



Invigorating Elementary PE to Combat Childhood Overweight in PA

JANICE BALMER, BA

CANDIDATE, MASTER OF HEALTH SCIENCE, HEALTH PROMOTION/EDUCATION, LHU

OWNER, GRETNAMOVES, A WELLNESS COMPANY

ACE CERTIFIED PERSONAL & GROUP TRAINER

PROJECT MANAGER/INTERNSHIP, COMMUNITY HEALTH COUNCIL, LEBANON COUNTY

Speaker Background

- ▶ Business background – 3 start-ups
 - ▶ Business development background, focus became health promotion
- ▶ Physical fitness perspective: personal and group trainer 10 years
 - ▶ Elementary physical activity experience—Kindergarten classes; Move It Day; Girl Power; Zumba (Kohls funded)
- ▶ Community Health Council member/perspective
- ▶ Parent perspective
- ▶ Personal history—overweight child and young adult

Childhood Overweight-It's a Problem

- ▶ 1/3 of US children are overweight or obese, BMI>85th % (CDC Growth Charts)
- ▶ Sedentary behavior positively linked to overweight in youth (CDC)
- ▶ 75-80% obese adolescents will become obese adults (NIH)
- ▶ Increased weight associated with increased risk for co-morbidities like diabetes and cardiovascular disease
- ▶ Overweight is **heightened problem in PA**. According to the National Institute for Children's Health Quality:
 - ▶ Our kids less likely than national counterparts to be physically active at least 4 days/week (Childhood Obesity Action Network)
 - ▶ More likely to spend two+ hours watching screens (Childhood Obesity Action Network)
 - ▶ PA State Board of Education doesn't mandate PE time requirement

Childhood Overweight, a State and National Issue

- ▶ Leading national and state organizations recognize overweight/physical activity as a priority:
 - ▶ Obesity/inactivity a PA Department of Health Priority (State Health Assessment/SHA)
- ▶ Childhood overweight a Healthy People 2020 Leading Health Indicator
 - ▶ Objective NWS-10.4 tracks the proportion of children and adolescents with obesity (BMI at or above the gender- and age-specific 95th percentile from the CDC Growth Charts)
 - ▶ HP2020 Target: 14.5%, a 10% improvement over the baseline
 - ▶ Most Recent: In 2013–2016, the rate of obesity was 17.8% among children and adolescents aged 2–19 years

Interventions Can Help

- ▶ CDC's Whole School, Whole Community, Whole Child program can guide stakeholders
- ▶ Intervention example: Community Preventive Services Task Force Enhanced School-Based Physical Education
 - ▶ Schools can use intervention to inform their programs to improve PA and overweight among elementary children
 - ▶ Ideas include:
 - ▶ Swapping lower intensity games for more vigorous options during PE class
 - ▶ Promoting family physical events by allowing outside use of facilities by the public
 - ▶ Provide all teachers with movement idea toolkit (potential in-service session)

Interventions Can Help – continued

- ▶ Increase community partnerships that promote physical activity
- ▶ Establish before/after school optional workouts
- ▶ The issues are funding, volunteers to staff
 - ▶ ***Much of the traction behind these ideas rests on finding wellness “warriors” to spearhead coordinated efforts and do the work***

More Interventions, Ideas to Consider

- ▶ The solution to getting elementary-aged kids to move more/live healthier must include school and families/caregivers
 - ▶ Consider interventions that include family physical activity and nutrition
 - ▶ Example: Rhode Island, South County Food, Fitness & Fun
 - ▶ Support research on evidence-based interventions that can be replicated with long-lasting results
 - ▶ Identify adults in and outside the schools who can serve as wellness champions (paid or volunteer basis)

Example: Cornwall-Lebanon School District

- ▶ 2100 students across four elementary schools
- ▶ Elementary students have PE 1/week for about 40 minutes
- ▶ Recess opportunities (weather dependent) at elementary level, varies in length
- ▶ Key District stakeholders agree on core issues (interviews with Asst. Superintendent; Elementary Principal; PE Teacher and Curriculum Lead)
 - ▶ CDC suggestions (and others) are theoretically good, but in real-time, significant challenges remain:
 - ▶ Family and community engagement (the same families participate; others don't see the value)
 - ▶ If home life doesn't support PA and good nutrition, hard for school to un-do that
 - ▶ Teaching time is at a premium
 - ▶ Need staff and others to be wellness champions to help support programs (often unpaid)

Summary

- ▶ CDC recommendations help, but the issue is complicated:
 - ▶ Childhood overweight/obesity related to physical inactivity and poor eating habits
 - ▶ School time can include options to move more, provide healthy food options
 - ▶ But family structure can support poor health behaviors
- ▶ Community, **families** must be included to make sustainable impact
- ▶ Enlisting “Wellness Champions” critical to sustained success

Resources

- ▶ Centers for Disease Control (CDC)-BMI growth charts, obesity statistics; Whole School, Whole Community, Whole Child
- ▶ National Institutes of Health (NIH)-obesity statistics
- ▶ National Institute for Children's Health Quality-Childhood Obesity Action Network summary statistics
- ▶ PA Department of Health-State Health Assessment data
- ▶ HealthyPeople2020-obesity goals
- ▶ Community Preventive Services Task Force-interventions
- ▶ Rhode Island: South County Food, Fitness & Fun-Journal of Obesity, Vol. 2017, doi.org/10.1155/2017/2746595