

HB 2431 Part XXV A Report to the Joint Education Oversight Committee

Submitted by Paula Hudson Collins

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State Board of Education



HB 2431

• Information collected from LEA's through the:

Healthy Active Children Policy(85% Reporting)

> Youth Risk Behavior Survey (YRBS)



Elementary Students Attending Physical Education Throughout the School Year

0-30 Minutes 1 day per week 16%*

30 min. - 1 hour 1 day per week 21%

 $30 \min - 1 \text{ hour } 2 \text{ days per week } 20\%$

30 min – 1 hour 3 days per week 12%

30 min – 1 hour 4 days per week 8%

30 min - 1 hour 5 days per week 24%

* Taken from Healthy Active Children (HAC)



Middle School Students Attending Physical Education Throughout the School Year

Days Per Week	<1	1	2	3	4	<u>5</u>
Grade 6	1%	3%	8%	32%	15%	42%
Grade 7	1%	1%	10%	31%	15%	42%
Grade 8	1%	2%	10%	29%	16%	43%

^{*} Taken from Healthy Active Children (HAC)



Summary of Middle School LEA Statistics (per week)

45% provide 150 minutes of physical education

47% provide 225 minutes of Healthful Living

24% provide 225 minutes of physical education



High School Statistics

Number of students that attended 5 days of physical education per week:

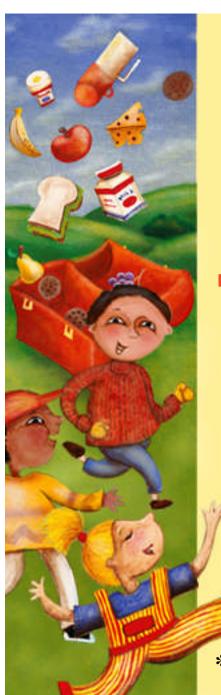
9th Grade - 44.4%*

10th Grade – 28.7%

11th Grade - 20.0%

12th Grade – 17.7%

*All Statistics taken from the Youth Risk Behavior Survey (YRBS)



Overall Trend Data (CDC)

 Significant decrease in percentage of middle school students who attended 5 days of physical education in 2007 (29.0%) as compared to survey results from 1993 (35.0%)*

*All Statistics from the Youth Risk Behavior Survey (YRBS)



Elementary School Class Sizes

Survey results varied from
 20 – 45 students

Larger class size typically occurs
 with 2 classes combined



Middle School Class Sizes

 Class sizes varied from 29 – 60 students

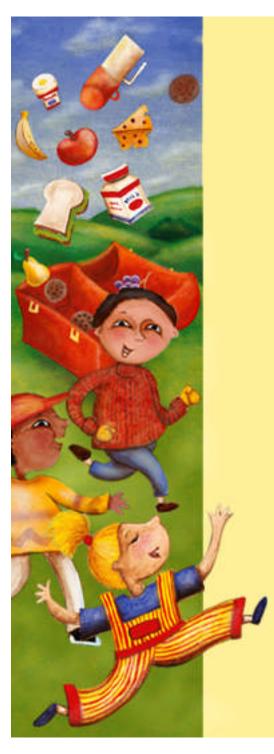
Larger class size usually occurs when students are placed in physical education so as to not overload regular classrooms



Alternative Maximum Class Sizes

From G.S. 115C-301(e):

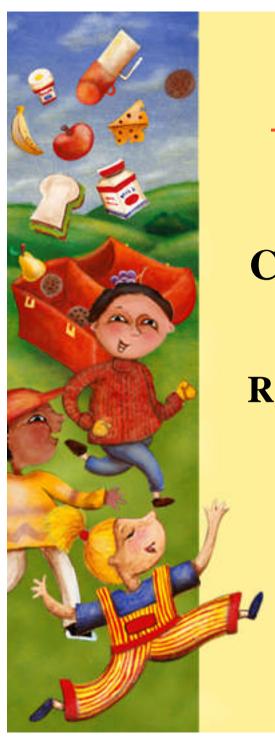
The State Board of Education, at it's discretion, may set higher maximum class sizes and daily teaching loads for classes in music, **physical education** and other similar subjects, so long as the effectiveness of the instructional programs in these areas is not thereby impaired.



BMI (Body Mass Index)

From 1980 to 2004, the percentage of youth who were obese* tripled from 7% to 19% in children (6-11 years) and 5% to 17% in adolescents (12 – 19 years).

