

**ESEA REAUTHORIZATION: SUPPORTING STUDENT
HEALTH, PHYSICAL EDUCATION, AND WELL-BEING**

HEARING

OF THE

**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**

UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

ON

**EXAMINING ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA)
REAUTHORIZATION, FOCUSING ON SUPPORTING STUDENT HEALTH,
PHYSICAL EDUCATION, AND WELL-BEING**

—————
MAY 18, 2010
—————

Printed for the use of the Committee on Health, Education, Labor, and Pensions



Available via the World Wide Web: <http://www.gpo.gov/fdsys/>

U.S. GOVERNMENT PRINTING OFFICE

56-645 PDF

WASHINGTON : 2012

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2104 Mail: Stop IDCC, Washington, DC 20402-0001

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

TOM HARKIN, Iowa, *Chairman*

CHRISTOPHER J. DODD, Connecticut	MICHAEL B. ENZI, Wyoming
BARBARA A. MIKULSKI, Maryland	JUDD GREGG, New Hampshire
JEFF BINGAMAN, New Mexico	LAMAR ALEXANDER, Tennessee
PATTY MURRAY, Washington	RICHARD BURR, North Carolina
JACK REED, Rhode Island	JOHNNY ISAKSON, Georgia
BERNARD SANDERS (I), Vermont	JOHN McCAIN, Arizona
SHERROD BROWN, Ohio	ORRIN G. HATCH, Utah
ROBERT P. CASEY, JR., Pennsylvania	LISA MURKOWSKI, Alaska
KAY R. HAGAN, North Carolina	TOM COBURN, M.D., Oklahoma
JEFF MERKLEY, Oregon	PAT ROBERTS, Kansas
AL FRANKEN, Minnesota	
MICHAEL F. BENNET, Colorado	

DANIEL SMITH, *Staff Director*

PAMELA SMITH, *Deputy Staff Director*

FRANK MACCHIAROLA, *Republican Staff Director and Chief Counsel*

(II)

C O N T E N T S

STATEMENTS

TUESDAY, MAY 18, 2010

	Page
Harkin, Hon. Tom, Chairman, Committee on Health, Education, Labor, and Pensions, opening statement	1
Enzi, Hon. Michael B., a U.S. Senator from the State of Wyoming, opening statement	2
Pate, Russell R., Ph.D., Professor in the Department of Exercise Science, Associate Vice President for Health Sciences, and Director of Children's Physical Activity Research Group, Arnold School of Public Health, University of South Carolina, Columbia, SC	4
Prepared statement	5
Shriver, Timothy, Chairman and CEO, Special Olympics, Washington, DC	6
Prepared statement	8
Yancy, Antronette (Toni), Professor, Department of Health Services, USL School of Public Health, and Co-director, UCLA Kaiser Permanente Center for Health Equity, Los Angeles, CA	15
Prepared statement	16
Levin, Barbara, MPH, MD, CEO, Chota Community Health Services, Madisonville, TN	19
Prepared statement	20
Kirkpatrick Beth, Co-director, Grundy Center PE4Life Academy, Grundy Center, IA	24
Prepared statement	26
Casey, Hon. Robert P., Jr., a U.S. Senator from the State of Pennsylvania	51

(III)

ESEA REAUTHORIZATION: SUPPORTING STUDENT HEALTH, PHYSICAL EDUCATION, AND WELL-BEING

TUESDAY, MAY 18, 2010

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 2:28 p.m. in Room SD-430, Dirksen Senate Office Building, Hon. Tom Harkin, chairman of the committee, presiding.

Present: Senators Harkin, Casey, Franken, and Enzi.

OPENING STATEMENT OF SENATOR HARKIN

The CHAIRMAN. The Health, Education, Labor, and Pensions Committee will please come to order.

Today's hearing will explore how physical activity, good health, and sound nutrition can enhance students' ability to succeed in school and in life. It alarms me that many health experts now predict that today's generation of kids will be the first to have a shorter lifespan than their parents. Our young people are confronted by a twin epidemic of obesity and diabetes. Many children are now experiencing health problems that historically affected adults almost exclusively. Studies show that students who are physically active are healthier, feel better, and perform better in school. Yet, we continue to tolerate a status quo where too few students have educational opportunities that fully integrate physical activity, health education, good nutrition.

This reauthorization of the Elementary and Secondary Education Act (ESEA) offers us an important opportunity to improve the health and well-being of millions of our students. We need to provide better opportunities for physical activity. We need to make sure our students have nutritious food in school. We need to increase access to mental health services in our schools. And if our ambition is to create America as a genuine wellness society, then it begins by giving our kids a healthy start, and that means in school.

Now, by all means, we want our children to excel academically. It's not just enough to do well in school; we also need to encourage physical activity and assist students with making healthy choices, things that contribute to overall wellness. The two are not mutually exclusive. This means ensuring that our kids have time each day for physical activity, and teaching them about proper nutrition and healthy habits. Studies show that kids who have the oppor-

tunity to be active have positive academic outcomes. I read all your statements yesterday, and many of you allude to these studies.

I'm especially concerned about doing right by the more than 30 million students receiving free- and reduced-price lunches. For low-income kids who are disproportionately victims of the twin epidemic of obesity and diabetes, having enough food, and eating nutritious food, are both imperatives.

Students with disabilities, both physical and intellectual disabilities, can also benefit from increased physical activity and wellness initiatives. Access to athletic opportunities during childhood is critical for students with disabilities to be able to maintain good health and weight, and to learn how to have an active lifestyle as they move into adulthood.

The problem is that too few students with disabilities have meaningful opportunities for physical activity alongside their peers who do not have physical disabilities. That's why I requested the General Accounting Office to examine the athletic and physical education opportunities available to students with both physical and intellectual disabilities in our elementary and secondary schools.

Today I look forward to hearing our witnesses' views on the best wellness strategies—physical activity, nutrition, mental health—for our schools. We'll hear about effective strategies that are currently in place on a State, district and school level, and strategies that specifically address special populations and individuals with disabilities.

At this point, I'll leave the record open for a statement by Senator Enzi. I will leave the record open for 30 more seconds.

[Laughter.]

Senator ENZI. That's good, because I have a real short opening statement.

OPENING STATEMENT OF SENATOR ENZI

Senator ENZI. Thank you, Mr. Chairman. Have you given your statement?

The CHAIRMAN. Yes, I just.

Senator ENZI. OK. I thank you for convening today's hearing on this issue supporting student health, physical education and well-being as a part of this series of hearings on the reauthorization of the Elementary and Secondary Education Act.

I hope that, through questions that we ask, through the testimony that you have provided, and that you will provide, that we can figure out a way to get kids more active. I know you can lead a horse to water, but you can't always make him drink. Sometimes the water we offer to children as encouragement has to be more exciting. I'm interested in some of the new Wii efforts, where you can exercise, and you get scored on it. Wii makes it a game to use both balance and flexibility with some of the running activities and other activities.

The well-being of our children is important. Healthy, active children are more productive, and they're more engaged in learning and other activities. I read a book called "Brain Rules 12 Principles of Survival" that actually teaches you subtly about the brain at the same time that it covers the value of exercise.

I look forward to hearing from each of the witnesses and their experience in these issues and the impact their work has had on children. We want to hear from them today and have them assist us as we fix No Child Left Behind, so that kids graduate from high school, better prepared for college.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Enzi.

I'll introduce our witnesses and then we'll move ahead.

First we have, from left to right, Dr. Russell Pate, a professor from the University of South Carolina in the Department of Exercise Science. Dr. Pate has extensively studied physical activity in preschool through high school students for over 25 years. As a member of the President's Council on Physical Fitness and Sports, Dr. Pate has advised Presidents on physical activity, fitness, and sports in America.

Next, Timothy Shriver, who has dedicated his career to teaching about the social and emotional factors in learning and expanding opportunities for special populations. In his most recent capacity as the chairman of the Special Olympics, Mr. Shriver has transformed the program to include initiatives in athlete leadership, family support, and inclusion for individuals with intellectual disabilities.

Following Mr. Shriver, we'll hear from Antronette, or Toni, Yancey, a professor in the Department of Health Sciences at UCLA, and the co-director of UCLA Kaiser Permanente Center for Health Equity. Dr. Yancey is an expert on adolescent health promotion and specializes in interventions engaging underserved communities.

Then we'll hear from Barbara Levin, the CEO of Chota Community Health Services, which operates school-based health centers in Monroe County, TN. These centers provide comprehensive medical care, social services, and youth development to children and adolescents in schools, regardless of their ability to pay for services.

Finally, we'll hear from Beth Kirkpatrick, a co-director of the Grundy Center PE4life Academy. With 20 years of experience teaching health and physical education, Ms. Kirkpatrick is knowledgeable about proven methods for engaging youth in quality physical education that improves the overall health and wellness of children.

I thank you all for joining us to share your expertise at today's hearing. As I said, this is about reauthorizing ESEA, and I'm hopeful that one of the things that we'll focus on is how we expand opportunities, and encourage schools to have programs that provide for better physical fitness for our kids, from elementary school all the way through high school.

I read all your testimonies yesterday. They're excellent testimonies. They'll all be made a part of the record in their entirety. And I'd like to ask if you would take 5 minutes and just sum up the main point, and we'll just move down; and hopefully we can finish that before we have to leave for our first vote.

Dr. Pate, welcome to the committee, and please proceed.

STATEMENT OF RUSSELL R. PATE, Ph.D., PROFESSOR IN THE DEPARTMENT OF EXERCISE SCIENCE, ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES, AND DIRECTOR OF CHILDREN'S PHYSICAL ACTIVITY RESEARCH GROUP, ARNOLD SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF SOUTH CAROLINA, COLUMBIA, SC

Mr. PATE. Senator Harkin, Senator Enzi, Senator Franken, I'm thrilled to be here, and I very much appreciate the attention that you're focusing on today, the health and wellness of our children.

I've been doing research on physical activity and kids for over 25 years, and during that period, I've been honored to serve on a number of Federal advisory committees and national panels. All of that experience has led me to four conclusions that I think are pertinent to today's discussions:

First, in order to be fully healthy, kids need an hour a day of moderate to vigorous physical activity.

Second, unfortunately, most American kids don't meet that standard today; in fact, we've learned that most of them don't come close to meeting that standard.

Third, if our kids are going to meet physical activity guidelines, and accrue the health benefits that are associated with meeting the guideline, schools are going to have to deliver the highest-quality physical activity programs.

And I believe, fourth, that an essential step in ensuring that the schools do that is that they be held accountable for the quality and quantity of physical activity programming that they're providing to their students.

I think it's important for us to think for a moment about just how much our society has changed in recent decades. We have systematically removed physical activity from our lives. We've done that in almost every aspect of our lives. Elevators have replaced stairs, automobiles have replaced bicycles, and computers have replaced physical labor. At the same time, our culture has become saturated with forms of entertainment that tend to pull us away from physically active leisure pursuits. And the net effect of all that has been a marked decrease in our physical activity.

I think it's important for us to recognize that our children live in the same world that we live in; they are influenced by it in the same ways that we are. Today's kids, I think, have never really known a world like the one that most of us grew up in. That was the one where walking to school was the norm; where, when you came home after school, mom probably pushed you out the back door and said, "Go play until dinner"; and that school physical education was probably a much more prominent component of the curriculum than it is in many of our schools today.

Now, there's not going to be a magic bullet or an easy solution to this. Reversing the downward trend in physical activity is going to require changes in many components of our society. Just 2 weeks ago, Dr. Yancey and I were here in Washington, DC, for the release of the first U.S. National Physical Activity Plan, which is a private-public coalition of organizations that have made over 215 recommendations for changes that we should make in order to support higher levels of physical activity for our kids and all the rest

of us. In that plan, the education sector is very prominent, and we believe it will be central to promoting physical activity in our kids.

So, what can the schools do? Well, both the Institute of Medicine and the American Heart Association have called for kids to get at least half of that 60-minute daily physical activity quota during the school day. There are a lot of ways in which the schools can support that. We can support active transport initiatives, like safe routes to school. We can ensure that the schools are providing daily recess breaks. We can include physically active teaching/learning strategies in the classroom. We can expand and enrich extra-curricular physical activity programs so that they're serving all kids, and, most critically, we can ensure that all schools meet prevailing national standards for the quality and quantity of physical education that they provide to the students.

Now, we all know that, in recent years, schools have come under heavy scrutiny with regard to their effectiveness in producing academic achievement. Unfortunately, I believe that an unintended negative consequence has been a diversion of resources away from physical education. But, if the goal is to enhance student academic achievement, there's mounting evidence that reducing a child's physical activity may, very well, negatively impact his or her academic achievement. And I quote from the conclusion of a very recently released CDC report,

“There is substantial evidence that physical activity can improve academic achievement, including grades and test scores. Increasing or maintaining time dedicated to physical education may help, and does not appear to adversely impact academic performance.”

