

Health and Physical Education in Minnesota Schools, 2002



Findings from the
School Health
Education Profile
Survey (SHEPS) and
Physical Activity
Survey (PAS)



January 2004

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Findings From the School Health Education Profile Survey (SHEPS) and Physical Activity Survey (PAS)

Introduction

In order to better understand the nature and extent of health education, physical education, and physical activity opportunities for Minnesota youth, the Minnesota Departments of Education and Health (MDE and MDH) collaborated to conduct two surveys in Minnesota schools during the spring of 2002. The School Health Education Profile Survey (SHEPS) and the Physical Activity Survey (PAS) asked respondents to describe a variety of elements of school programs, policies, and linkages to the broader community. This report is a summary of key findings from these surveys. Complete results of each survey are available for review at the MDE.

The purpose of this report is to provide an overview of findings from the 2002 administration of the SHEPS and PAS. This report focuses on physical education and physical activity for youth in the context of a comprehensive, coordinated health education program. This information is intended to assist readers to make informed decisions about programs and policies related to health education, physical

education, and physical activity for youth throughout Minnesota.

Importance of Physical Activity by Youth

Research has clearly demonstrated a positive relationship between participation in physical activity and the development of healthy bones, muscles and joints, physical fitness, social well-being, mental health, and academic performance. In addition, positive experiences with physical activity during youth are likely to have a positive effect on future health behaviors, which reduces risk for a myriad of health problems and forms the basis for being regularly active throughout life.

For example, the *1996 Surgeon General's Report* on physical activity concludes that regular physical activity reduces the risk for developing or dying from coronary heart disease, noninsulin-dependent diabetes, hypertension, and colon cancer; reduces symptoms of anxiety and depression; contributes to the development and maintenance of healthy bones,



muscles, and joints; and helps control weight. The California Department of Education conducted a study in 2002 that showed higher academic achievement was associated with higher levels of fitness at each of the grade levels measured (5th, 7th, and 9th). The American Heart Association states that physical inactivity is a major risk factor for developing coronary artery disease. Inactivity also increases the risk of stroke and other major cardiovascular risk factors such as obesity, high blood pressure, low HDL (“good”) cholesterol and diabetes.

A variety of organizations have emphasized the importance of physical activity as a key component of healthy youth development. Many of these organizations have offered specific recommendations that can be used as standards by which to assess the current opportunities for physical activity available to Minnesota youth.

In December 2003, the **National Association for Sport and Physical Education (NASPE)** released

guidelines for children ages 5–12 that recommend the following:

- Children should accumulate at least 60 minutes, and up to several hours, of age appropriate physical activity on all, or most days of the week.
- Children should participate in several bouts of physical activity lasting 15 minutes or more each day.
- Children should participate each day in a variety of age-appropriate physical activities designed to achieve optimal health, wellness, fitness and performance benefits.
- Extended periods (periods of two hours or more) of inactivity are discouraged for children, especially during the daytime hours.

The **Minnesota Association for Health, Physical Education, Recreation and Dance (MAHPERD)** believes that every student in Minnesota schools,

from kindergarten through grade 12, should have the opportunity to participate in quality physical education. The **Centers for Disease Control and Prevention (CDC)** developed a self-assessment and planning guide called the School Health Index that is a tool designed to help schools assess and improve their prevention policies and programs. CDC and MAHPERD both recommend the following policies for physical education programming:

- Students in elementary schools should participate in physical education for at least 150 minutes during the school week.
- Students in middle and high school should participate for at least 225 minutes during the school week.

Healthy People 2010 includes participation in physical activity as one of the nation's ten leading health indicators. Of the two objectives that will be used to measure progress in meeting this indicator, one targets adolescents: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion.

Healthy Minnesotans Public Health Improvement Goals 2004 lists reduction of behavioral risks that are primary contributors to morbidity and mortality as goal number one. Two objectives related to this goal focus on physical activity:

- Increase by ten percent the number of children, adolescents, and adults aged over 18 who are physically active for 30 minutes or more, five or more days a week.
- Decrease by ten percent the number of children, adolescents, and adults who are totally inactive.

Goal five of *Healthy Minnesotans Public Health Improvement Goals 2004* focuses on the promotion, protection and improvement of children's mental health. One objective focuses on the relationship to physical activity:

- Increase by ten percent the number of children who participate in regular physical activity to promote, protect, and improve mental health.