* These youth were classified as "overweight" in the articles cited; the classification was changed to "obesity" to reflect the June 2007 recommendations from the Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity



BMI (Body Mass Index)

Calculated as follows:

Ratio of Weight to Height Squared



Impact of BMI on Students

- Little is known regarding outcomes of BMI measurement programs including:
 - > Effects on weight related knowledge
 - > Attitudes of students
 - Behavior of youth and their families
- No consensus exists on BMI's utility for screening young people



BMI & the Federal Government

 In 2005, Institute of Medicine called for the development of guidance for BMI measurement in schools

The CDC (with an expert panel)
 developed a report to help inform
 decision-making on school based BMI
 programs



Direction of BMI Research

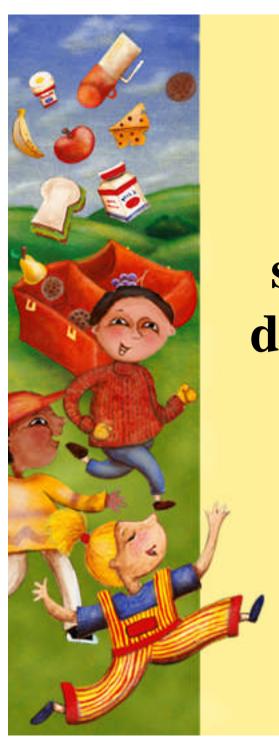
"More evaluation is needed to determine whether BMI screening programs are a promising approach for addressing obesity among children and adolescents."



BMI Executive Summary on BMI

Nihiser AJ, Lee SM, Wechsler H, McKenna M, Odom E, Reinold C, Thompson D, Grummer-Strawn L. Body mass index instrumentation in schools. J Sch Health. 2007;77:651-671.

To access full journal article and executive summary please visit CDC's website: www.cdcgov/healthyyouth/overweight/BMI



The unfunded mandate to screen NC Students for BMI data was estimated at a cost of \$3 - \$10 Million Dollars.



NCAAHPERD is currently conducting BMI screening through IsPOD (In School Prevention of Obesity and Disease)



The Kate B. Reynolds
Charitable Trust funded
NCAAHPERD at \$3.2
Million Dollars for these
efforts.



Health Assessment & Monitoring Sources

- Includes the following:
 - **CHAMP**
 - > YRBSS
 - **Profiles**
 - > BRFSS

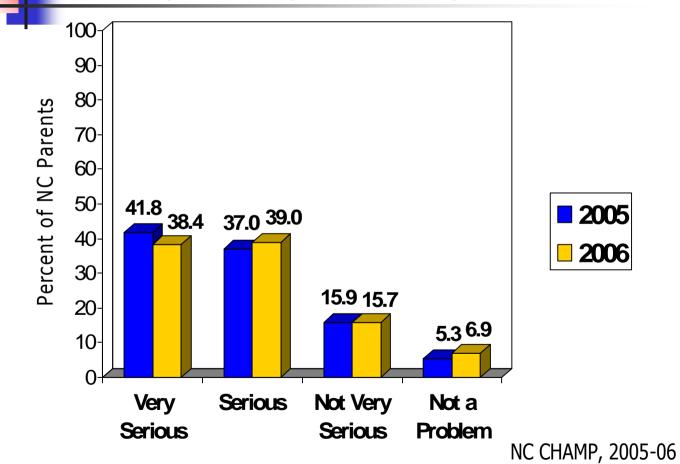


Child Health Assessment Monitoring Program (CHAMP)

- Collects data for young children
- Questions pertain to a wide variety of health-related topics
- Data collected annually
- Helps on many fronts
- Telephone survey of parents

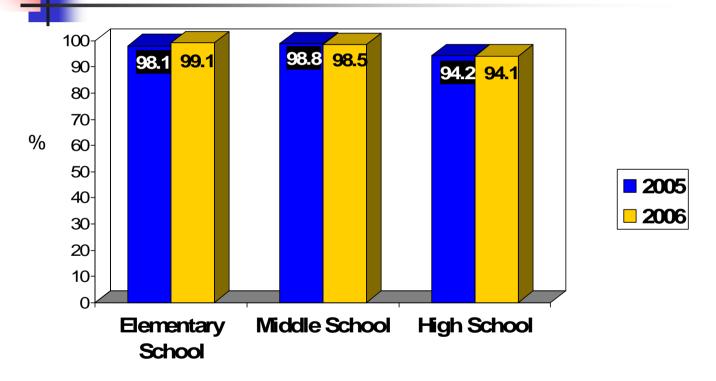


"To what extent do you believe overweight in children is a serious problem in your community?"