Finally, I'm convinced that we must create a system in which the schools are held accountable for the delivery of high quality physical activity programs. You all know that the FIT Kids Act is under consideration, recently passed in the House. I'm very hopeful that it'll pass in the Senate, as well, and I strongly support your taking that action.

Thank you very much for having me here today.
[The prepared statement of Dr. Pate follows:]

PREPARED STATEMENT OF RUSSELL R. PATE, PH.D.

Senator Harkin and members of the committee, I am honored to have the opportunity to participate in today's hearing, and I greatly appreciate the attention that you are focusing on the health and well-being of our Nation's youth.

My 25 years of experience in conducting research on physical activity in children and adolescents and my service on a number of national panels and Federal advisory committees related to promotion of physical activity and prevention of childhood obesity have led me to four important conclusions:

1. To achieve and maintain good health our young people should engage in 60 or more minutes of moderate to vigorous physical activity per day.

2. The vast majority of American children and youth do not meet that guideline; indeed most do not come close to meeting it.

3. If our students are to meet physical activity guidelines and accrue the associated health benefits, our schools must deliver physical activity programs of the highest quality.

4. An essential step toward insuring that our schools effectively provide and promote physical activity in their students is to hold those schools accountable for providing physical education and other physical activity programs that meet best-practice standards.

Over the past several decades our society has changed in ways that have profoundly affected our physical activity behavior. We have drastically reduced the demand for physical activity by building work-saving innovations into almost every aspect of our lives—elevators have replaced stairs, automobiles have replaced bicycles, and computers have replaced physical labor. At the same time our culture has become saturated with forms of entertainment that are sedentary and that tend to draw us away from physically active leisure pursuits. The net effect has been a marked decrease in our physical activity levels. And make no mistake about it, our children live in the same world we do—and it is one that demands very little physical activity, presents many barriers to physical activity, and is littered with sedentary distracters. Indeed, today's children have never known a world like the one that many of us grew up in—one in which walking to school was the norm, moms pushed kids out the door after school with the directive to go out and play until dinner, and school physical education was a much more prominent component of the curriculum than it is in many schools today.

Reversing the downward trend in physical activity in our children and youth will require changes in many components of our society. Just 2 weeks ago I was here in Washington, DC with my colleague Dr. Yancey for the release of the first U.S. National Physical Activity Plan, private-public multi-organizational initiative calling for implementation of over 200 policies and practices across eight societal sectors. The Education Sector is prominently featured in the National Plan and it will be central in our efforts to increase physical activity in young people. In my view, it would not be fair or realistic to expect our schools to solve the entire youth physical activity problem that we confront. Clearly parents must play a central role, and community providers of youth services will be important too. However, I do believe it is both fair and indeed essential that our schools lead the way and do everything they reasonably can do to help us overcome this problem.

What should our schools do? Both the Institute of Medicine and the American Heart Association have called for children and youth to receive at least one-half of the recommended 60 minutes of daily physical activity during the school day. Schools can insure that kids achieve this goal through multiple strategies. They include adoption of active transport initiatives like "safe routes to school," daily provision of recess breaks, inclusion of physically active teaching-learning methods in classrooms, expansion and enrichment of extracurricular physical activity programs, and collaboration with community-based youth service providers in delivery of after-school physical activity programs. Most critically, all schools should meet prevailing national standards for the quality and quantity of physical education provided to students.

As we all know, in recent years our schools have come under heavy scrutiny with regard to their effectiveness in producing academic achievement. I believe that an unintended negative consequence has been a diversion of resources away from physical education. But if the goal is to enhance student academic achievement, there is mounting evidence that reducing a child's physical activity may well negatively impact his or her academic achievement. I quote from the conclusion of a very recently released CDC report:

"There is substantial evidence that physical activity can improve academic achievement (including grades and test scores). Increasing or maintaining time dedicated to physical education may help, and does not appear to adversely impact, academic performance."

Finally, I am convinced that a step that we must take is creation of a system that holds the schools accountable for providing students with physical education and other physical activity programs that meet accepted national standards. The FIT Kids Act, which recently was passed by the House of Representatives, would help create such a system and, I believe, would be an enormous step forward. Accordingly, I strongly encourage you to support the FIT Kids Act. Thank you very much for having me here today.

The CHAIRMAN. Thank you very much, Dr. Pate.

Now, let's turn to Mr. Shriver, someone I worked with a lot through the Special Olympics.

**STATEMENT OF TIMOTHY P. SHRIVER, CHAIRMAN AND CEO,
SPECIAL OLYMPICS, WASHINGTON, DC**

Mr. SHRIVER. Thank you, Mr. Chairman, Ranking Member Enzi, Senator Franken. Thank you for the chance to be here.

Thank you for welcoming me to Iowa, Mr. Chairman, for your support of the work of our organization, and for your generations-long leadership on behalf of people with intellectual disabilities and other developmental disabilities. And, in particular, for your support of our most recent work, which we labeled Project UNIfiscal year, an effort to bring the best of physical fitness and socialization and health-oriented activities to schools in ways that are inclusive and ways that involve youth leadership and invite young people to take charge of their own futures.

Last month, I received an e-mail, Senators, and I'll read you just a few sentences. It comes from one of our athletes, now in her mid-20s, from the State of Virginia. She wrote, in part,

“When I was growing up, it always seemed that I was different from my brother and my sister. I always dreamed of having what they had. I always knew, deep down, that I was different. I asked myself, ‘Why was I in this family? What was my purpose?’ The hardest part for me was learning that I had a learning disability. Every day, I would wake up feeling OK, but once I realized I had to go to school, I just wanted to pull the covers back over my head. I wanted to go back to sleep, find some way I could stay home. Because each day, I was teased, I was ignored, and I just kept feeling smaller and smaller, until I could not take it anymore.”

She goes on to describe, sadly, a suicide attempt in high school, which, luckily, was unsuccessful. She goes on then to describe joining into a physical activity program, Special Olympics, and having the relationships and hope that has come through a long and slow recovery to live a healthy adult life.

Sadly, this is not a symptom of one struggling child. This is a symptom of an epidemic I've highlighted in my written testimony, Senators. This is not just for children with intellectual disabilities; the level of struggle across the data of dropout, the data of promiscuous sexual activity, the data of binge drinking—26 percent of high-school students binge drinking, five or more drinks within an hour, within the last 30 days. This is the underachievement of our generation. We are producing yet another generation that is entering adulthood without anything resembling the proper attachment to positive values, the sense of their own potential, their purpose in life, or their capacity to make a difference and be good employees.

No Child Left Behind Act made a sea change in education; asked us to measure, asked us to hold ourselves accountable, asked us to have standards in learning. I, for one, welcome that change. It is time to match that change with a focus on children. It is not enough to focus on tests. It is time we focused, also, on teaching and learning, on what it takes to bring children into full participation in the life of their school, the life of their community, and the life of their country.

Our efforts in Project UNIfiscal year are focused on this—in particular, for our population. Our population shows a risk level of up to 45 percent for obesity, somewhere between two and five times the national prevalence—or national risk rate. We have an inactive population that is inactive, in large part because of social isolation,

and in large part that social isolation breeds a lack of community engagement, lack of extracurricular activities.

They are bullied disproportionately. Almost 10 percent report being bullied within the last week in school. We've had terrible examples of that in the news recently.

Then we have role models in the press, like Sarah Silverman—world-class, hugely popular comedian, using “retard” jokes to drive her career in places like TED and on HBO, making fun of adopting retarded children, and making sure that they're very, very chronically ill, so that she wouldn't have to live with them for too long. This kind of attitude that dominates our community still, sadly, in my view, represents a scandal.

Our work around young athletes, starting children at age 2; our work in unified sports; our work to train children as volunteers—to promote service learning, to promote a culture where young people themselves are challenged to make the difference—we don't just rely on teachers and professionals, but we rely on young people to recognize the epidemic, and to respond to it—has shown promise. We work with organizations like Lions; we promote a healthy lifestyle; we distribute glasses; we do health screenings for things like oral healthcare problems. The data, at least preliminary data, is very promising.

The most important data, though, is the data of the kids. You have wonderful stories of—stories like this, where third-graders are helping second-graders, where unified activities are promoting a sense of understanding at the earliest of ages, that, despite difference, we have much in common, and, despite all the challenges we face, to play is to learn, to engage, to understand, and ultimately to value all people.

I know that we've had cutbacks. I know we live in difficult times. Fit kids should not be expensive kids, play should not be an expensive act. Enacting the Eunice Kennedy Shriver Act, which you, Senator, have championed, should not be beyond our scope as a Nation. Title IX opened the doors of opportunity to women. No one would think of discriminating against women, in contemporary times in sports, or no one ought to think about it. Yet, we still leave generations of young people with disabilities on the sidelines, as though it were OK.

These kinds of changes do not have to break the bank, but they can make a difference in our country. The larger context is to promote a broader vision, a paradigm shift in education, to teach all children to recognize that physical health and emotional health drive attention, and attention drives learning. All the data we have on programs that promote social competence, emotional development, and physical activity suggest wide-ranging benefits, from behavioral benefits to academic benefits, even to standardized-test gains. The data is there, it's time for action.

Thank you very much.

[The prepared statement of Mr. Shriver follows:]

PREPARED STATEMENT OF TIMOTHY P. SHRIVER

Good afternoon Chairman Harkin, Ranking Member Enzi, and members of the committee. My name is Timothy P. Shriver and I am CEO of Special Olympics, and Board Chairman of the Collaborative for Academic, Social, and Emotional Learning,

or CASEL. Thank you for the opportunity to discuss the health, wellness and academic achievement of our Nation's young people.

My background now includes some 30 years of experience in these issues. Throughout my many roles in the world of Special Olympics and through my experience in public education, I have always considered myself an educator first. I began in the field of education as an Upward Bound counselor in 1981 and then became a teacher and then Supervisor of Social Development in the Public Schools of New Haven, CT in the late 1980's and early 1990's. I earned advanced degrees in religious education, in education administration, and in educational psychology. In 1993, together with a small group of pioneering colleagues, I helped shape the Collaborative for Academic, Social, and Emotional Learning (CASEL), where I now serve as Board Chairman. CASEL is the world's leading organization advancing research, school practice, and public policy focused on the development of children's social and emotional competence. Our mission is to establish evidence-based social and emotional learning (SEL) as an essential part of preschool through high school education.

For the last 15 years, I have been on the worldwide team at Special Olympics focused on the gifts of people with intellectual disabilities. In my capacity there, my focus has been to make Special Olympics a powerful force for teaching young people these same lessons—the power of service, joy, and dignity. As you know, Special Olympics now reaches over 3.3 million athletes around the world with over 44,000 events per year. My hope is that each of these events is a classroom all unto itself—that as the athletes of Special Olympics run their races and score their goals, they are making a bold and unconditional proclamation to their peers, their communities, and their countries—everyone counts. No exceptions. No one can be left out!! What a privilege it has been to have a front row seat watching some of our country's most inspiring human beings—young people with and without intellectual disabilities—claim their place as leaders in renewing our national belief in freedom, dignity, and opportunity. It has been a joy.

In preparing my testimony, it was clear that the work of both Special Olympics and CASEL has a direct bearing on the issues before this committee and before the Nation. Special Olympics uses sports, school-based classroom activities, service opportunities, and school climate programs to promote acceptance, inclusion and respect for individuals with intellectual disabilities. CASEL translates the latest scientific advances to inform school-family-community programming that improves social, emotional, and academic outcomes for all children. Both organizations emphasize the value of relationships and of improving the climate for learning. Both focus on building students' capacity to take charge of their own success. And, both recognize the crucial connection between health, wellness, and academic achievement. The fundamental beliefs that drive both Special Olympics and CASEL are more than just good ideas. Rigorous research shows that how a person feels—physically and emotionally—and how they interact with others—has a direct bearing on school and life success.

We see this daily at Special Olympics as the sting of stigma and loneliness creates a cancer that blocks learning and life success. For nearly 42 years, Special Olympics has fought that cancer. We have always understood that young people with intellectual disabilities will not be able to reach their potential in learning, in personal development, in independence, and in full societal participation, if school environments are not accepting, supportive, and responsive to their needs. In recent years, this conviction has been validated through research. Where intolerance, rejection, or indifference toward youth with intellectual disabilities are the prevailing attitudes in schools, they are inflicting lifelong damage on those children. And, let me be quick to add, they are inflicting damage on those who discriminate as well.

CHILDREN WILL STRUGGLE UNTIL WE MEET THE NEEDS OF THE WHOLE CHILD

No Child Left Behind provided a focus on academic rigor and accountability that brought important progress. Achievement gaps have been exposed. "Data" is now a decisionmaking watchword. Performance and improvement is now expected for all children. I welcome these changes. But, the job is far from done. Far too many children are still achieving well below their potential and far too many children are still exhibiting a level of stress and disengagement that suggests an epidemic of behavioral and social problems. Even a small snapshot of the statistics can be shocking.