The *Dietary Guidelines for Americans* advise Americans to, "be physically active each day." Children and teens are advised to aim for at least 60 minutes of moderate physical activity most days of the week, preferably daily.

The **American Heart Association** recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day.

The **International Consensus Conference on Physical Activity Guidelines for Adolescents** has issued the following recommendations:

- All adolescents should be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise, in the context of family, school, and community activities.
- Adolescents should engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion.

Minnesota Graduation Requirements in 2002 and Changes Made in 2003

In 2002, Minnesota's graduation requirements were based on the Profile of Learning. Learning Area 8 addressed what students were to know and be able to demonstrate in the areas of health education, physical education and career education. In 2003 the Minnesota Legislature repealed the Profile of Learning and deleted the language that required health and physical education in kindergarten through 12th grade. Health and physical education, vocational and technical education, and world languages are now “elective standards” in grades 9-12 only. The complete standards from the repealed Profile of Learning Area 8: Physical Education and Lifetime Fitness and the elective standards for the current Minnesota Academic Standards for health and physical education are available at <www.mnschoolhealth.com>.

Background on School Health Education Profile Surveys (SHEPS) and Physical Activity Survey (PAS)

SHEPS was developed by the CDC Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, in collaboration with representatives of state, local and territorial departments of education and health. SHEPS has been administered in 43 states in the U.S. It includes two questionnaires, one for school principals and one for lead health education teachers. The principal's questionnaire examines health education from an administrative perspective, while the lead health education teacher's questionnaire looks at health education from an instructional perspective. These questionnaires are used to monitor the characteristics of and trends in school health

education and health policies at the middle/junior high school and senior high school levels. Health education includes education on physical activity and health policies related to physical education and activity. In the spring of 2002, the Minnesota Department of Children, Families and Learning (now the Minnesota Department of Education)/Coordinated School Health Program administered the SHEPS. Questionnaires were mailed to a randomly selected sample of 375 regular secondary public schools containing any of grades 6 through 12 in Minnesota. Usable questionnaires were received from 282 principals (75 percent) and from 296 teachers (79 percent).

The PAS instruments were adapted from the CDC's School Health Index and Maine Coordinated School Health Program Survey. The PAS is intended to assess the physical activity/physical education policies and procedures in Minnesota's K–12 schools and is directed at physical education teachers and principals at both the elementary and middle/high school level. A team of experts from the Academy of Educational Development (AED) provided guidance for the survey development process. The result was four surveys: PAS for Elementary Principals, PAS for Middle/High School Principals, PAS for Lead Elementary Physical Education Teachers and PAS for Lead Middle/High School Physical Education Teachers. The PAS was implemented as an addendum to the SHEPS in the spring of 2002. At the elementary level, questionnaires were mailed to a randomly selected sample of 420 Minnesota schools. Usable questionnaires were received from 368 elementary principals (88 percent) and 356 elementary physical education teachers (85 percent). Of the 375 surveys sent to Minnesota middle/high schools, usable surveys were received from 272 principals (73 percent) and 262 physical education teachers (70 percent).

Table 1: Characteristics of SHEPS and PAS

	SHEPS	PAS
Developed by	CDC Division of Adolescent and School Health	Minnesota Coordinated School Health (based on CDC School Health Index and Maine Coordinated School Health Program Survey)
Survey Content	Health education from administrative and instructional perspective	Physical activity/physical education policies and procedures in Minnesota from administrative and instructional perspective
Target Audience	School principals and lead health education teachers Grades 6-12	School principals and lead physical education teachers Grades K-12
Survey Sample in Spring 2002	375 secondary public schools	420 elementary schools and 375 middle/high schools
Usable Surveys Received	282 principals (75 percent) and 296 teachers (79 percent)	Elementary: 368 principals (88 percent) and 356 physical education teachers (85 percent) Middle/high schools: 272 principals (73 percent) and 262 (70 percent) physical education teachers

Findings

Nearly all schools participating in the 2002 SHEPS survey reported required courses in both health education (97%) and physical education (97%).

Significant grade level differences were reported for both health education and physical education (Figures 1 and 2).

Figure 1 - Health Education Requirements by Grade in Minnesota, 2002

Percent responding yes to the question: Is a required health education course taught in each of the following grades in this school?