"Do you believe it is important for schools to have physical activity policies that provide daily PE for students in...." Percent of NC Parents

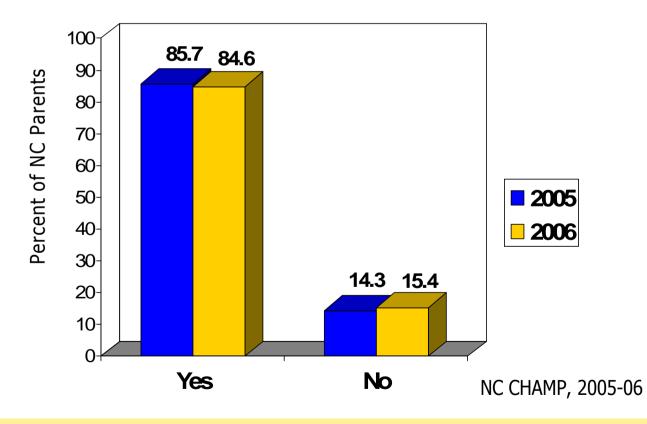


NC CHAMP, 2005-06



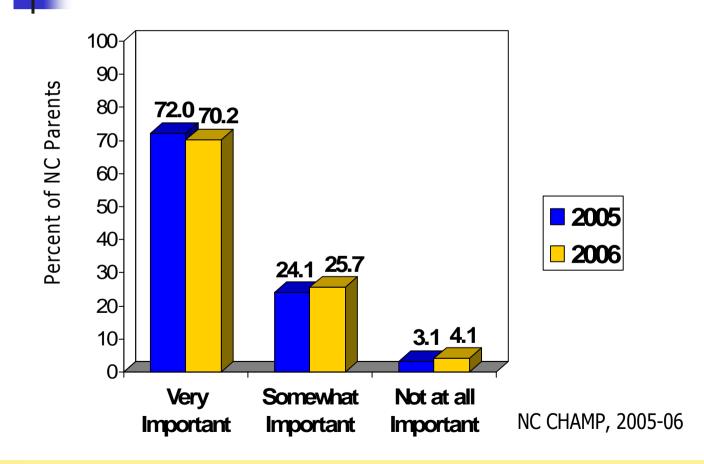


"Do you believe schools should require only healthy options in all food service settings, such as the cafeteria, snack bars, vending machines, concession stands?"





"To what degree do you support changing the contents of school vending machines to replace sodas and high calorie/high fat snacks with healthier foods?" Percent of NC Parents





Youth Risk Behavior Surveillance System (YRBSS)