Bullying and safety concerns. Feeling unsafe has a negative impact on learning, and as high profile tragedies illustrate, we have not made the grade:

- Twenty-eight percent of students say they were bullied at school within the last 6 months.¹ Among students with intellectual/developmental disabilities, some estimates suggest that up to 9 percent are bullied or victimized once a week or more.²
- Seventy-five percent of parents and adults feel bullying and violence are serious problems in local schools.³
- In 2007, 35.5 percent of students reported being in a physical fight within the previous year.⁴

Disconnection and disengagement. Students who feel connected to their schools and engaged in their learning are more successful academically and have healthier behavior, yet:

- Isolation for children with disabilities remains the norm. Only 10 percent of youth say they have a classmate or friend with intellectual disabilities.⁵
- 1.2 million students drop out every year, or 7,000 every school day.⁶
- By high school, 40 percent–60 percent of students are chronically disengaged from school.⁷ Only 55 percent of high school students feel they are an important part of their school community.⁸
- Substance abuse and early sexual activity remain rampant with 26 percent of high school students reporting engaging in binge drinking (five or more drinks within a couple of hours) within the last 30 days, 14.9 percent of high school students report having had sexual intercourse with four or more persons during their life, and 18 percent reported carrying a weapon (a gun, knife, or club) within the last 30 days.
- Only between 11 percent–25 percent of persons of employment age with intellectual disability have jobs as their transition from school to work leaves huge numbers lost and alone.

Emotional distress and unhealthy behavior. Students must be healthy, safe and ready to succeed; yet, many are struggling:

- Despite rising obesity, only 34 percent of students engage in enough regular physical activity.
- Fifteen percent of high school students say they have seriously considered suicide within the last year, 11 percent have made plans for suicide, and 7 percent have actually attempted to take their own lives.⁹
- Forty-four percent of children report stress-related sleeping difficulties.¹⁰

In short, the business of making our schools places of success for all children is unfinished. For that reason, I am honored to be able to share some of the challenges and possible solutions I believe our country faces as we seek to reauthorize NCLB.

SCHOOL DISTRICTS ARE HUNGRY FOR STRATEGIES TO TEACH THE WHOLE CHILD

The challenges are real, but not insurmountable. Rigor and accountability alone, however, cannot improve teaching and learning. NCLB has focused the Nation on how we measure and monitor achievement, but the reauthorization should match that focus on accountability with a focus on teaching and learning, on school climate, on community engagement, and on the ways in which schools can respond to the crisis facing far too many of our children nationwide.

The good news is that solutions exist and are ready for scale. Thanks to you, Senator Harkin, and to the colleagues you have brought to this issue, Special Olympics was able to launch **Project UNIFY (PU)** in 2008, a new national demonstration project (now a program) to address the challenges that we saw and experienced over

¹U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement (SCS) to the National Crime Victimization Survey, 2005.

²*Developmental Neurorehabilitation* 2009, Volt. 12, No. 3, Pages 146–51, DOI 10.1080/17518420902971356

³Public Agenda Survey, April 2010.

⁴Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 2007. *MMWR* 2008; 57

⁵Siperstein, G.N., Parker, R.C., Norins Bardon, J., & Widaman, K.F. (2007). A National Study of Youth Attitudes toward the Inclusion of Students with Intellectual Disabilities. *Exceptional Children*, 73, 435–455.

⁶White House press release, March 2009.

⁷Klem, A.M., & Connell, J.P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health*, 74(7), 262–273.

⁸Yazzie-Mintz, E. (2007). *Voices of students on engagement: A report on the 2006 high school survey of student engagement*. Bloomington, IN: Center for Evaluation & Education Policy, Indiana University School of Education.

⁹Center for Disease Control, <http://www.cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm>, downloaded 5/13/10.

¹⁰APA Stress in America Report, 2009.

four decades. PU is a strategy to activate youth, engage educators, and promote school communities of acceptance and inclusion *where all young people are agents of change*—fostering respect and dignity for people with intellectual disabilities, utilizing the sports and education initiatives of Special Olympics. PU utilizes four main approaches: youth leadership development, unified activities including Unified Sports®, communications strategies including social networking, and standards-aligned service learning curricula.

PU is designed to bring all the resources of Special Olympics together and to implement them in schools in such a way that we can achieve a tipping point in our progress toward healthier and more accepting schools. We were fortunate to have a portfolio of successful initiatives developed over the years that we could pull together in an integrated way and supplement with new approaches that take advantage of our research findings and the emerging social networking strategies among young people.

The building blocks of PU are as follows:

- Special Olympics Young Athletes Program, a developmental physical activity program for children ages 2–7.
- Special Olympics Get Into It classroom activities focused on service learning and the values of diversity.
- Special Olympics Games and Sports Events, our traditional joy-filled celebrations of sports.
- Special Olympics Unified Sports Teams where athletes with and without intellectual disabilities compete on the same teams.
- Special Olympics R–Word campaigns, assemblies and rallies.
- Special Olympics inclusive Athlete Leadership Programs where our athletes and their non-disabled peers are trained to speak publicly, serve on boards, advocate for their own interests and officiate at sports events, among other roles.

These components are being implemented by our leaders in States around the country in partnership with teachers, community leaders, and administrators. We are now coming to the end of year 2 of PU and are anxious to start year 3. We are performing rigorous evaluation and will continue to apply the lessons learned as best practices going forward.

Even though PU is still in its early stages, I would like to share some select data about how well this program is being received and some of the positive impacts it is having.

There are a number of important lessons that we have learned from PU thus far:

- 45 U.S. State Special Olympics Programs have been involved; 1,700 schools are participating; 667,000 youth have been exposed to PU; 11,000 new SO athletes have been recruited; and, 85,000 youth have engaged with PU.
- In participating schools, 27 percent have principal involvement and 76 percent of the schools have teachers as the key administrators of the project; 36 percent involve four or more teachers or adults.
- Schools are involving students with and without intellectual disability in the planning and implementation of PU, as well as other school-based groups, which are developing leadership skills among youth with and without intellectual disability.
- Young Athletes, serving 2½–7-year-olds, has now reached 17,446 children in North America. Evaluation demonstrates that 75 percent of teachers reported improvements in cognitive development; 65 percent of teachers reported improvement in social development; 69 percent of teachers reported improvement in self help skills; and, 62 percent of teachers reported improvement in communications development.
- For Unified Sports athletes, they, their families, and coaches report substantial gains in self-esteem, self-confidence, social skills, sport skills, and health; interestingly, similar findings were made regarding Unified Sports partners (without ID).
- The R–Word “Spread the Word” campaign has secured 131,248 pledges to not use the R–Word and discourage its use by others and there are 36,591 members of the Facebook community.
- PU is a fun, gateway experience that helps bridge the divide between children with and without disabilities. Sports remain a powerful factor in breaking down stigma, in contributing to personal satisfaction, and in promoting health.
- PU addresses the primary determinants of school climate—social norms, behavioral expectations, and interpersonal relationship patterns.
- Young people want to be part of a meaningful movement and can be entrusted with leadership.
- Social justice is a theme that young people respond to and sports can be a concrete demonstration of social justice.

- Young people themselves can advance true inclusion at school and in their communities through sports and education activities.
- PU is very inexpensive and government funding is being highly leveraged through volunteer and community resources.

The early success of Special Olympics Project Unify is promising and leads to key conclusions:

First, physical education and sports remain powerful vehicles for promoting health and for fighting social and attitudinal barriers. ESEA ought to elevate the importance of physical education and sport for all students. Play and physical activity are serious business and ought to be treated as such.

Second, children with intellectual disabilities will only be successful if school climates establish the expectation that they are full and valued members of the school community. The barriers to their life success are frequently social and relational. ESEA ought to include a new focus on school climate that will enable proven strategies that create supportive and respectful climates to be at the core of educational progress.

Finally, young people themselves must be invited to lead. Education is not simply a knowledge transmission business; it is also a process of discovery, of unleashing the spirit within each child, of recognizing that young people have gifts to give, not just brains to receive. ESEA ought to encourage schools to implement effective student leadership and service—learning strategies that are both classroom and community-based.

THE LARGER CONTEXT

As proud as I am to be a small part of the extraordinary work being done by Special Olympics athletes and volunteers and by the educators who have welcomed them to a place of central importance in schools, I also realize that we are only one part of what it will take to make schools more responsive to the needs of all children—to all of their needs and potential. For that reason, I am a firm believer in the need for a new approach to school reform that blends the breakthrough science and proven practices of the entire field of social and emotional learning with the accountability culture of contemporary education. I believe that the social and emotional elements of development are the missing piece in school reform and that the neglect of the social and emotional factors in learning is one of the reasons why it has been so difficult to enable students with intellectual disabilities to be accepted. That same neglect is contributing to frustration on the part of non-disabled students, but also on the part of thousands of teachers, administrators, and parents.

A school improvement strategy that has an integrated SEL framework will be rooted in a fundamentally different vision that integrates the science of child development with a more complete concept of what it means to be an educated person. Our expectations of young people will include, but go beyond, academic competence. Success as a student must also mean becoming a caring, compassionate, and confident citizen. Schools will go beyond knowledge transfer to become sites for community building and development.

CASEL has reviewed research and educational practice literatures from the past 30 years and has established guidelines for effective strategies and programming to promote children's social, emotional, and academic growth. State-of-the-art SEL practice has the following characteristics:

1. **Grounded in theory and research.** It is based on sound theories of child development, incorporating approaches that demonstrate beneficial effects on children's attitudes, behaviors, and school performance through scientific research.

2. **Teaches children to apply SEL skills and ethical values in school and daily life.** Through systematic instruction and application of learning to everyday situations, it enhances children's social, emotional, and ethical behavior. Children learn to recognize and manage their emotions, appreciate the perspectives of others, establish positive goals, make responsible decisions, and handle interpersonal situations effectively. They also develop responsible and respectful attitudes and values about self, others, work, health, and citizenship.

3. **Builds connection to school through caring, engaging classroom and school practices.** It uses diverse teaching methods to engage students in creating classroom and school atmospheres where caring, responsibility, and a commitment to learning thrive. It nurtures students' sense of emotional security and safety, and it strengthens relationships among students, teachers, other school personnel, and families.

4. **Provides developmentally and culturally appropriate instruction.** It offers developmentally appropriate classroom instruction, including clearly specified

learning objectives, for each grade level from preschool through high school. It also emphasizes culturally, sensitivity and respect for diversity.

5. Helps schools coordinate and unify programs that are often fragmented. It offers schools a coherent, unifying framework to promote the positive social, emotional, and academic growth of all students. It coordinates school programs that promote positive behavior and youth development, problem prevention, health, character, service-learning, and citizenship.

6. Enhances academic achievement by addressing the affective and social dimensions of teaching and learning. It teaches students social and emotional competencies that encourage classroom participation, positive interactions with teachers, and good study habits. It introduces engaging teaching and learning methods, such as problem solving approaches and cooperative learning, that motivates students to learn and to succeed academically.

7. Involves families and communities as partners. It involves school staff, peers, parents, and community members in applying and modeling SEL-related skills and attitudes at school, at home, and in the community.

8. Establishes organizational supports and aligns policies that foster success. It ensures high quality program implementation by addressing factors that determine long-term success or failures of school-based programs. These include leadership, active participation in program planning by everyone involved, adequate time and resources, and alignment with school, district, State, and Federal policies.

9. Provides high-quality staff development and support. It offers well-planned professional development for all school personnel. This includes basic theoretical knowledge, modeling and practice of effective teaching methods, regular coaching, and constructive feedback from colleagues.

10. Incorporates continuing evaluation and improvement. It begins with an assessment of school/district resources and needs to establish a good fit between the school's concerns and aspirations with the best evidence-based SEL programming approaches. It continues gathering implementation and student outcome data to assess progress, ensure accountability, and shape program improvement.

In summary, quality SEL-based school reform efforts have three main components:

Classroom.—Successful SEL-based school reform equips teachers to support and engage students in their classrooms using evidence-based SEL strategies. Teachers are able to teach school and life skills such as problem solving, stress management, and conflict resolution; are able to infuse the curriculum with core values such as respect for self and others, truth telling, and responsibility; are able to promote self awareness, empathy, and caring all in ways that are compatible with academic goals and which improve time-on-task and classroom discipline. These competencies are not only designed to improve classroom performance, but are also highly correlated with life and work success and engaged citizenship.

Climate.—Successful SEL-based school reform programs also improve school climate and student connection to their schools and teachers. In recent years, school climate has become an increasingly important indicator of school effectiveness. The best evidence-based SEL programs help schools become sophisticated architects of a productive and trusting learning environment, providing tools and strategies to help teachers and administrators transform discipline practices and convey consistent messages of inclusion, respect for all children, safety, and service. Students are able to apply the social and emotional competencies they learn outside the classroom, becoming agents for positive change and full partners in the life of the school. Special Olympics activities are particularly focused on school climate change and present hopeful strategies for improvement.