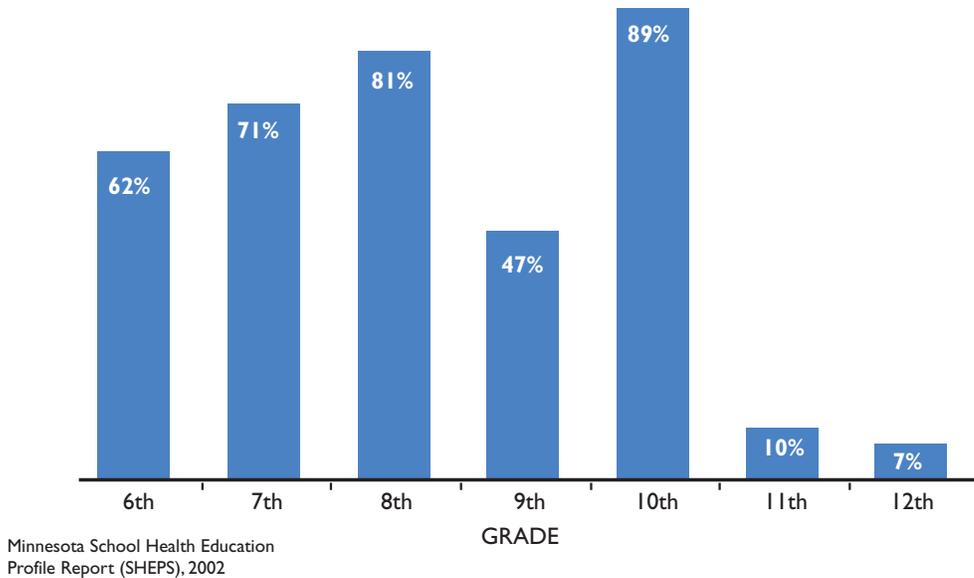
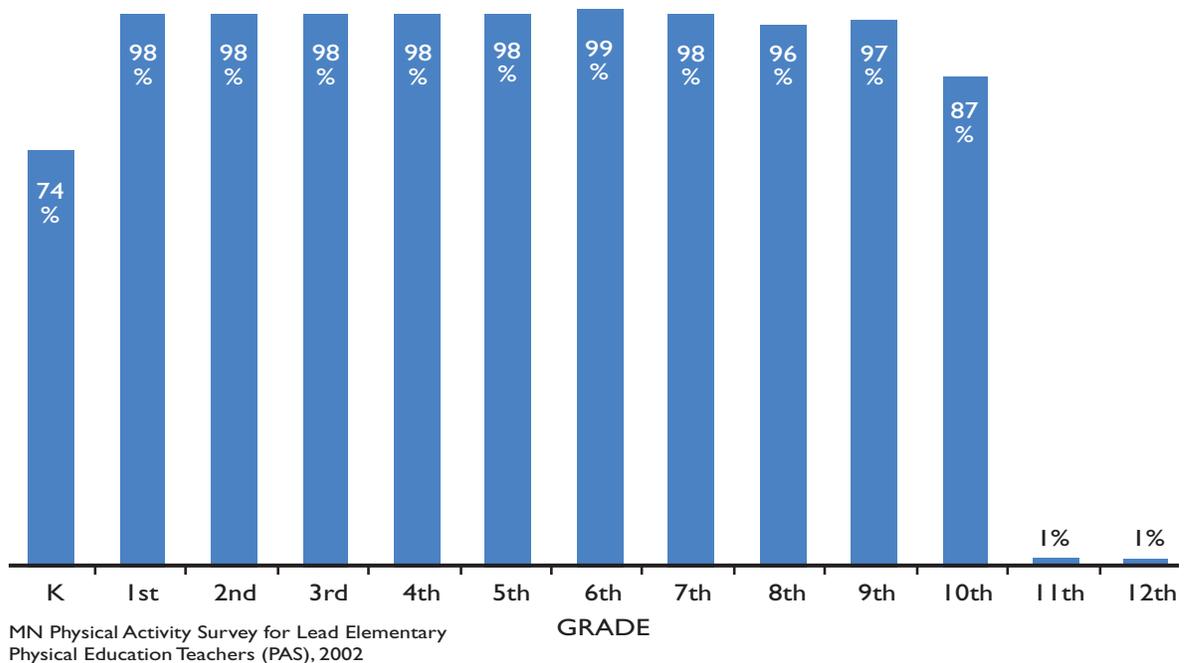


Figure 2 - Physical Education Requirements by Grade in Minnesota, 2002

Percent responding yes to the question: Is physical education required?