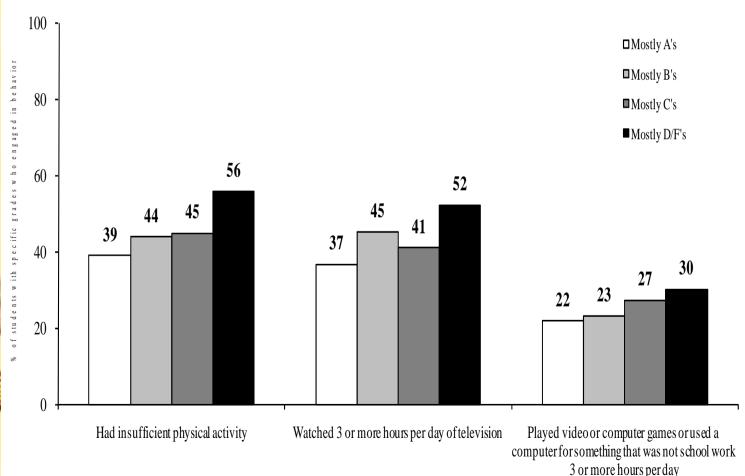
Monitors priority health-risk behaviors

 Includes a national school-based survey and many others

 Self reported data by randomly selected middle school and high school students

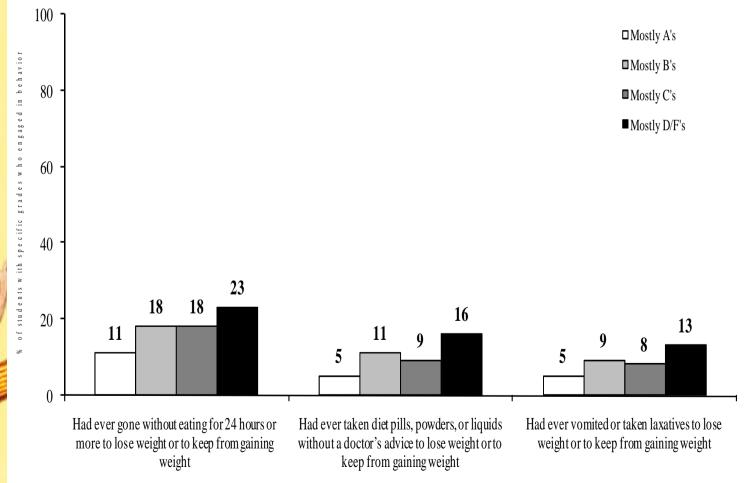


Percentage of North Carolina <u>middle school students</u> receiving mostly A's, B's, C's, or D/F's who had insufficient physical activity, watched 3 or more hours per day of television, and played video or computer games or used a computer for something that was not school work 3 or more hours per day – Youth Risk Behavior Survey, 2007.



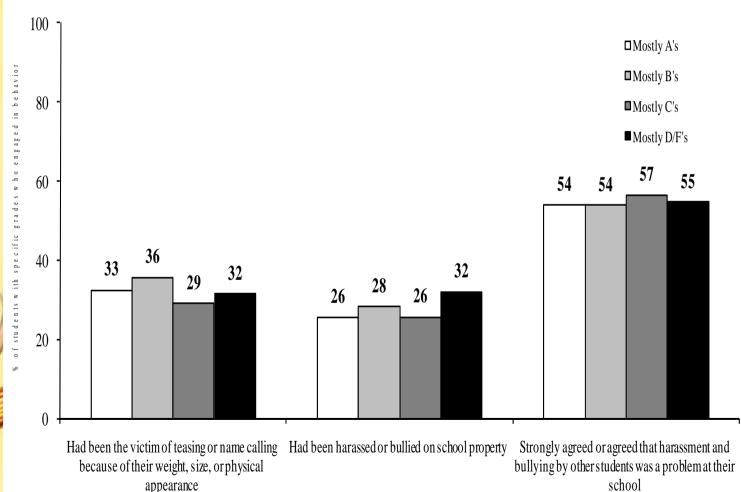


Percentage of North Carolina middle school students receiving mostly A's, B's, C's, or D/F's had ever gone without eating for 24 hours or more to lose weight or to keep from gaining weight, had ever taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight, and had ever vomited or taken laxatives to lose weight or to keep from gaining weight – Youth Risk Behavior Survey. 2007.



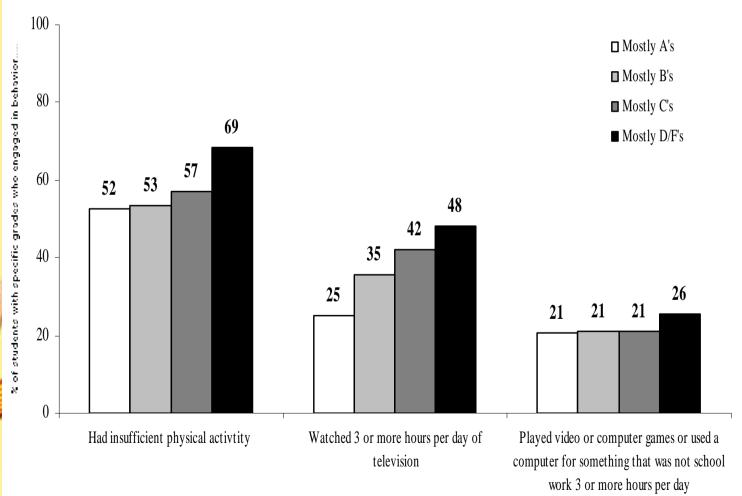


Percentage of North Carolina <u>middle school students</u> receiving mostly A's, B's, C's, or D/F's who had been the victim of teasing or name calling because of their weight, size, or physical appearance, had been harassed or bullied on school property, and strongly agreed or agreed that harassment and bullying by other students was a problem at their school – Youth Risk Behavior Survey, 2007.