Community.—Successful SEL-based school reform efforts promote strategies that engage students in community activities, while also engaging parents and community leaders in the life of the school. Parents are routinely involved in planning and support roles and invited to reinforce learning and healthy development at home. Service activities, after school enrichment programs, and cooperative partnerships with community-based organizations become the norm. An atmosphere of openness fosters new relationships that integrate new resources into a coherent plan that support student success. Again, Special Olympics activities can help by offering children didactic lessons in human exceptionality while also connecting them to meaningful service learning opportunities in the community.

RESEARCH TELLS A HOPEFUL STORY: SUCCESS IS POSSIBLE

Several decades of research, practice, and policy innovation now demonstrate that it is possible to promote the academic, social, and emotional growth of preschool through high school students and the adults who care for them. The research indi-

cates the classroom and school-wide programming benefits are powerful. In a landmark study that will appear in *Child Development* next year, CASEL analyzed 213 school-based SEL studies—with experimental and control groups—involving 270,034 students, and found that students who experienced high-quality SEL programming benefited in multiple ways:

- Improved attendance, enhanced social relationships, and stronger commitment to learning and healthy development;
- Decreased negative behavior and emotional distress and more constructive classroom behavior;
- Decreased aggressive behavior and substance use that can lead to school failure;
- Standardized test scores 11 percentile points higher than the control group.

This study also showed SEL can be effectively delivered by regular classroom teachers,¹¹ meaning it can be brought to scale in the schools we have now.

THE POLICY OPPORTUNITY

There are many States and school districts that include the promotion of children's social and emotional skills as part of their student learning goals and standards. One State, Illinois, has adopted formal "SEL Student Learning Standards" which have helped educators address the fragmentation that plagues schools and sets a framework for an integrated, child-development driven, education policy. Similar to English-language arts and mathematics standards, the SEL standards highlight the social-emotional competencies that students should know and be able to do. The Illinois SEL standards and developmental benchmarks are organized around three learning goals: (1) Develop self-awareness and self-management skills to achieve school and life success; (2) Use social awareness and interpersonal skills to establish and maintain positive relationships; and (3) Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts. Leaders within Illinois are now developing a regional model to support district-wide SEL in a cost-effective way across districts and schools. Similarly, in Alaska's Anchorage School District, comprehensive SEL Learning Standards have been adopted and teachers have developed innovative teaching strategies that integrate SEL instruction into academic subjects. Finally, Ohio's school climate guidelines now embrace SEL and the State is retooling its teacher preparation standards to include SEL. At the same time, the State PTA recently voted to put SEL at the top of its policy agenda.

MOVING FORWARD WITH ESEA

Without a cohesive national strategy to integrate the many dimensions of learning, many students will not get the help and support they need. Social and emotional learning offers a positive solution that has already benefited children in thousands of classrooms, schools and districts. Now, ESEA provides an opportunity to put this solution into the hands of more young people and schools. A practical first step would be incorporating the provisions of the Academic, Social, and Emotional Learning Act into ESEA.

The Academic, Social, and Emotional Learning Act (H.R. 4223) was introduced with bipartisan support in December. The bill authorizes the Department of Education to address the substantial rise in demand for SEL and builds the long-term infrastructure to bring SEL to scale.

- **Reach More Children with Evidence-based Social and Emotional Learning.** Award 5-year competitive grants for district or State SEL initiatives.
- **Rigorously Measure and Broadly Share Results.** Conduct an independent evaluation of grantees to determine the program's impact on student achievement, attainment, and behavioral outcomes.
- **Build a National SEL Support System for Teachers, Administrators, School Districts, and States.** Establish a national training and technical assistance center to provide high-quality information about research-based practices, professional development, and student assessment, and implementation tools.

Thank you for the opportunity to speak with you today. I hope our brief moments together can help set the stage for a future ESEA that benefits all students in new and meaningful ways.

¹¹Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., & Schellinger, K.B. (in press). "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-analysis of School-based Universal Interventions." *Child Development*.

The CHAIRMAN. Thank you very much, Mr. Shriver, for all your work, and I thank you for that great testimony.

Now we turn to Dr. Yancey.

Welcome, Dr. Yancey. You have had a long and distinguished career. We welcome you here. Please proceed.

STATEMENT OF ANTRONETTE (TONI) YANCEY, PROFESSOR, DEPARTMENT OF HEALTH SERVICES, USL SCHOOL OF PUBLIC HEALTH, AND CO-DIRECTOR, UCLA KAISER PERMANENTE CENTER FOR HEALTH EQUITY, LOS ANGELES, CA

Ms. YANCEY. Thank you very much, Senator Harkin and Senators Enzi and Franken, for this invitation.

Physical activity and sedentary behavior are really important targets for disparities reduction, because the very diseases that are responsible for most of the chronic disease disparities—namely, heart disease, diabetes, hypertension and so forth—are, in fact, driven, in part, by physical inactivity.

We have a real problem, as I'm sure most of us know, with the childhood obesity epidemic. Rates have not only increased across the board, but communities of color have been particularly burdened by this excess in obesity.

Similarly, in lower-income communities and communities of color, obstacles to an active lifestyle are quite daunting. These neighborhoods have fewer recreational and fitness facilities. There are fewer gardens, there are fewer appealing vistas, like oceans and mountains and lakes. There are fewer pedestrian amenities, like sidewalks and pedestrian bridges and crosswalks. In fact, what we've created in many of these communities are activity deserts, and people are move-insecure, kind of like being food-insecure.

One study that we recently published in the *Milbank Quarterly* demonstrated that in lower-income communities, and communities of color, the numbers of outdoor ads, particularly for health-compromising behaviors that promote sugary beverages and fast foods, are particularly high. Something that, to my knowledge, no one had documented before was that there are also way too many ads for television shows and video games and other sedentary-promoting goods and services. There really are very few physical-activity-promoting ads in any community, but those that exist are mostly concentrated in the affluent communities.

Now, my colleague Dr. Pate and I have served on a number of committees, and certainly activity-focused physical education is a prime opportunity, but there are so many barriers to it. In fact, a recent California audit showed that fewer than half of the schools were actually meeting the elementary school target of 200 minutes every 10 days. We, in fact, conducted a statewide survey looking at public schools and the actual activity during PE, because many of the policies that have been promoted focus on increasing the duration of physical activity. In fact, if you increase the duration without addressing the quality, you just get a lot more time sitting around. In fact, we found that, in the best schools, the most affluent schools, about 40 percent of the time is spent during PE in moderate to vigorous physical activity. In the less affluent schools, only about 14 percent of the time is spent in actual moving around, at least at a brisk-walk level.

That's one particular place that we need to focus, in terms of quality. And in California there's actually a bill, AB 2705, that would require active physical education and active after-school programs.

I'd like to highlight a couple of programs that I'm involved in, in the State of California. One is the Healthy Eating Active Communities Program of the California Endowment. It's a statewide effort to mobilize collaboratives in six communities to really start to focus on the environments that surround children and that promote inactivity and poor eating, so that we can do something a little bit better. We've actually been involved in evaluating a portion of that project. The schools have done some pretty impressive things; they've actually lengthened PE periods, purchased new equipment, upgraded facilities and training, and taught teachers to deliver active PE. We still found that the schools that lengthened PE, most of them did not lengthen the amount of time kids spend in moderate to vigorous physical activity. So, that's still something that really needs to be addressed from a policy standpoint.

In my last bit of time, I'd like to address one other project. This is something that we started when I was the director of Chronic Disease Prevention and Health Promotion for the Los Angeles County Health Department, and it's called Instant Recess. It's something that people can do anywhere, anytime, anyplace, in any attire, and it's been demonstrated that, in schools where they have these activity breaks, kids are more on task, they concentrate better, they have better grades, they have fewer visits to the nurse's office and to the vice principal's office for disciplinary problems. Also, in these schools, many times there are no PE specialists, so the other opportunities to increase activity are challenging.

I brought you a copy of one of these Instant Recess breaks, that Dave Winfield of the San Diego Padres and ESPN actually worked on with us. We're working with the Los Angeles Sparks and other organizations to drive this out into the communities. There are also some healthier options in the ballpark menus that we've gotten them to adopt, including veggie-dogs and sweet pepper hummus with baked pita chips and grapes.

Thank you, and I look forward to the discussion.

[The prepared statement of Dr. Yancey follows:]

PREPARED STATEMENT OF ANTRONETTE (TONI) YANCEY

SUMMARY

Low-resource communities are plagued by poor health and low educational attainment. Physical activity and sedentary behavior are particularly important as targets achieving health equity, since physical activity is protective against a host of the most common chronic diseases. Obstacles to an active lifestyle are more daunting in underserved communities. Neighborhoods in these communities have fewer recreational and fitness facilities, parks, private or community gardens, appealing vistas, and pedestrian amenities. Not coincidentally, substandard schools are the norm in these neighborhoods, with overcrowding, crumbling infrastructures, and fewer highly trained teachers.

I would like to highlight two promising projects in which I am involved in California to illustrate innovative approaches to school physical activity: Healthy Eating Active Communities (HEAC), and Instant Recess®. The California Endowment-funded HEAC initiative emphasizes practical interventions with low start-up and maintenance costs accessible to low-resource communities. School intervention strategies included lengthening PE periods, purchasing new equipment, upgrading facilities and training teachers to deliver active, enjoyable PE. Smaller class size, con-

ducting PE outdoors vs. indoors, and activities involving the majority of participants in running and walking were generally associated with higher activity levels. These findings underscore the priority of quality improvement policies to promote physical activity during PE. PE is worthy of further policy attention because it is the only activity program that can benefit essentially all students, usually on a daily basis.

Instant Recess, a public-private partnership between UCLA, the State and county health department and professional sports, is an evidence-based approach to render prolonged sitting as socially unacceptable as smoking, or drinking and driving. The approach taps the many cultural assets available in communities of color such as collectivism, strong civic and religious institutions touching most community members, and the centrality of music, dance and sports traditions to culture expression. Instant Recess 10-minute activity breaks are simple, structured, low-impact and music-driven, with sports or ethnic dance-based moves, and disseminated by DVD or CD and photo guide for ease of use by lay audiences. Venues with captive audiences such as schools, youth programs, worksites, sports arenas are targeted to drive fitness-promoting cultural change. We recently completed a systematic review of 40 studies, including several from our research team, documenting the effectiveness of brief activity breaks in increasing physical activity and improving organizational outcomes such as worker productivity and student academic performance.

Widespread societal change will be required to get America moving and arrest the growth of childhood obesity. I have identified several guiding principles that will be important in building the social norm change and political will for aggressive legislative change:

1. Focus on decisionmakers governing high-exposure settings across sectors of society.
2. Emphasize approaches tailored to the needs of sedentary populations to reduce health disparities and generate the greatest organizational and individual return on investment.
3. Rely less on individual motivation, supportive cultural values, or widespread access to active leisure opportunities.

Senator Harkin and members of the committee, thank you for this invitation. During the past 5 years, I have been pleased to serve on several Institute of Medicine Committees focused on childhood obesity prevention, and with Dr. Pate on the Physical Activity Guidelines Advisory Committee and National Physical Activity Plan Coordinating Committee. Last month I was honored by my appointment to the Board of Directors of the Partnership for a Healthier America, to work with Honorary Chair First Lady Michelle Obama in her campaign to end the childhood obesity epidemic.

I have been engaged in research for the past 20 years on disparities in chronic disease risk and burden affecting socioeconomically marginalized communities, and in designing and testing feasible and effective interventions to achieve health equity. Physical activity and sedentary behavior are particularly important as targets for reducing health disparities and achieving health equity. Obesity and most diseases such as high blood pressure and diabetes for which physical activity is beneficial are more prevalent in communities of color. Physical activity levels in these communities are generally lower than those in the population at large, and disparities may be increasing.

Obstacles to an active lifestyle are indeed more daunting in underserved communities. Neighborhoods in these communities have fewer recreational and fitness facilities, parks, private or community gardens, appealing vistas such as oceans or lakes, and pedestrian amenities like sidewalks and crosswalks. Proximity to activity-promoting resources is important, because people are more likely to use nearby resources. Many poor neighborhoods are, in fact, "activity deserts"—unsafe, dirty, and poorly lit and maintained. There is more stress-inducing noise, traffic congestion, and information overload from outdoor ads, including those promoting products associated with sedentary behaviors like films, TV shows, and autos. Few ads, such as for sporting equipment or fitness clubs, promote physical activity in any community—a scant 1 percent according to our recent study. Not coincidentally, substandard schools are the norm in these neighborhoods, with overcrowding, crumbling infrastructures, and fewer highly trained teachers, including PE specialists, resulting in lower levels of academic achievement and persistence.