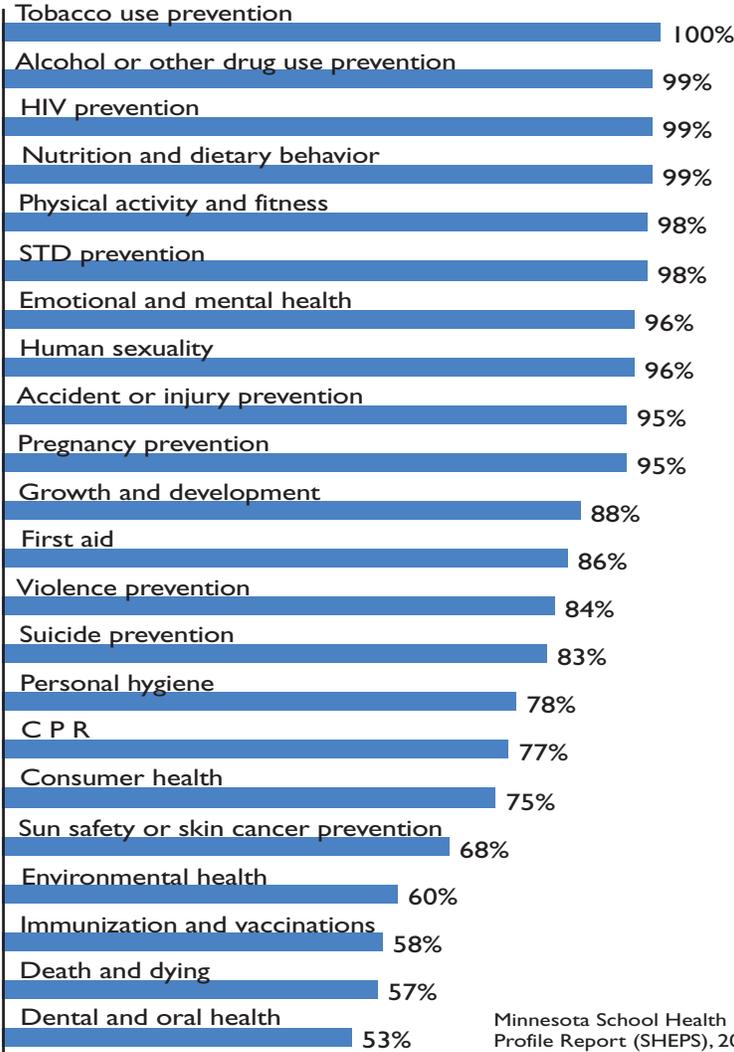


Nearly all schools reported on the PAS that physical education teachers or specialists are certified, licensed, or endorsed by the state in physical education (97 percent in elementary schools and 95 percent in secondary schools). This finding is consistent with the SHEPS data, which indicated that 98 percent of newly hired physical education teachers or specialists are certified, licensed, or endorsed by the state in physical education.

Content of health education classes includes a wide range of health topics. Nearly all lead health education teachers participating in the SHEPS process report including tobacco use, alcohol or other drug use, nutrition and dietary behavior, HIV prevention, STD prevention, physical activity and fitness, emotional and mental health, accident or injury prevention, human sexuality, and pregnancy prevention as components of their health education courses (Figure 3).

Figure 3 - Health Topics Addressed in Required Health Education Courses in Minnesota, 2002

Percent responding yes to the question: During this school year, have teachers tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6–12?



