in schools and to partner with the whole community (e.g. out-of-school time providers).
- Health in all policies approach
- Lifetime Health/Wellness need to be synched with Social Emotional Learning Objectives
- Opportunities to connect schools with community resources/organizations for PA/PE
- The importance of safe and equitable opportunities for active travel to and from school
- Funding needed for any physical education and health education improvements, and to increase other opportunities for physical activity per the CSPAP domains
- The role of the physical education teacher has to change to lead the CSPAP linking students to school and community resources.
- The importance of classroom integration of physical activity [need to add training for non PE-staff as well]
- Provide higher education training and professional development for physical education teachers in CSPAP leadership and WSCC.
- Whole day approach not limited to school time for PA/PE
 - Physical activity opportunity time before, during and after the school day
- Expanded public health and community partnerships (YMCA, Boys and Girls Club, parks & rec, healthcare organizations)
- Shared use policies and help alleviate the inequities of physical education and activity resources across schools
- The need to engage parents in the policy making process [especially parents of racial/ethnic minority and low SES backgrounds]
- Play equity needs to be elevated and viewed in the same regard as health equity and educational equity
- Improved and ongoing efforts to generate support for PA/PE among local, state, and national education leaders.
- Daily access to recess for all children.

Key Policy Levers Identified from our Discussions:

The recommendations are detailed below but the overarching summary is:

- Promotion of CSPAP should supplant a narrow focus on physical education as the primary advocacy position.
- The role of the school physical educator should be modified to include responsibilities as the “school physical activity coordinator” which would include responsibility for implementation of CSPAP at the school level.
- State legislatures and education agencies should fund school districts to implement CSPAP, and funded districts should be required to appoint a district-level coordinator who will be held accountable for ensuring that the district properly implements CSPAP, linking to social and emotional learning objectives and integrating into the districts’ strategic planning.

Infrastructure Change

- State/Local policy requiring school districts to have a CSPAP (that includes physical education as a cornerstone in addition to other physical activity opportunities including daily recess, classroom breaks, active transport to and from school, and before and after school programs) within their WSCC model with a planning committee responsible for implementing and integrating the CSPAP into their districts’ strategic plans. Infrastructure changes post COVID-19 may include schools collaborating to share/enhance funding and facility resources with community groups. Shared use agreements, youth sport promotion, extending learning/activity to outdoor settings and online platforms, and collaborative grant applications with community groups should be fostered.
 - Require states/districts to have plans, committees and partnerships with a dedicated funding stream to support implementation of the CSPAP model. A CSPAP is a critical health equity strategy. The C.L.A.S.S. system⁵ provides state-level scores for how well schools are doing in meeting PE/PA standards and could be integrated into accountability for implementation.
 - Funding criteria should include a multi-level approach use of evidence-based strategies such as the Physical Education Curriculum Analysis Tool (PECAT), potential to address inequities, needs-based funding, technical assistance for under-resourced schools (for grant writing and implementation), and engaging community partnerships. A local, district or school-level champion supported by the planning committee and funded (additional to typical salary) must be identified and will support coordination and implementation. Funding may come from existing or new taxes.
 - Dedicate some funding to accountability, monitoring and assessment that includes racial/health/social/resource equity analysis and integration with social/emotional learning objectives. Equity impact could include school level percent of free and reduced lunch or school neighborhood SES.
 - Tier funding based on districts’ needs and size.
 - Prioritize implementation and technical assistance for Title 1 Schools.
 - Allow for community-led process and working with community-based organizations.
 - Integrate a recognition program that is tied to a credible framework/organization(s) and linked to social/emotional learning and engaging community partnerships.
 - Emphasize the need for supportive health promotion and wellness offerings for staff (an important component of the CSPAP model).
- Support appropriations for 21st Century Learning Centers that provide academic enrichment opportunities and physical activity opportunities during non-school hours for children, especially students who attend schools that have historically been under-resourced.