Activity-focused physical education (PE) represents an effective, evidence-based method of improving physical activity and fitness. Increasing PE and recess duration and frequency have been primary policy targets for arresting youth obesity. Yet, research, State-level legislative policy changes and authoritative recommendations have not produced substantive improvements. Existing requirements in most States

are poorly supported and enforced as a result of competing priorities for fiscal, scheduling and spatial resources, in part due to legislative pressure emphasizing standardized test scores as the yardstick of school performance. For example, a California Department of Education PE audit found that fewer than half of school districts met the mandated elementary school PE requirement of 200 minutes per 10 days. UCLA, in collaboration with Samuels and Associates, studied a random sample of public school districts throughout the State. We found that the average percentage of time in PE that kids were at least moderately active was only 26 percent, ranging from 14 percent in low-resource schools scoring low on fitness tests to 40 percent in the high-fitness-scoring, higher resource schools. The proportion of active time in PE was positively associated with standardized test scores, in both higher and lower resource schools. Thus, ensuring that school PE is active could improve both academic performance and health.

There are promising ways of increasing physical activity in school and after-school settings to augment PE. In a recent University of Kansas study, for example, integrating brief activity-focused lessons into the academic curriculum not only increased elementary school children's physical activity, in and outside of school, but also improved academic performance across several content areas. Those intervention schools that added at least 75 minutes per week in active lessons significantly slowed the weight gain observed in the control schools. Institution of after-school program guidelines recommending certain types and amounts of physical activity are also emerging from State departments of education and health. I want to call to your attention to bill AB 2705 in California that would require that PE and after-school programs be active.

I would like to highlight two promising projects in which I am involved in California to illustrate innovative approaches to school physical activity: Healthy Eating Active Communities (HEAC), and Instant Recess®. The California Endowment-funded HEAC initiative emphasizes practical interventions with low start-up and maintenance costs accessible to low-resource communities. School intervention strategies included lengthening PE periods, purchasing new equipment, upgrading facilities and training teachers to deliver active, enjoyable PE. Smaller class size, conducting PE outdoors vs. indoors, and activities involving the majority of participants in running and walking were generally associated with higher activity levels. These findings underscore the priority of quality improvement policies to promote physical activity during PE. PE is worthy of further policy attention because it is the only activity program that can benefit essentially all students, usually on a daily basis.

Instant Recess, a public-private partnership between UCLA, the State and county health department and professional sports, is an evidence-based approach to render prolonged sitting as socially unacceptable as smoking, or drinking and driving. The approach taps the many cultural assets available in communities of color such as collectivism, strong civic and religious institutions touching most community members, and the centrality of music, dance and sports traditions to culture expression. Instant Recess 10-minute activity breaks are simple, structured, low-impact and music-driven, with sports or ethnic dance-based moves, and disseminated by DVD or CD and photo guide for ease of use by lay audiences. Venues with captive audiences such as schools, youth programs, worksites, sports arenas are targeted to drive fitness-promoting cultural change. The approach has been adopted by the San Diego Padres, the Los Angeles Sparks, school districts and worksites throughout California, in Winston-Salem, NC and in Washington, DC, the latter supported by daily Pacifica radio broadcasts of the breaks. We recently completed a systematic review of 40 studies, including several from our research team, documenting the effectiveness of brief activity breaks in increasing physical activity and improving organizational outcomes such as worker productivity and student academic performance.

Widespread societal change will be required to get America moving and arrest the growth of childhood obesity. In the course of my research, and my experience in the practice of medicine and heading a health department, I have identified several priorities that will be important in building the social norm change and political will for aggressive legislative change:

1. Focus on decisionmakers governing high-exposure settings—one employer, politician, or school principal or board member can influence the social and cultural environments of hundreds or thousands of people for years at a time.
2. Emphasize approaches tailored to the needs of sedentary population subgroups to reduce health disparities. Helping at-risk communities be more active should generate the greatest organizational and individual return on investment.
3. Rely less on individual motivation, supportive cultural values, or widespread access to active leisure opportunities. Telling individuals to “just do it” cannot work

when many Americans live in activity deserts and PE and recess have been taken out of schools.

We have a great deal of evidence about how to make our schools and communities more activity-friendly for children and adults. With physical inactivity being the fourth leading cause of death and childhood obesity continuing to rise, all sectors of society need to take action to get Americans moving.

Thank you.

The CHAIRMAN. Dr. Yancey, thank you very much. I want to know more about Instant Recess and the 10-minute breaks.

Dr. Levin, welcome, and please proceed.

**STATEMENT OF BARBARA LEVIN, MPH, MD, CEO, CHOTA
COMMUNITY HEALTH SERVICES, MADISONVILLE, TN**

Dr. LEVIN. Good afternoon. I'd like to thank you, Chairman Harkin and Ranking Member Enzi, Senator Franken, and my home Senator, Lamar Alexander.

I'm honored to be asked to speak with you today as a representative of Chota Community Health Services, a federally qualified community health center operating a school-based clinic in Monroe County, which is a rural Appalachian community in east Tennessee. I'm excited about sharing with you the achievements of this 10-year program, which has impacted the lives of thousands of children and their family.

This is a homegrown project that works and can be reproduced throughout the country. The school-based clinic is both a basis for healthcare as well as a launching point for some of the other things about nutrition and wellness that we know are so important.

As a public-health physician, I believe that school health is the most effective way to put prevention to work for our communities' children. We know that healthy students learn better. Healthcare in the schools represents a win-win situation. The success of this project comes from a well-developed team of healthcare providers, school officials, county agencies, and third-party payers.

Let me introduce myself and two members of my team. I came to this community in 1979 as a National Health Service Corps volunteer.

Sonia Hardin, sitting behind me, is a nurse, and in 1989 she was the only school nurse for the entire county. With the help of grants and supportive school administration, we now have school nurses in all the county schools, and nurse practitioners in eight of those schools. We also have a full-scale mental health program with psychiatric social workers.

Laura Harris, sitting next to Ms. Hardin, was hired as a school clinic administrator in 2000, and it's her careful management of the grant and reimbursement dollars which has transformed a 3-year project into an ongoing entity partially funded by grant monies from Chota Community Health Services.

The health needs of our students are extensive: lack of access to primary care and dental services, limited mental health services, and insufficient health education. My message today is one of success and challenge. To meet these identified needs, we began a program for sports physical and dental screenings before we knew from where the funding would come.

Then, in 2000, the successful Rural Health Outreach application made the dream of a school-based clinic a reality. The first site was

in a community 35 miles from the closest hospital. There was not a physician in town. Children who were ill traveled for care, and frequently to an emergency room at night because their parents work during the day.

Throughout the 10 years, we've built on this plan. Today, our school-based services provide care for 5,600 students, everything from injury evaluation to catheterization, as well as acute and chronic care. Last year, there were 46,000 visits in our program. Beyond the numbers, this program is successful in bringing individual care to our students. The impact on physical and mental health has been tremendous.

Through the school-based clinic, our providers have diagnosed appendicitis, hepatitis, a brain tumor, diabetes, hypertension, social-anxiety disorder, just to name a few. We've educated parents not to use "old timey" remedies. We've treated MRSA, strep outbreaks, and acute asthma, all to keep students out of emergency rooms. In addition, we focused on these preventive services including well-child care and sports physicals.

In partnership with our educators, we provided in-class instruction for nutrition, tobacco prevention and cessation, anti-bullying programs, and, of course, physical education.

Working with the county, a dental health program has been put into place. The program actually picks students up at the school, provides needed preventive and restorative services, and then returns them to class.

One of our greatest challenges is the obesity epidemic, a national crisis. In Monroe County, only one-half of our students maintain a healthy weight. Many environmental changes were made in the last 5 years; and, while we have more obese children entering kindergarten, we've at least stabilized the trend once they enter school, and have increased community awareness of this issue.

One story of individual success is about Billy, a high school student whose distraught mother sought medical care for his early hypertension. The problem was his weight, 285 pounds at age 14. The doctor collaborated with the schools and Billy began meeting with the school nurse. He lost 20 pounds and his blood pressure went down. Billy learned lifelong lessons about weight management and exercise. Adding physical health and emotional support services are essential to a student's success in school. Educating the whole child requires the whole community. Monroe County brings the community into the school as a resource. The lessons learned from our experience is that serving children in school is not only efficient, but highly successful. To change the status of America's health, we must focus on our children. What is at stake here is actually the future of our country.

Thank you for your time, and I'm happy to answer any questions.
[The prepared statement of Dr. Levin follows:]

PREPARED STATEMENT OF BARBARA LEVIN, MPH, MD

I am grateful for this opportunity to submit written testimony on behalf of Chota Community Health Services, a federally qualified community health center in Monroe County, TN that operates school-based health centers (SBHCs). SBHCs ensure that 1.7 million children and adolescents across the country gain access to comprehensive medical care, mental health services, preventive care, social services, and

youth development. These services are provided without concern for students' ability to pay in a location that meets children and adolescents where they are: at school.

First, I would like to thank the Senate Health, Education, Labor, and Pensions Committee for their tireless work on ensuring that school-based health centers were included in the Patient Protection and Affordable Care Act.

In addition, I would like to thank Chairman Harkin, Ranking Member Enzi, members of the committee, and in particular Senator Alexander's office and the Tennessee Primary Care Association for the opportunity to share with you the achievements of a 10-year-old school-based health care program, which has impacted the lives of thousands of children and their families in Monroe County, a rural Appalachian community in east Tennessee. It is exciting to be able to talk with you about a homegrown project that works, and can be reproduced throughout the country. As a public health physician, I have found the school program to be the most effective way to put prevention to work for our community's children. The success of this project comes from the well-developed team of health care providers, school officials, county agencies, and third party payers, who work closely together to assure the positive health status of each child.

To begin, let me introduce myself and two members of the team. I am a family physician, working in this community since 1979. I have medical training from the University of California, San Francisco, a public health degree from the University of Texas at Houston, and a residency in Family and Community Medicine from the University of Missouri Columbia, where I was trained to be a rural physician.

Sonia Hardin, sitting behind me, is a RN who was raised in Monroe County and has a bachelor's degree from the University of Tennessee, and is working on her master's in school administration. She worked with me at the Monroe County Health Department, and left to join the school health program in 1989. At the time she was the only school nurse for over 4,800 school children. Working together with the help of grants and a supportive school administration, we now have school nurses in each of the 12 county schools and school-based clinics staffed by nurse practitioners in 8 of those schools. There is also a full-scale mental health program with psychiatric social workers seeing students for needed emotional health concerns.

Laura Harris, sitting next to Ms. Hardin, grew up in Tellico Plains Tennessee and has a degree in non-profit health administration from the University of Tennessee Chattanooga. In 2000, she was hired as the school clinic administrator for the new School-based Clinic Grant. It is her careful management of grant and reimbursement dollars which grew a 3-year Rural Health Outreach grant into an ongoing project, which is partially funded at present by monies from Chota Community Health Center's Federal HRSA 330 Grant. General school health service is a \$400,000 line in the Monroe County School System budget. Chota Community Health Services contributes about \$200,000 from the Federal 330 grant monies of \$650,000. An additional \$150,000 was earned last year through patient care revenues. This budget covers all school nurses as well as the school-based clinics as well as other school health programs, such as the Coordinated School Health Program. Chota Community Health Services provides 3.4 FTE nursing personnel, 5 days of nurse practitioner time, a medical director, and the equivalent of one licensed clinical social worker.

When the school health services were beginning in 1992, the extensive needs were clear:

- Children often were without access to primary medical and dental care.
- While there was a shortage of medical personnel, the shortage of mental health providers was critical.
- Health education for children and their families was woefully insufficient.

Many of these problems were clear from the county's description; Monroe County was an "at-risk" unit as described by the Appalachian Regional Commission. With a chronic need for health care providers, Monroe County continues to be a manpower shortage area. With economic figures that vary from concerning to terrible, the County continues to meet a number of socio-educational challenges. Only 10.8 percent of the population has a degree above high school; 27.6 percent of the adult population is functionally illiterate. The school free and reduced lunch data for February 2010 was 72.8 percent. This is in a county in which the unemployment rate has gone from 7.2 percent in September 2008 to over 20 percent in May 2009. The rate is now stabilizing at near 16 percent.

Initially, Sonia was able to identify specific financial resources to meet some of these challenges. This is the mixed message of success and challenges, which I will present today. Monroe County's School Health Program has made a positive impact on our community and we are financially stable; but we have been frugal, innova-

tive, and lucky. Hopefully, the funding streams which you in the Senate are considering will make this type of development much easier. The lack of clear Federal CMS guidelines for billing for school-based services limits the development of such programs. Fifty percent of funding is constantly being sought through grant funding.

Without clear funding, we began a program for sports physicals, and dental screenings. An advisory group of local health care providers was formed to work with the School Board on addressing these concerns. When an application for Rural Health Outreach grant dollars was accepted in 2000, the dream of a school-based clinic, staffed with nurse practitioners to provide primary care became a reality, and we were on our way.

The original site was Tellico Plains, a community of 4,500, in the Tellico Plains Mountains, 35 miles to the closest emergency room. Initially, there was not a physician in the community. Children who were ill had to travel for such care; and frequently showed up in an emergency room at night because their parents were working and unable to take them earlier. (One of the original evaluation measures for this grant was a decrease in the utilization of the emergency room by school-aged children for non-emergency care.) While prescriptions were written for necessary medications, some medicines were provided on site to start a child's recovery as soon as possible. The original plan included mental health coverage and outreach workers. Many of these children were uninsured, which created greater havoc in accessing resources for them.