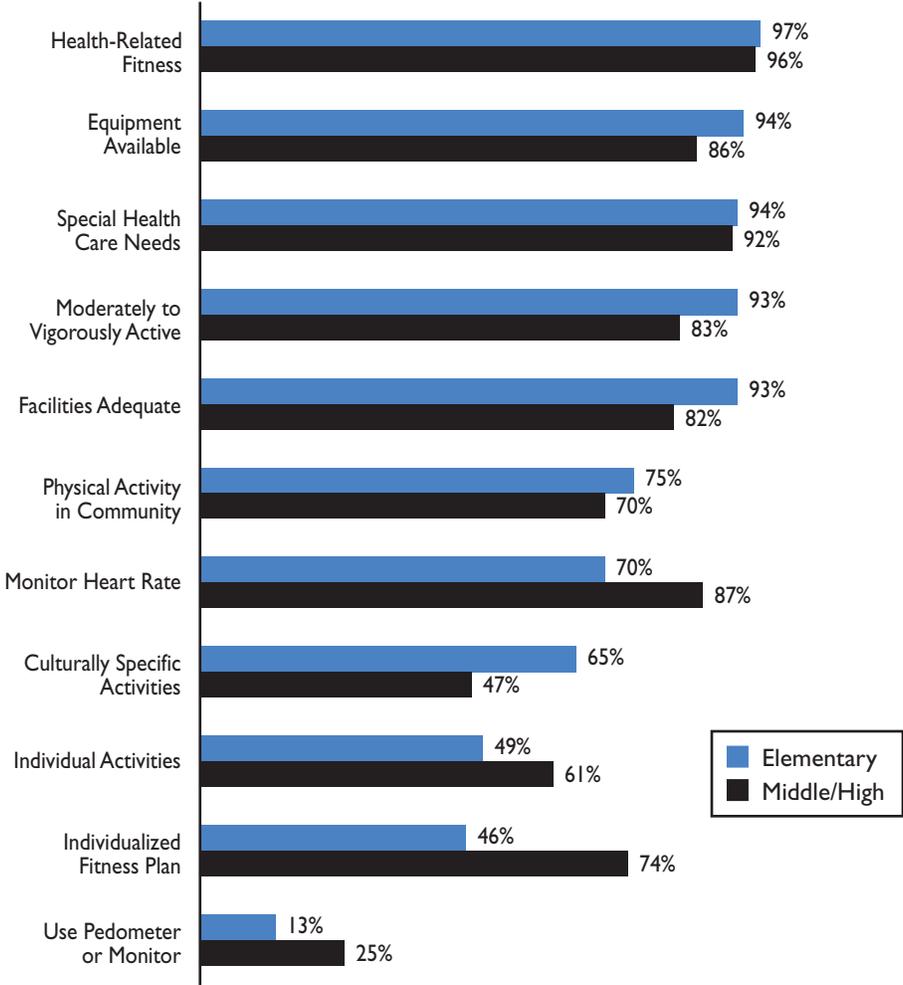
Minnesota School Health Education Profile Report (SHEPS), 2002

Content of physical education classes also includes a range of topics and skills. For example, more than 90 percent of both elementary and secondary schools include health-related fitness activities in their physical education classes. The vast majority of all PAS respondents also report providing moderate

to vigorous physical activity, adequate facilities and equipment, and adaptation for special health needs. More than 70 percent of schools are also providing information about physical activities available in the community (Figure 4).

Figure 4 - Characteristics of School Physical Education Curriculum in Minnesota, 2002

Which of the following characteristics describe physical education curriculum taught in this school?



Minnesota Physical Activity Survey for Lead Elementary Physical Education Teachers (PAS), 2002
 Minnesota Physical Activity Survey for Lead Middle/High School Physical Education Teachers (PAS), 2002

Figure 4 – Characteristic Definitions

Elementary and middle/high school physical education teachers reported that the following characteristics described their physical education programs:

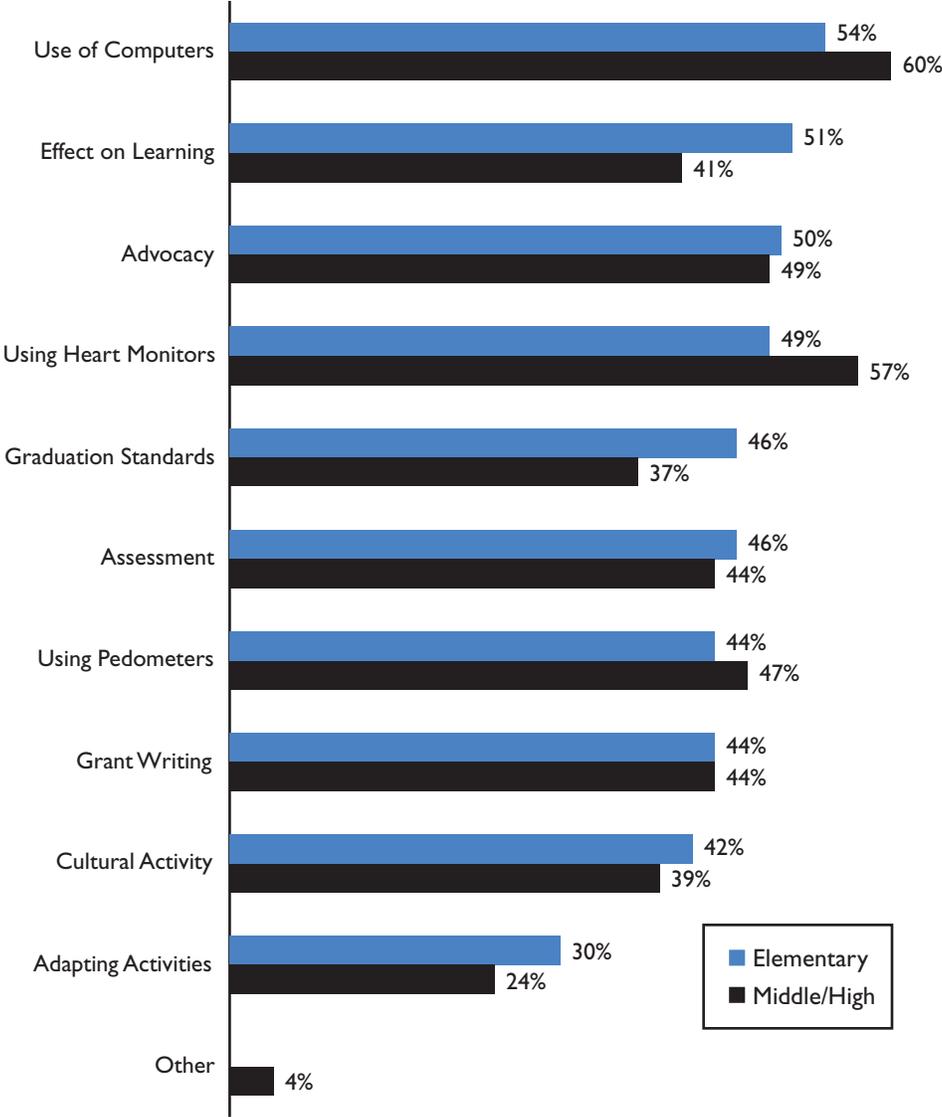
- *Students learn about health-related fitness (cardiovascular fitness, muscular strength/ endurance, flexibility).*
- *Equipment allows for the majority of students to be active for more than 50 percent of scheduled class time.*
- *Instructional practices that are appropriate for students with special health care needs are consistently used.*
- *Students are moderately to vigorously active (enough to breathe hard and sweat) at least 50 percent of the total scheduled time during most or all physical education classes.*
- *Facilities allow for the majority of students to be active for more than 50 percent of scheduled class time.*
- *Information is regularly provided on opportunities for physical activity in the community.*
- *Students learn to monitor their heart rate during and after exercise (i.e. take their pulse).*
- *Physical education exposes students to culturally specific physical activities.*
- *At least 50 percent of curriculum is devoted to individual activities (i.e. golf, tennis, cross-country and other lifetime fitness).*
- *Students develop and use their own individualized physical fitness plan.*
- *Students use pedometers and/or heart rate monitors to promote physical fitness.*

Lead teachers at both elementary and middle/high schools identified in-service training needs as part of their PAS responses. The need cited most frequently by both elementary and middle/high school teachers

was use of computers to track progress (60 percent of elementary school teachers and 54 percent of middle/high school teachers). Other training topics varied by school level (Figure 5).

Figure 5 - In-service Trainings to Assist Physical Education Teachers in Minnesota, 2002

Which of the following in-service training(s) would assist you in your work around physical activity and fitness planning?



Minnesota Physical Activity Survey for Lead Elementary Physical Education Teachers (PAS), 2002
 Minnesota Physical Activity Survey for Lead Middle/High School Physical Education Teachers (PAS), 2002

Figure 5 - In-service Training Definitions

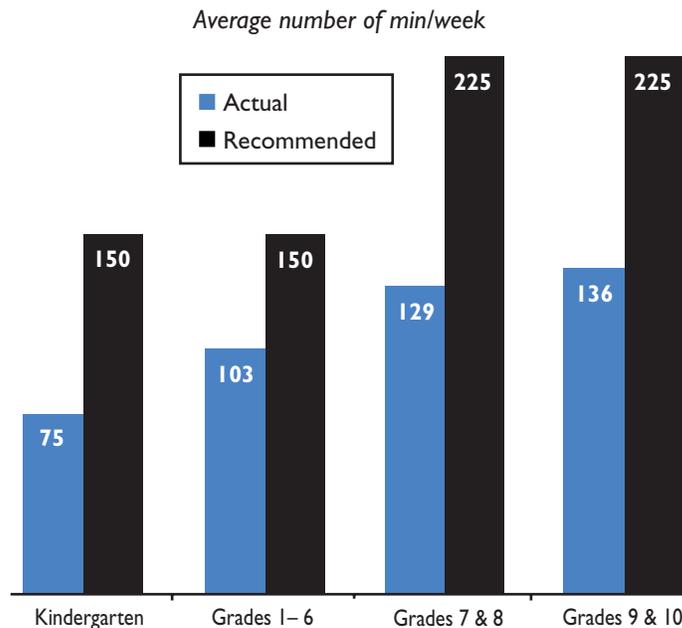
Elementary and middle/high school physical education teachers reported that in-service training on the following topics are needed at their schools:

- *Use of computers in physical education classrooms*
- *The effect of physical activity on learning*
- *Advocacy – promoting the need for physical education/activity programs*
- *Using heart rate monitors*
- *Scoring student work for graduation standards*
- *Assessment for physical fitness*
- *Using pedometers*
- *Grant writing*
- *Culturally specific activities*
- *Adapting activities for mainstreamed special needs students*

As part of the PAS, physical education teachers provided information about the number of minutes per week of physical education, average number of minutes per class of physical education, and average number of weeks per school year. CDC and MAPHERD recommend 150 minutes per week of physical education for elementary school age children and 225 minutes per week of physical educa-

tion for secondary school age children. Figure 6 compares CDC and MAPHERD recommendations to the average number of minutes per week of physical education in Minnesota schools. Figure 7 displays the percent of schools, by grade that are at or above CDC and MAHPERD recommendations and those that are below the recommendations.

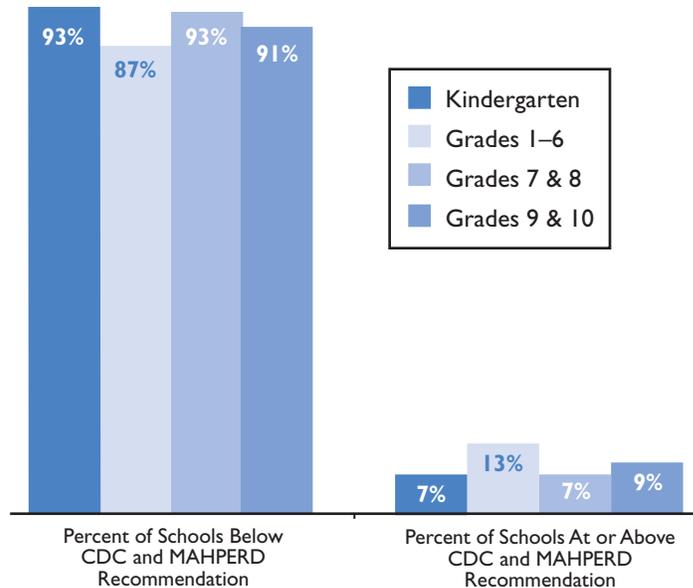
Figure 6 - Actual vs. CDC and MAHPERD Recommended Amount of Physical Education in Minnesota, 2002



Centers for Disease Control and MN Association for Health, Physical Education, Recreation and Dance
Minnesota Physical Activity Survey for Lead Physical Education Teachers (PAS), 2002

Figure 7 - Percent of Schools that Meet CDC and MAHPERD Physical Education Recommendations in Minnesota, 2002

150 min/week of physical education for elementary school age children
225 min/week of physical education for secondary school age children



Minnesota Physical Activity Survey for Lead Physical Education Teachers (PAS), 2002

Overall Levels of Physical Activity by Youth in Minnesota

In Minnesota, the range of time available for physical activity by students outside of physical education class varies widely, and on average, is lower than what is recommended by CDC, MAHPERD, and NASPE for elementary age students. (The Minnesota average is 137 minutes per week and CDC and MAHPERD recommend a minimum of 150 minutes per week, while NASPE recommends at least 60 minutes of physical activity on all, or most days of the week). In addition to activity during the school day, data from the 2001 Minnesota Student Survey and PAS document that some students engage in physical activity outside of the school day.

At the middle/high school level, principals report in the PAS that on average, 43 percent of males and 41 percent of females participate in interscholastic

sports and 10 percent of males and 8 percent of females participate in intramural sports. Data from the 2001 Minnesota Student Survey support the principals' perceptions. Student responses indicate that on average, across grades 6, 9, and 12, half of males and 46 percent of females play sports on a school team one or more hours in a typical week.