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- Establish a State Children’s Cabinet that fosters interagency collaboration for WSCC and CSPAP strategic planning and implementation, emphasizing public and student health, workforce, and barriers to active travel to and from school.
- Establish and update a national registry of local and state policies addressing physical education/physical activity for youth and adolescents, tracking how these policies are implemented and their impact on school- and student-level physical activity.
- Adequately fund and implement programs that address physical education/physical activity for students with disabilities in partnership with the U.S. Department of Education.
- Adequately fund and implement Safe Routes to School programs, with a focus on communities with limited resources.
- Enact state laws to encourage and facilitate shared use agreements of school facilities and protect all parties from liability.
- Support recess at all grade levels that cannot be denied due to punishment.
- Incorporate more inclusivity in physical education to honor a broader diversity of students who are engaged in a multi-ethnic co-educational experience.⁶
- Advocate for partnerships between the schools and community-based organizations and parks and recreation sites to support programming like “learn to swim” which has significant equity impact.

Training/ Collaboration

- Provide adequate professional development and training for physical education teachers to serve as leader of the CSPAP within the WSCC model, training for non-PE teachers to integrate movement throughout the day, promote overall student and staff health and well-being, connect the school to community resources, and develop strategic partnerships with community organizations to provide PA opportunities.
- Purposefully integrate between state departments of health and education, universities, colleges, and research institutions in technical assistance, grant funding, curriculum analysis, and state standards for CSPAP and WSCC.

Assessment/Accountability

- Use cognitive assessment, fitness assessment, and functional fitness challenges for students at the elementary, middle and high school levels, to set their own goals around an individualized physical activity program and established learning objectives. Must be able to use data for accountability and effective implementation/programming. Summarize by legislative district for public accountability.
- Supplement Fitnessgram with the Brockport Physical Fitness Test for students with disabilities and an assessment of kids’ overall physical activity, motor learning and include cognitive assessment (using validated instruments).
- Encourage or recommend a school board member serve as a liaison to the district in health and wellness.
- Advocate for a specific position/responsibility within the US Department of Education and state Departments of Education for physical education, physical activity, health, and wellness. Ideally, there would also be a position at the school district level.

Research

- Support ongoing research with school districts, academic partnerships, and government agencies that close the evidence to practice gap and implement an integrated learning approach focusing on implementation and outcome evaluation, short- and long-term impacts on student health and well-being, the use of assessment, and correlation with measures of social/emotional learning, academic achievement, attendance, graduation outcomes, and student behavior.⁷

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- Advocate for collaboration between the National Institute of Education and National Institutes of Health to jointly fund school health research, including PE/PA studies.
- Support additional research on implementation processes and outcome of PE/PA programs; go beyond effectiveness to address how and why these programs work and in what contexts do they work or not work.

References:

¹ Education statistics: Facts about American schools. *Education Week*. August 4, 2020. Accessed online August 4, 2020 at <https://www.edweek.org/ew/issues/education-statistics/index.html>.

² Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child. Accessed online November 12, 2020 at <https://www.cdc.gov/healthyschools/wsc/index.htm#:~:text=The%20Whole%20School%2C%20Whole%20Community%2C%20Whole%20Child%2C%20r,the%20importance%20of%20evidence-based%20school%20policies%20and%20practices..>

³ Centers for Disease Control and Prevention. Comprehensive School Physical Activity Programs (CSPAP): A guide for schools e-learning module. Accessed online November 12, 2020 at https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html.

⁴ Committee on Physical Activity and Physical Education in the School Environment; Food and Nutrition Board; Institute of Medicine. *Educating the Student Body: Taking Physical Activity and Physical Education to School*. Kohl HW III, Cook HD, editors. Washington (DC): National Academies Press (US); 2013 Oct 30. PMID: 24851299.

⁵ National Cancer Institute. Division of Cancer Control & Population Sciences. *Classification of Laws Associated with School Students*. 2020. <https://class.cancer.gov/>.

⁶ Thorjussen, IM., Sisjord, MK. Students' physical education experiences in a multi-ethnic class. *Sport, Education and Society*. 2018; 23(7): 694-706.

⁷ Guise, JM., Savitz, LA., Friedman, CP. Mind the gap: putting evidence into practice in the era of learning health systems. *Gen Intern Med*. 2018 Dec; 33(12): 2237-2239.