Through the 10 years, we have built on this plan. The school-based services provide daily health supervision for 5,600 students as well as acute and chronic care. The clinics also provide services for the Monroe County school staff and their immediate families. We now have eight school-based clinics, with school nurses in each county school. In 2008–2009, there were 39,000 visits with school nurses and 2,800 billable visits with nurse practitioners. Last year, there were six mental health providers (licensed clinical social workers) who provided care to over 300 children in a total of 3,800 visits this school year alone. In the current year, this component of the program has grown with more than 170-plus intakes for behavioral health services, and 3,619 one-on-one counseling sessions from August through March. The increase in mental health services can be attributed to many factors, including the positive impact of these services as well as the economic challenges facing the community at the present time.

In the past, mental health concerns have often been glossed over and under-diagnosed in this community. For example, the first year of the rural health outreach grant, a teacher approached the behavioral health counselor, and said she was concerned about a child in first grade who rarely spoke to anyone all year. The child did not talk to the teacher, the other students, or anyone at school. The same thing had occurred the year before while this student was in kindergarten. The teacher knew the child was learning well, completing assignments, and followed directions well. The teacher was just concerned because this student spoke to no one.

The Licensed Clinical Social Worker followed up with the parent for a meeting and an intake for family history, etc. The mother stated this child was always "like that" and did not think anything of it. The counselor referred the student for a medical evaluation and medications for social anxiety disorder were prescribed. Within a week, the child was talking with other children in her room and interacting with the faculty and staff. The story clearly demonstrated one factor in this child's lack of treatment was the failure of anyone to realize that there was a problem. Without the clinical services consultation, this child might have continued through school without any social interactions.

Behavioral health addresses children of divorce, grief, physical and sexual abuse, bullying, alcohol and drug abuse, and teen pregnancy.

- One child being currently seen had had problems at school and was failing all classes and was in the principal's office weekly for discipline problems. After receiving counseling services working on anger management, the child is now passing all classes and is rarely in the principal's office. He is being promoted to the eighth grade because of the improvements in his grades.

- Another child was home-schooled because of anxiety and difficulty adjusting in the school setting. The child returned to school and entered counseling to see if the issues would improve. The child is now passing all classes, and he has no unexcused attendance! The mother attributes this success to the individual counseling sessions she receives in the school setting.

- An angry student whose family was going through divorce was fighting all the time, and received counseling for anger management and issues of divorce. This child is no longer experiencing problems with fighting.

- Another child, whose parents are in drug rehab, is living with grandparents, and has been belligerent to family, school faculty and friends. With counseling, his grades and behavior have improved.

The impact on the physical health of the children has been as great. Through the school-based clinic, our providers have diagnosed appendicitis, hepatitis, a fatal brain tumor, diabetes, and hypertension in middle and high school children, to name a few. We have educated parents to treat ear infections, and not to use old timey remedies such as urine in the ear. We have controlled and treated MRSA and strep outbreaks, immunized children and obtained treatment for numerous acute diseases such as conjunctivitis, otitis media, urine infections, and acute asthma episodes—all to keep children out of the emergency room.

In addition, the school-based system is focused on preventive services—primary, secondary, and tertiary prevention. This year we project that over 500 well-child physicals will have occurred during school hours with an additional 250 sports physicals. One high school student, who had not had a visit in a medical office since his kindergarten entrance exam, was recently seen for a sports physical.

All children with asthma and diabetes have individual action plans. These numbers should not obscure the fact that this program is successful, individual by individual. The child with an acute care problem which is quickly resolved so he/she can return to class is as important to us as the one with chronic health care needs which require daily interventions. Managing and educating children on diabetes management about how to give their insulin injections and how to count carbohydrates, is a normal daily activity for one of our school nurses.

Working with the County, a dental health program has been in place since 1986. This program actually picks children up at school, provides needed preventive and restorative services, and returns them to class. All preschool and kindergarten children in the county are screened for dental health needs.

One of greatest challenges is the obesity epidemic which is impacting Monroe County as well as the body mass index (BMI's) on all children annually. Initially in 2002–2003, 51.6 percent of the 5,000 students had normal body weight, while 46.3 percent were found either to be obese or at risk of obesity. We have instituted a number of environmental changes, including changing the cafeteria food options, altering school rewards to deemphasize food, and removing soda machines from the primary schools. We have monitored a measurable difference with these interventions, which focus on dietary changes, increased physical exercise, and health education. Over the last 7 years, the figures for children with healthy weights have decreased from 54.4 percent to 52.1 percent in 2009–2010. This remains a critical issue for the combined school-based clinical and coordinated school staff.

The most heart warming are the stories of individual success: Billy, a high school student was brought to his family doctor by his distraught mother to deal with early hypertension. The basis of this problem was his weight; he weighted 285+ pounds at age 14. The doctor collaborated with the school system, and Billy began a program of meeting a few minutes each week with his school nurse. He lost more than 20 pounds by the end of the school year, and his blood pressure went down. The additional exercise he was getting helped both problems; he learned some life long skills about weight management and health from this experience.

At the end of the original 3-year Federal Rural Health Outreach grant, the evaluation showed that we had impacted school attendance, and particularly teacher attendance. How does one measure all the impact of such a program? Studies suggest that adding various physical health, social, recreational, and emotional support services are essential to children's success in school. Nearly a century of research has come to one conclusion: children develop along multiple, interconnected domains and when one developmental domain is ignored, other domains may suffer (Brainerd).

Monroe County has integrated the Centers for Disease Control Coordinated School Health Model to address such non-academic barriers to success. Through this model the basic physical, mental, social, and emotional health needs of young people and their families are recognized and addressed. In addition, community engagement, together with school efforts, promotes a school climate that is safe, supportive, and respectful. Educating the whole child requires the whole community. Monroe County brings the community into the school and has the school see the community as a resource. Strong community partnerships developed through the Coordinated School Health Model are interweaving their resources into the school setting.

The lessons learned from the Monroe County experience is that serving children in their natural habitat is not only efficient, but highly successful. As one famous criminal reportedly said, "Why do you rob banks, because that is where the money is!" Success with changing the health status of America must focus on our children. While families can not remove themselves from this responsibility, there must be

an active partnership between the child, his/her family, the school and the community to assure the appropriate utilization of services and positive outcomes.

What is at stake here is nothing less than the future health of our country.

The CHAIRMAN. Thank you, Dr. Levin.

Now we'll close up with Beth Kirkpatrick, who's also had a long and distinguished career in this field.

Ms. KIRKPATRICK. Thank you.

The CHAIRMAN. Welcome.

STATEMENT OF BETH KIRKPATRICK, CO-DIRECTOR, GRUNDY CENTER PE4LIFE ACADEMY, GRUNDY CENTER, IA

Ms. KIRKPATRICK. Thank you so much, Senator Harkin.

I'm very, very much appreciative to be here Senator Harkin, Senator Enzi, and Senator Franken.

One of the great things about living in Iowa is that our representation is fantastic.

Senator Tom Harkin, I can't imagine anybody better to head up this committee, so we appreciate that.

[Laughter.]

In fact, when you look at this, Health, Education, Labor, and Pensions, it doesn't look like it even goes together. In this generation, as a third of these kids are going to be disabled by age 50, they will no longer be able to pay into the pensions, they won't be able to pay into portions of the healthcare industry. It will take another 5 percent of our population to care for this generation when they're 50 years old. So, this does all work together.

I'm from the farm. My parents were farmers, my grandparents were farmers. When something doesn't work, you don't keep doing it. Now, I'm a very practical individual. When I started teaching physical education and the sports-skill model was utterly failing, only 10 percent of my kids and my students in my classes were actually being moderate to vigorous. We weren't using the technologies that were invented for the field. Doing a heart-rate monitor test or a cardiovascular test without a heart-rate monitor was shocking. I was using Third World technologies, a stop watch, to test 65 kids at a time with a cardio test, where I knew that the obese child would fail, that the kid who has asthma would fail, that the kid who is being left behind would be in a vulnerable position for exercise abuse.

So, in my mind, the revolution had to start. And I think when you look at what happens, and when you really have a true revolution, you fix what's wrong in your own school. I've lived in Grundy Center for 35 years; live in the same house with the same husband. We've gotten a project going on there. What we believe is that we need all 2,500 people to get on board. When our daily physical education program was failing, we realized we had to go after everybody in the community.

What we did was modernize. We took technologies that were invented. We took heart-rate monitors. We put them on every kid. We downloaded. It takes Rick Schupbach—I think, the best teacher in America—it takes him 15 minutes a week to download all of the heart-rate data from every class, from every kid, from the entire elementary or the entire high school. We then used the same facilities that—we ended up taking the wrestling room from the wres-

tlers, we have them wrestle in the elementary gym—we took the room, filled it with fabulous equipment, got some grants, went after some things. We opened up the doors from 4:30 a.m. until 8 a.m., and from 3:30 p.m. until 8 p.m., so that we could go after the parents and community members. It's one thing to say we want to fix the kids, but, actually, by fixing the kids—and our motto is “not our kids”—we will not let our kids go into life in an unhealthy way.

This energy that we've taken with the community coming in, we didn't know if we could even get those parents to come in and use our facilities. We had to have Healthy Living seminars. Once every 3 weeks, we had to do free fitness testing. We do a body-age assessment. We had to look at lifestyle indicators beyond functional fitness. I could never understand why would we continue to do a pull up test, which is all-or-none, when 8 out of 10 kids can't do a single pull up. There are other ways to measure, other things to measure. Weak arms are not a risk factor for any major or minor disease.

What we looked at was blood pressure. We looked at electromyograms to assess stress. We have 11 million kids who are on antidepressants. We have to look at the things that matter.

What our program has been about is going after everybody. We put heart-rate monitors in the day in the life of 700 people in our community. We got kids to volunteer their parents to come in. It's one-on-one consultation. By putting on the heart-rate monitor and letting the parents see what they were doing all through the day, and putting these printouts up on the wall of our gymnasium, as Senator Harkin has seen, you walk in and you see hundreds of heart-rate printouts that show, shockingly, not one person was anything other than sedentary. The reason obesity has tripled in the last 10 years is because we have an entire sedentary population, which stunned and shocked us.

It's also true that if you put the heart-rate monitor in the day in the life of a kid in school when they don't have physical education, you have a sedentary child. This is the thing that would concern anyone who sees this. I believe that the lack of modernization in a profession that belongs as a preventive arm of the healthcare industry has been left aside. We have people talking about what's going on in physical education. We have a modern approach. We use classical music. We use overhead projectors that are built into the ceiling to shoot our concepts onto the wall. And what we have is a movement.

We have people who believe in what we're doing. What we've had is, we've lifted up the entire student body. Our academics scores have increased when we increased physical education. We believe that we want a whole child, we want energy, and we want people to go into our society that feel good about themselves that come out with lifestyle prescriptions.

Our kids our filling out seven different lifestyle prescriptions, starting in fourth grade; so, by the time they get to be a senior, they have backup plans. If their lives aren't going the way they want, they've got plan B, plan C, plan D.

We believe that suicide is an awful, awful thing to have as a No. 1 cause of death from ages 15 to 25. We're out there. And we believe that the change and the implementation of these strategies is what physical education should be all about.

[Applause.]

[The prepared statement of Ms. Kirkpatrick follows:]

PREPARED STATEMENT OF BETH KIRKPATRICK

SUMMARY

Lifestyle illness and chronic diseases that begin in childhood and result in early death and early disabilities are changing the dynamics of our society. Lifetime illnesses will require lifetime investments and a “Rethinking, Retooling, and Retraining” of our physical education professionals. My pioneering efforts introducing EKG accurate and downloadable Heart Rate monitors to our students more than 25 years ago, has led to the documentation and visual evidence of what is working with our students and what is working with our curriculum and class format design.

The ability to retrieve quantitative data from every student in every physical education class and athletic practice has provided us with a vision and a change in focus for our program. Physical Education must reach outside the walls of the gymnasium and specific strategies to accomplish that are in place. Old fashioned fitness testing has been replaced with lifestyle assessments that include health risk appraisals, blood pressure, stress assessments, and full heart rate information in the new Cardio Testing Protocol for students that includes the visual portrait of the cardio testing. The information from this revolutionary testing protocol includes documentation that is sent to student record automatically, with the time and more importantly, with the heart rate results of pre-exercise heart rate, heart rate throughout the cardio testing, and recovery heart rate from this known intensity during the cardio testing.

Revolutionizing our approach, changing our fitness tests to lifestyle assessments that provide us with lifestyle indicators for present or future health problems, using heart rate intensities during physical education class with continuous feedback that gives all children the permission to adjust intensity throughout class and throughout all cardio fitness testing, and the information that wearing a heart rate monitor throughout the day and night, now provides us with a clear picture of each student's lifestyle issues. Our physical education program includes reaching the entire community through specific strategies of lifestyle assessments that are offered free to all community members, membership in a fitness center situated inside the high school fitness center, healthy living seminars each month for our community, and using a lifestyle curriculum STAR TECH PE.

