



Q&A: HOUSE BILL 1757 (FITNESS TESTING MANDATE)

The North Carolina Alliance for Athletics, Health, Physical Education, Recreation, and Dance (NCAAHPERD)

888-840-6500 ncaahperd.org

Also visit us on the web at ncaahperd.org/advocacy.html and ispod.info for additional information

Q. Why mandate fitness testing?

A. K-8 students complete physical fitness tests to monitor progress as they advance to the next grade. These data will provide NC with an unprecedented window into the obesity epidemic and give students, parents, school administrators, university researchers, policy makers, and others, the tools to solve the crisis efficiently and effectively.

According to NC DPI Chief Academic Officer Rebecca Garland, "Testing is a part of instruction. If you don't assess students, you don't know how they're doing." In addition to tracking student performance, she indicated data from the tests help teachers, schools and the colleges that train them improve. (Mark Binker, *The News & Record*, June 4, 2010).

Q. How much will it cost the LEA's to participate?

A. **Zero.** Fitness-testing is already a component of a quality physical education program defined by the National Association of Sports and Physical Education (NASPE) standards. NC Standard Course of Study meets these standards. Fitness testing is a normal part of a quality physical education program. All K-8 schools are provided with the materials, software and training at no cost to taxpayers.

Q. How long does it take to test students? How often are they tested?

A. Most testing can be done in **one 30 minute class period**. The test time depends heavily on the experience of the teacher and the amount of assistance teachers can receive from parents. Students are assessed twice each year, once at the beginning of the year and once at the end of the year.

Q. Is this what Texas, California, and New York are doing?

A. **No.** There are several differences:

North Carolina	Texas, California, and New York
Longitudinal data collection for every K-8 student	Snapshots of a random sample — a portrayal of student fitness based on a handful of students at one moment in time
Measuring BMI AND the four other components of physical fitness including: Muscular Strength Muscular Endurance Cardio-Vascular Endurance Flexibility	Focusing primarily on BMI
Capable of email student/parent reports via FITNESSGRAM	Not available
\$0 cost to taxpayers	Significant cost

ABOUT NCAAHPERD

Since 1921, NCAAHPERD has united aspiring, current, and retired athletics, health, physical education, recreation, and dance educators. Today, more than 65 Learning Education Agencies are participating in the In-School Prevention of Obesity and Disease (IsPOD) Program, a comprehensive, multi-faceted system which includes FITNESSGRAM Fitness Testing and is designed exclusively for North Carolina. IsPOD is scheduled to launch state-wide by 2012. Learn more at ncaahperd.org and ispod.info, or contact us at 888-840-6500.



Q. The Kate B. Reynolds Charitable Trust provided four years of funding for this project. What happens once that funding is exhausted?

A. NCAAHPERD is working diligently to find funding from private sources to continue the fitness testing program in the Fall of 2013. **All schools will be trained and have software license and materials with current funds.**

Maintenance of the current infrastructure will be the only cost after 2013. This includes continuing the state-wide data collection staff, computer server cost and data analysis. The estimated cost is less than 20¢ per student, or \$150,000-200,000 per academic year for testing of one million students.

Q. Who owns the data?

A. NCAAHPERD owns the data and has a partnership with the North Carolina State Center for Health Statistics within NCDHHS to maintain and analyze the data for the state. The data will be shared with all state partners.

Q. How will new teachers be trained?

A. NC colleges and universities who offer career preparation for health and physical education careers are already implementing training on the SPARK Curriculum and FITNESSGRAM fitness testing. Therefore, all future college grads will already be prepared prior to their first day of work.

NCAAHPERD has created several self-learning materials for teachers returning to the workforce and relocating to North Carolina.

Q. What do current physical fitness tests show a correlation to?

A. These four criteria:

1. Economics

Early data indicate a positive correlation between overweight or obese students and free and reduce lunch.

2. Test scores/academics

NCAAHPERD looks forward to completing a complex analysis to evaluate any correlations between fitness levels and test scores/academics. NC DPI is has already provided NCAAHPERD with access to this material.

3. Disciplinary actions

Our preliminary data is reporting that students who enjoy and engage in physical education self report less discipline problems. We will be verifying this information with actual student discipline records from DPI. We will also be analyzing absenteeism and levels of fitness.

4. Physical fitness changes that has occurred

NCAAHPERD is finding slight decreases in students who are obese. However, the majority of the state's K-5 students have one 30 minute physical education class per week. Middle school generally has PE two days a week for one semester then Health second semester. With such short periods of time, there is not a huge expectation of radical improvements in fitness levels.

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Q: How can school-based BMI surveillance data be used?

Information obtained from Pediatrics, Vol. 124 Supplement September 2009, pp. S89-S97 (doi: 10.1542/peds.2008-3586L)

A: There are several uses for BMI data, including:

- Describe trends in weight status over time among populations and/or subpopulations in a school, school district, or nation
- Identify demographic or geographic subgroups at greatest risk of obesity to target prevention and treatment programs
- Create awareness among school and health personnel, community members, and policy makers of the extent of obesity among the youth they serve
- Provide an impetus to improve policies, practices, and services to prevent and treat obesity among youth
- Monitor the effects of school-based physical activity and nutrition programs and policies
- Monitor progress toward achieving health objectives (eg, US Healthy People 2020 objectives) related to childhood obesity

Q: What are the Goals of BMI-Screening programs in schools?

Information obtained from Pediatrics, Vol. 124 Supplement September 2009, pp. S89-S97 (doi: 10.1542/peds.2008-3586L)

A: Several goals, including:

- Preventing and reducing obesity in a population
- Correcting misperceptions of parents and children about the children's weight
- Motivating parents and their children to make healthy and safe lifestyle changes
- Motivating parents to take children at risk to medical care providers for further evaluation and, if needed, guidance and treatment
- Increasing awareness of school administrators and school staff of the importance of addressing obesity

At least 13 states have legislation and are implementing school-based BMI-measurement programs (Arkansas, California, Delaware, Florida, Illinois, Louisiana, New York, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, and West Virginia).

- Arkansas implemented a statewide BMI-screening and surveillance program in 2003 (State of Arkansas, 84th General Assembly, regular session, Act 1220 of 2003, HB 1583).
- Pennsylvania began to phase in a BMI-screening and -surveillance program (28 Pennsylvania Code 23.7) for all students in the 2005-2006 school year (Commonwealth of Pennsylvania, Height and Weight Measurements, 28 Pennsylvania Code 23.21, 2004).
- California initiated a statewide surveillance of student physical fitness levels in 1995, which includes BMI assessments and tests of aerobic capacity, flexibility, and muscle strength
- Illinois Department of Public Health is in the process of developing a child health examination surveillance system. This system will aggregate BMI and possibly other health information collected during students school physical examinations by their medical care providers (Illinois 93rd General Assembly, Public Act 93-0966, SB 2940, 2004).

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