At the elementary school level, principals report in the PAS that 95 percent of their schools provide school athletic facilities for community-sponsored sports teams or physical activity programs when school is not in session. In addition, outside the school day, 89 percent offer community education-sponsored physical activity programs, 73 percent offer school age care/latchkey programs that include physical activity, 69 percent offer park and recreation-sponsored physical activity programs, and 56 percent offer school sponsored physical activities for students. However, despite these opportunities pro-

vided for physical activity, the 2001 Minnesota Student Survey results indicate that only 50 percent of 6th grade boys and 39 percent of 6th grade girls are physically active for at least 30 minutes, five or more days per week. This level of self-reported activity means that, approximately one half of 6th grade students do not meet the CDC, MAHPERD, NASPE, Healthy Minnesotans Public Health Improvement Goals 2004, Dietary Guidelines for Americans, or the American Heart Association recommendations for physical activity.

One of the Healthy Minnesotans Public Health Improvement Goals 2004 aims to increase by ten percent the number of children, adolescents, and adults over age 18 who are physically active for 30 minutes or more, five days a week. In October 2003, a special report by MDH showed that participation in physical activity has not increased in recent years. The percentage of 9th and 12th grade students who report being physically active for 30 minutes or more, five days a week decreased slightly from 46 percent in 1998 to 45 percent in 2001. Activity levels of 6th grade students were consistent at 44 percent in both years. It is interesting to note that there are clear gender differences noted in the 2001 Minnesota Student Survey results. On average across grades 6, 9, and 12, 52 percent of boys but only 39 percent of girls were physically active for a combined total of at least 30 minutes on five or more days of the week. The gender difference is particularly marked at the 12th grade level (47 percent of boys and 28 percent of girls).

Summary

This report is the first statewide summary of the nature and extent of health education, physical education, and physical activity opportunities for Minnesota youth. The facts summarized in this report can be used as baseline information that reflects policies and programs in 2002 and as a guide to make informed decisions about future strategies to promote physical activity among youth in Minnesota.

Physical activity is positively correlated to the development of healthy bones, muscles and joints, physical fitness, social well-being, mental health, and academic performance. In many ways, findings from SHEPS, PAS, and the Minnesota Student Survey suggest that schools throughout Minnesota are working to promote youth physical activity and to help youth acquire knowledge and skills that will enable them to be active regularly throughout their lives.

In 2002:

- Both health education and physical education classes were required in most (97 percent) of the schools responding to the SHEPS and the PAS.
- The vast majority of all schools reported providing moderate to vigorous physical activity during at least half of the scheduled time of physical education classes (93 percent elementary, 83 percent middle/high), adequate facilities (93 percent elementary, 83 percent middle/high) and equipment available (94 percent elementary, 86 percent middle/high), adaptation for special health needs (94 percent elementary, 92 percent middle/high), and provision of information about physical activities available in the community (75 percent elementary, 70 percent middle/high).
- Ninety-seven percent of Minnesota schools provided health education and physical education classes for students. The vast majority of Minnesota schools employed physical education teachers or specialists who were certified, licensed, or endorsed by the state in physical education.
- Content of health education and physical education throughout the state included many common topics, such as health related fitness.
- Ninety-five percent of elementary schools collaborated with other sectors of the community to

provide after-school opportunities for physical activity for students.

- Lead teachers at both elementary and middle/high school levels identified in-service training needs that can be used for staff development and program improvement purposes.

Concurrently, findings suggest that many youth are not attaining recommended levels of physical activity and were not being offered recommended levels of physical education or opportunities for physical activity.

In 2002:

- More than 90 percent of schools did not meet the number of minutes per week for physical education classes recommended by MAHPERD and CDC.

- Time available for physical activity by students outside of physical education class varied widely and was lower than recommended by NASPE for elementary age students.
- Less than half of students in grades 6, 9, and 12 did not meet the CDC, MAHPERD, NASPE, Healthy Minnesotans Public Health Improvement Goals 2004, Dietary Guidelines for Americans, or the American Heart Association recommendations for physical activity.

The survey data summarized in this report documents both strengths and areas for improvement related to the promotion of physical activity for youth in Minnesota. This information is intended to assist readers to make informed decisions about current and future programs and policies related to health education, physical education, and physical activity for youth throughout Minnesota.



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This report is available on the Coordinated School Health website at www.mnschoolhealth.com and the Department of Health website at www.health.state.mn.us. To order print copies contact 651-281-9900.

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