This change in focus, change in class format, change in assessment, change in our tools from the past to the technologies of the future, and change in our scope of students that now include their parents as well as the full community, has given us an evolution over the past 20 years that now is providing us with a clear vision for the future.

I am pleased to be invited to speak about the academic and non-academic benefits of physical education and to discuss ways schools can integrate comprehensive and high-quality physical education into the curriculum and daily school routines. Special thanks go to Senator Tom Harkin and Senator Mike Enzi for their dedicated efforts to help children achieve the potential that is theirs through an active and healthy life. As documenting evidence, I want to include particularly significant findings from 22 separate documents, each of which either demonstrates the health status of children in America and the alarming trends associated with the data, or which provide support to the role of Physical Education programs in the schools to be part of an effective intervention to treat and especially to prevent these “Lifestyle Diseases” that are endemic to our society.

In the past few years, we have seen large population studies that demonstrate the contributions of physical activity to the prevention of obesity and its relating effects, and to the contributions of quality physical education programs to not only the preventive health measures, but also to school attendance, academic achievement, and improvement in student behavior.

The California Study and the recent Texas study provide data on millions of school children that show a direct and positive relationship between physical fitness achievement in quality physical education programs and academic achievement as measured by standardized test scores. Our research in the rural population of Grundy Center, IA, has also shown very similar findings within our student population.

Significant in all of the studies completed to date were findings highlighted in documents below, demonstrating that reducing time in academic subjects to allow

for increased time in physical education did not reduce academic achievement, and that allowing time in the school day for quality physical education programs and other physical activity demonstrated an improvement in academic achievement. Coupled with the reduced health care costs to be faced by obese children who become obese adults, providing for a program that also boosts academic achievement seems to be an investment in the children of this Nation that will provide nothing but benefits.

1. In looking at the CDC's *At-A-Glance*, the chart on p. 4 and the graph on p. 5 indicate *declining activity levels among young people*. On p. 5, the first **Idea for Improvement** states, "*Well-designed programs in schools to increase physical activity in physical education classes have been shown to be effective.*"

2. Perhaps the most powerful evidence is found in the **American Heart Association's** article found in the medical journal *Circulation*. Specifically, *attention should be drawn to PP. 1216–1217, the section entitled Evidence: Physical Activity During the School Day and on p. 1220, Policy and Practice Recommendations 1, 2, and especially, 4.*

3. In their 2006 Report on National Health Priorities: *Reducing Obesity, Heart Disease, Cancer, Diabetes and Other Diet- and Inactivity-Related Diseases, Costs and Disabilities*, the National Alliance for Nutrition and Activity (NANA) found that *two-thirds of premature deaths in the United States are due to poor nutrition, physical inactivity and tobacco use*. Also, over the past 25 years, *obesity rates have doubled among U.S. adults and tripled in children and teens. Diet and inactivity are cross-cutting risk factors, contributing significantly to four out of the six leading causes of death* (i.e., heart disease, cancer, stroke, and diabetes). The report also states that, according to the U.S. Department of Agriculture, *healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity, and lost lives*. The Centers for Disease Control and Prevention (CDC) estimates that *if all physically inactive Americans became active, we would save \$77 billion in annual medical costs*.

4. In matters of school policy, the issue of *Governance and Leadership*, from the **American Association of School Administrators**, was distributed to EVERY school superintendent in the United States during the past year as a part of *Healthy Living News*. Also addressed in this document are factors related to funding.

5. In *Active Education*, a summary from the **Robert Wood Johnson Foundation**, each of the bold-faced, highlighted statements are drawn from a *strong collection of extensive research relating to physical activity and academic achievement*.

6. In the *Journal of Exercise Physiology* study, the California Study examining the relationship between physical fitness achievement and academic performance, among 884,715 students, demonstrates a direct and powerful relationship between these variables. See especially the chart on p. 16 and related results.

7. A reprint from the December 2007 issue of *State Legislatures*, entitled, *PE Makes a Comeback*, highlights *a series of findings that have shown in State legislation in States around the country, and the effects these are beginning to see*. On p. 1, Senator Jane Nelson of Texas States, "*There's mounting evidence that physical activity not only reduces the risk of chronic diseases, it also helps academic performance.*"

The Following Articles Relate Specifically to Issues for QUALITY PROGRAMS:

8. **Ken Cooper, M.D.**, was the first cardiologist for NASA, and worked directly with each of the Mercury, Gemini, and Apollo astronauts. In addition, he founded the **Center for Aerobic Research and the Cooper Clinic in Dallas**, and served for many years as the team physician for the Dallas Cowboys football team. Being a close and consistent supporter of quality physical education programs, *his statement on the New Emphasis should be a clarion-call for all to follow*.

9. In the articles, *Exercise Seen as Priming Pump for Students' Academic Strides*, Dr. John J. Ratey, a clinical associate of psychiatry at **Harvard Medical School** refers to exercise as the "Miracle Gro" for the brain. Specifically, he states that "exercise prompts the brain to produce greater amounts of a protein called brain-derived neurotrophin factor, or BDNF, which Dr. Ratey likes to call "Miracle Gro" for the brain . . . Other research also suggest that exercise plays a role in neurogenesis, the production of new brain cells . . ." This article describes the Physical Education program in Naperville, IL, supported as one of the PE4Life Cen-

ters, an exemplary program that provides documenting evidence of the effectiveness of the lifestyle changes that occur.*

There is a Case Study in this book that describes the Physical Education Program at Naperville Central High School in Illinois. ***Based on a strong fitness-based and social skills-enhancing Physical Education Curriculum, students at Naperville Central H.S. recently was ranked #1 in the world in science achievement and #6 in the world in math achievement.***

10. In the article, ***School Physical Education: Effect of the Child and Adolescent Trial for Cardiovascular Health***, the conclusions state: "The implementation of a standardized curriculum and staff development program increased students' MVPA (moderate to vigorous physical activity) in existing school PE classes in four geographic and ethnically diverse communities.

10. In the article, ***Study: phys ed may boost academic achievement***, a number of significant findings in this large student ***support the role that physical activity plays in bringing about improvement in academic achievement and classroom behavior in girls.***

11. In the January 2009 edition of the ***Journal of Physical Education, Recreation, and Dance***, a meta-analysis of long-term studies demonstrates significant ways in which Physical Education has been linked to academic achievement. This article provides studies that indicate the following:

- When students receive daily quality physical education, the rate of learning per unit of time appears to increase.
- Physical education is positively related to increased academic performance.
- Allocating time for quality physical education does not negatively influence academic achievement.
- Reducing time for physical education does not guarantee improvement in academic achievement.
- Engagement in physical activity is associated with academic achievement.
- When children engage in physical activity, their cognitive performance significantly improves.
- Physical fitness levels are related to student achievement on standardized tests.

12. To show the psychosocial factors to be considered in developing and implementing a quality program whose purpose is to focus on the development of the total person, see the findings in the article, ***The Effect of Weight on Self-Concept, and Psychosocial Correlates of Physical Activity in Youths***. These factors impact not only participation patterns in physical activity, but in overall school performance and in all life situations.

13. The September 2000 ***Research Digest*** of the ***President's Council on Physical Fitness and Sports*** reviews all pertinent research related to ***Motivating Kids in Physical Activity***. The findings of this and other studies informs curriculum planners and teachers in approaches that may be the most successful in helping children develop lifestyle behaviors that will lead to a healthy, active life.

14. In her Alliance Scholar Lecture at the 2004 ***AAHPERD*** convention, Dr. Amelia M. Lee examined critical factors necessary to ***Promoting Lifelong Physical Activity Through Quality Physical Education***. Challenges and implications were described that will help guide all physical education teachers in planning and implementing programs that will have the greatest likelihood for lifelong learning and behaviors.

15. Reporting on statewide data for the 2007–2008 year on well over 1 million children in the schools of Texas, results of the Fitnessgram testing instrument demonstrated clearly that those students possessing higher levels of physical fitness also possessed higher scores on the Texas schools academic testing program.

A number of agencies have established recommendations regarding the amount and intensity of physical activity (ACSM, 1988; CDC, 1997; USDHHS, 1996). One recommendation is that all individuals should participate in regular moderate activity. For adolescent (ages 13–18) populations, Sallis and Patrick (1994) determined that 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.

The National Association for Sport and Physical Education (NASPE) released guidelines for appropriate physical activity participation for children ages 5–12 in ***Physical Activity for Children: A Statement of Guidelines*** (Corbin & Pangrazi, 1998). One of the recommendations is that at least 60 minutes per day is encouraged for

* For a complete description of his findings, refer to Rately's book entitled: ***SPARK: The Revolutionary New Science of Exercise and the Brain.***

elementary school children and that some of the child's activity be in periods lasting 10 to 15 minutes or more and should include moderate to vigorous activity.

Furthermore, this report also stated that students should be able to self-monitor themselves to see how active they are and should also have individualized intensity of activities.

Several methods of *measuring* physical activity have been used and tested with adults and children. These include self-reporting, activity counters, and monitoring heart rate by various means.

Heart rate monitoring has been identified as a valid means of estimating energy expenditure and intensity of physical activity. Children's behavior patterns have suggested that the use of heart rate telemetry (wireless heart rate monitors) is the most effective means of tracking physical activity of children, especially in field settings (Gilliam, Freedson, Geenen, and Shahraray, 1981; Saris 1986). In fact, this method has been used to validate other methods and instruments. Heart rate monitors were used to validate activity counters such as Caltrac accelerometer (Sallis, Buono, Roby, Carlson, & Nelson, 1990), the Tritrac-R3D activity monitor (Welk & Corbin, 1995), the Computer Science Application (CSA) accelerometer (Janz, 1994), as well as interviewer and self-administered physical activity checklists for fifth grade students (Sallis, et al., 1996).

The implementation of heart rate monitors by this program in the early 1980's (LIFE Magazine, February, 1987), has provided the link to what is going on inside every student's body while they are engaged in the lesson. Beyond measurement for moderate to vigorous activity, the heart rate technology has proven to be the technology that validates a student's understanding of intensity. Observation that is used as a means for evaluating intensities of students has no objective evidence to confirm the teacher's perception or the student's perception of exercise intensities. With no objective data to reflect upon by the teacher and by the student, there have been generation after generation of students in Physical Education classes that have been **disconnected** to what is being referred to as intensity or how hard they are working.

Physical educators' interpretation for moderate to vigorous activity has been simply through observation and not a measurable outcome for individuals on a daily basis. Consequently, there has always been a complete disconnect to exercise prescriptions for both students and teachers. We must take the guessing out of assessing.

When using the heart rate technologies, the teachers and the students are connected to each other through the technology. The student has been given permission, through the use of the heart rate monitor, to adjust their individual pacing throughout class according to what is really happening second by second inside their own bodies.

This connection and this ability to respond individually using appropriate intensities, provides a total immersion for individualized learning and individualized response that is self-directed. The teacher has the ability to recall all student data from heart rate monitors and deliver these reports to the parents as well as to the school board. This is a revolutionary system for which there is no other possibility to report intensities recorded from accurate readings from what is going on inside the body on a daily and individual basis. The heart rate data is *automatically* stored in student records and can be sent to the report card that has been invented for physical education: The PE Manager. Moderate to vigorous activity is clearly identified in these reports using bar graphs that are color-coded as well as data that is both in percentages and minutes and seconds.

The data that is provided through this individual recording is also a part of the group data collection for each class period. The teacher and the student will be able to see the effects of the lesson intensities that provide the reflection for achievement both individually and collectively. This is a student and teacher relevance issue for all lessons. There is a contributing partnership from both the student and the teacher that is being objectively measured. The teacher is responsible for presenting lesson designs that can achieve the desired outcomes and the students have the ability to adjust their intensities to achieve their personal goals, and ultimately affect the group goals.

The heart rate graphs are also the basis for examining the *dynamics of a lesson*, along with the use of digital cameras to record pictures throughout class. This has provided a detailed description for what is going on throughout the specific time segments of each class. This has become the relevance that links our lessons, our student achievements, our time-on-task lesson design and response, and our visual and data-driven communication to our community.

Grundy Center Schools have been in a partnership with the University of Northern Iowa, PE4life, and Polar Electro Inc. for the past 6 years. Seven or eight grad-

uate students are recruited to live in Grundy Center while embedded in a contextually based, fully immersed Masters Program that links practice to theory while teaching part time in the Grundy Center Physical Education Program. One of the significant strategies is to incorporate strategies to inspire community health and fitness.

One strategy that has been essential in linking our physical education program to the community is the "Day In The Life" project (Lessons From The Heart, 1997). The graduate students have specific homework assignments that engage the parents of their students to contribute to their own health and well-being and also to inspire one another to live better. One avenue for linking this physical education program to the community is to invite as many adults as possible to wear a heart rate monitor for an entire day. Hundreds of adults have participated in this lesson and their heart rate printouts are part of an ongoing program to inspire others to live better. The ability to see their heart rate on a colorful graph and interpret the data is powerful. It is the connection for each of these individuals with their own lives as well as to reflect on the daily lives of their own children and others in the community.