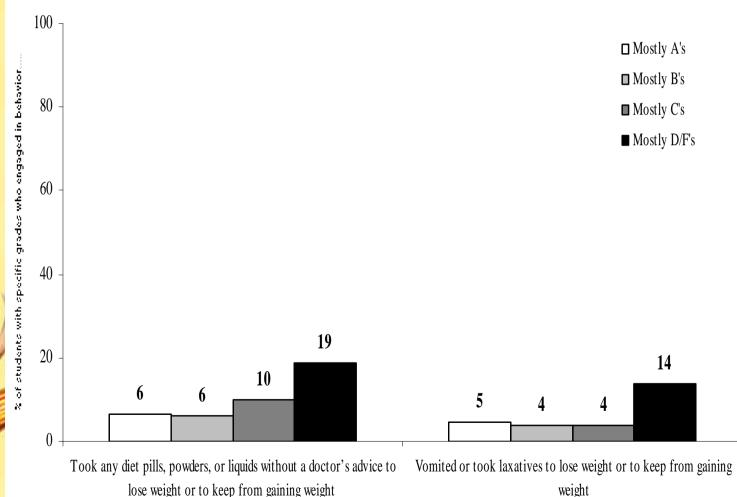


Percentage of North Carolina <u>high school students</u> receiving mostly A's, B's, C's, or D/F's who had insufficient physical activity, watched 3 or more hours per day of television, and played video or computer games or used a computer for something that was not school work 3 or more hours per day – Youth Risk Behavior Survey, 2007.



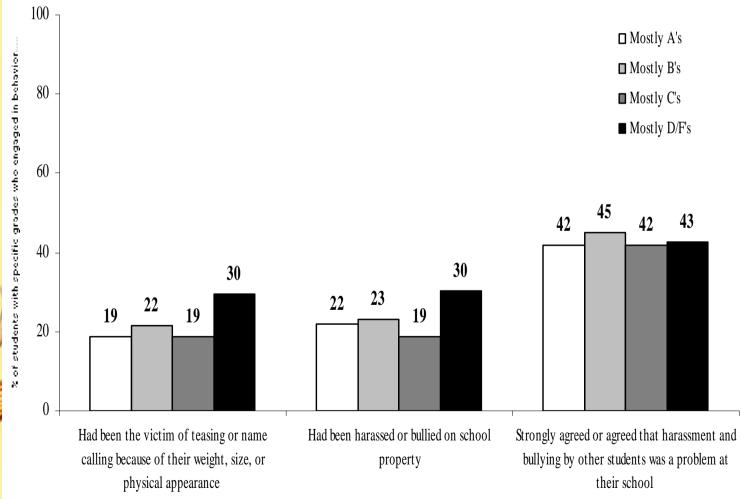


Percentage of North Carolina <u>high school students</u> receiving mostly A's, B's, C's, or D/F's who took any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight and vomited or took laxatives to lose weight or to keep from gaining weight – Youth Risk Behavior Survey, 2007.





Percentage of North Carolina <u>high school students</u> receiving mostly A's, B's, C's, or D/F's who had been the victim of teasing or name calling because of their weight, size, or physical appearance, had been harassed or bullied on school property, and strongly agreed or agreed that harassment and bullying by other students was a problem at their school – Youth Risk Behavior Survey, 2007.





School Health Profiles Report (Profiles)

- System of surveys in states and large urban areas
- Conducted biennially by state and local agencies
- Surveys school principals and lead
 Health Education Teachers



Behavioral Risk Factor Surveillance System (BRFSS)

World's largest health survey system

Survey conducted annually

 Telephone survey of adult health questions



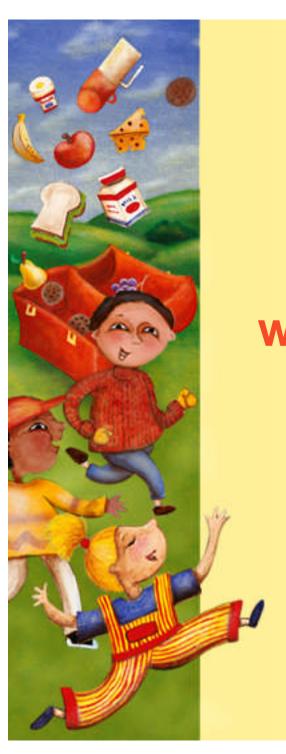
2007 YRBS US – NC Obesity Comparison

United States

- 28.8% over or very over wt. by BMI
- 29.3% self-describe over or very over wt.
- 5.9% took pills, powders or liquids
- 21.4% ate 5 fruits & veggies a day
- 53.6% PE one or more days wk.

North Carolina

- = 29.9% over or very over wt. by BMI
 - 26.3% self-describe over or very over wt.
- 8.1% took pills, powders or liquids
- 14.8% ate 5 fruits & veggies a day
- 41.7% PE one or more days wk.



www.NCHealthySchools.org



Efforts to Combat Childhood Obesity

Task Force on Preventing Childhood Obesity

Child Obesity Pilot Program
 Think Tank



"It is clear that children must be educated to be healthy and they must be healthy to be educated."

- Former US Sen. William Cohen (Maine)