These heart rate printouts are posted on the walls of the gymnasium so that all who enter this facility can reflect on not only the day in the life of so many adults, but also to become aware of what their own day in the life may look like. So far, 100 percent of the day in the life graphs exhibit sedentary lifestyles. Not one individual in this community has demonstrated anything other than complete sedentary living during their work day. This was an opportunity to not only document their daily sedentary lifestyle using this strategy, but also became the best avenue for educating our community members to cardio fitness and healthy diets.

This technology provided a link to their own daily life patterns and this *same* technology was being used during the school days by their children. The education and the awareness for correct pacing during exercise and holding students and teachers accountable, was important for the families to understand. Through their own experience from actually using this throughout their day, this became a personal lesson. For many families, this was a starting point for making family health a priority and established a strong bond between the community and the physical education department and school system.

This astonishing data from our community was part of the inspiration to open our school fitness center to the community during before and after school hours. A partnership with a YMCA in a nearby city has now developed using the school facilities to house the YMCA programs and its director for this rural Iowa community. The Polar Scholars are a contributing source for personal training and for leading specific youth and adult fitness programs outside the school day. This is considered to be a part of the total immersion of this program. It is through the YMCA programs that the Graduate students provide free BodyAge Fitness Assessments to the community at no cost. This is a very high tech assessment using the TriFit Assessment System.

The Polar scholars are also involved in planning and delivering health living seminars each month for the community. These seminars are designed to continue to reach out to the community and to continue to inspire and educate one another. Community members are also being recruited to offer health living seminars and share their own inspiration with others.

LCD projectors have been permanently mounted into the ceilings of the gyms and fitness room. These audiovisual projection systems are a part of the teaching and learning strategies that enhance the learning opportunities for all learners. The learning points are easily seen from the projection system that is displayed on one of the walls. Video, heart rate graphs, rules of games, lesson concepts, etc. are examples of the learning opportunities that are improved with the visual capabilities in the physical education classes. The expectations for the Polar Scholars are that they must produce all lessons using the projection system that will help deliver a high rate of learning success.

There are sophisticated audio systems that are in place in each gym. Music is an important part of enhancing the learning environment and in moving students from one transition phase of the class time to the next. Aerobic time would have music that is upbeat. Warm-up time would have music and instructions that would have been programmed into the system by the instructor for the week. Classical music is used during the warm-up phase of class, with each month focusing on a different composer.

A wireless microphone is also in place for all instructors so that instructions can be clearly heard by everyone and the voice of the physical educators is at a normal level. Shouting in large gyms can be interpreted by students as an instructor who is angry. It is important for students to hear the instructions and to understand what the instructor is saying.

High-tech fitness testing is in place in this program. All cardio testing is done with all students using a downloadable heart rate monitor to record heart rate throughout the cardio testing protocol. This means all testing is done with all students first resting in the gym during the pre-exercise phase of the cardio protocol. Students are then stagger-started for the actual cardio test. This important strategy is used to insure that obese students do not finish last during a mile run test and to insure that no student is exercising at too high an intensity.

Because of the use of heart rate monitors, there is a record for the entire protocol and this heart rate graphing is recorded automatically inside their student records for future reference. These visual graphs are also used to teach using the data for heart rate education. Students are asked to evaluate their heart rate response throughout the cardio test. Using their own graphs from the previous day provides the link for personalizing this learning experience. This is exactly what the Workplace Competency, Standard 5, is seeking: New knowledge by evaluating, combining, and extending information using multiple technologies.

Beyond the heart rate information, there is also use of activity monitors that students and parents can wear throughout the day and night for an entire weekend. This information can be downloaded and looked at by the entire family. Each family member is assigned the activity monitor and as a family fitness strategy, they log into the web-based program and record their personal information each day. It is a matter of discussion and mutual interest in seeing if all family members are getting daily moderate to vigorous activity.

The multiple technologies that are invented for the profession must be embraced, and will be part of the modernization of the physical education profession. We believe that with the lifestyle illnesses at such high levels, lifestyle indicators must become the center of our high tech evaluations for lifestyle wellness. Beyond functional fitness, our testing must include relevance to occupations. Three other assessments that Grundy Center is embarking on will include the fitness tests for all 6th through 12th grade students for the Military Fitness Test, the Firefighters' Test, and the Police Force Tests. In addition, we are also looking carefully at what Insurance Companies are now including in their screening tests for reduced premiums. If we can show parents and students that their children in high school are able or unable to be employed because of the ability to pass these tests, it is a wake-up call that can be motivating in new ways for our populations. If our high school students do not qualify for reduced insurance rates because of poor fitness and health, they may be destined to a life of high insurance rates and early disabilities.

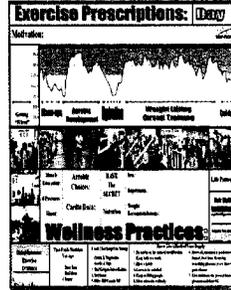
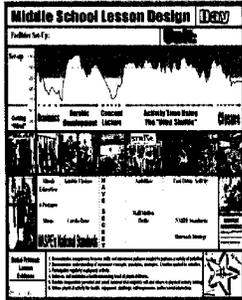
Lifestyle illnesses will require lifetime investments for us all. The new physical education programs must reach outside the walls of the gym and into the hearts and minds of our entire communities.

Thank you again for this opportunity to present this information, and I will be a tireless supporter of your actions on this bill.

Physical Education Has Entered An Age Of Lifestyle Education:

School

Community



Lifestyle Prescriptions
 Mind/Body/High-Tech Education
 Stress Management
 Knowledge and Applications
 Exercise Science-Based Conditioning
 Positive Thinking/Imagery

Mental



Emotional

Sportsmanship
 Expression/Socialization
 Interaction/Participation
 Healthy Relationships
 Relaxation/Listen To Your Body
 Self-Control

Health

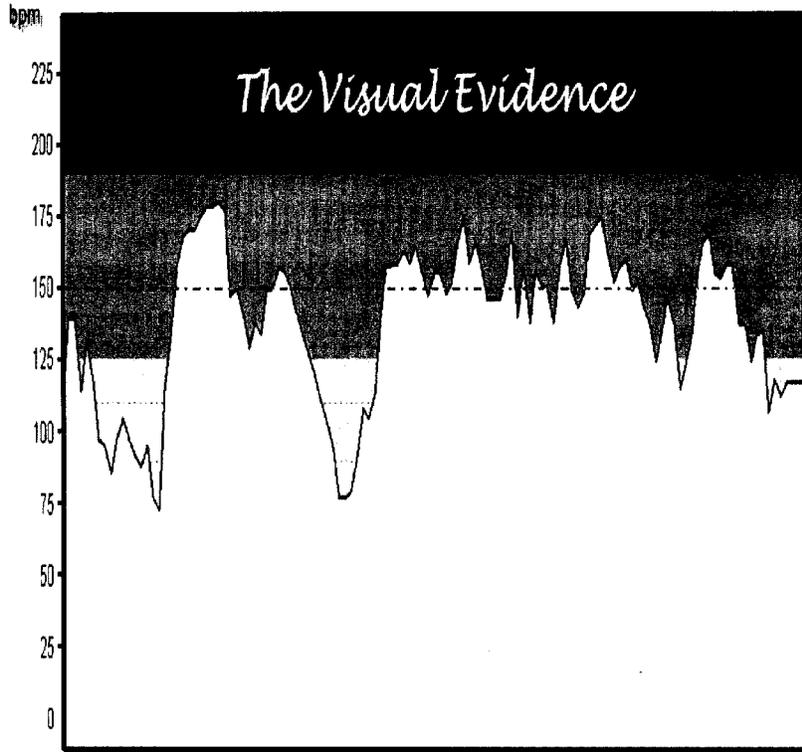
Lifestyle Illnesses:
 Obesity
 Diabetes
 Heart Disease
 Cancer
 Stress Disorders
 High Blood Pressure
 Eating Disorders
 Spinal & Joint Problems
 Sexually-Transmitted Diseases
 Drug Abuse
 Mental Problems
 Smoking
 Teenage Pregnancies

Physical

Activities:
 Sports
 Recreation
 Games
 Outdoor
 Dance
 Virtual Games
 Individual
 Team Activities
 High-Tech,
 Lifestyle
 Assessments

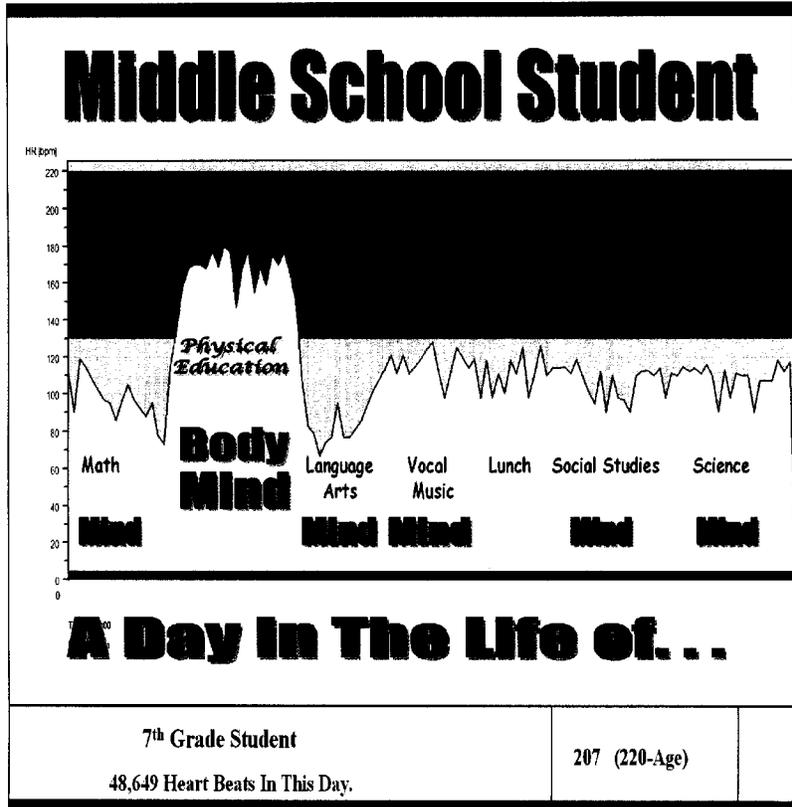
Copyright by STARTECH PE, Inc. 2005

The Question : How Active Were You In Physical Education Today?

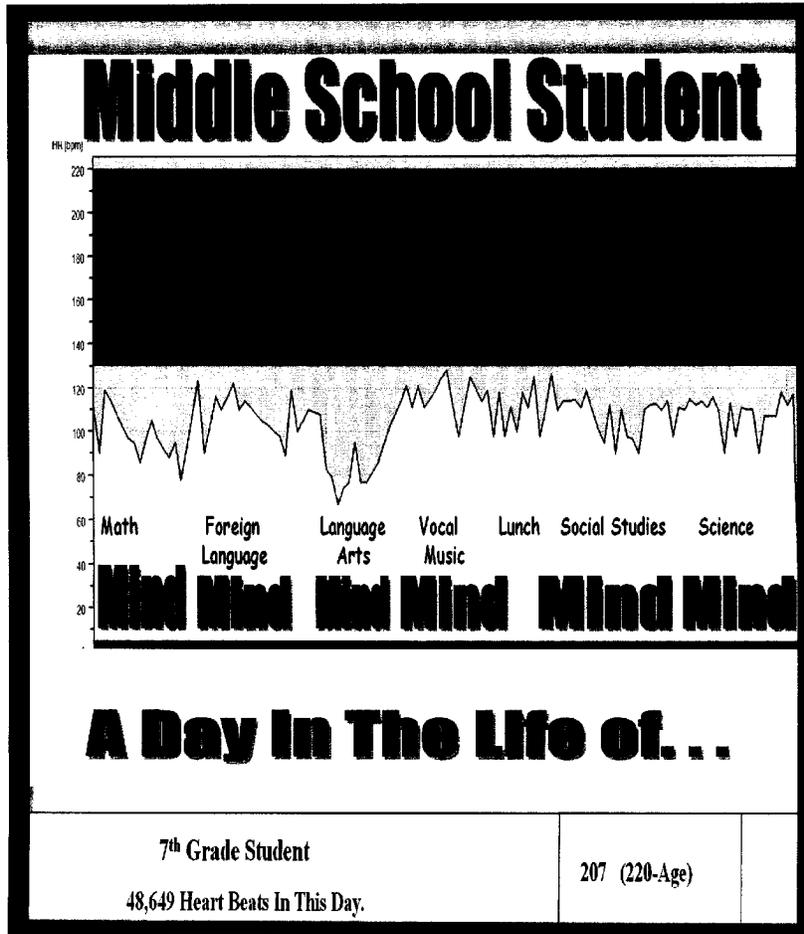


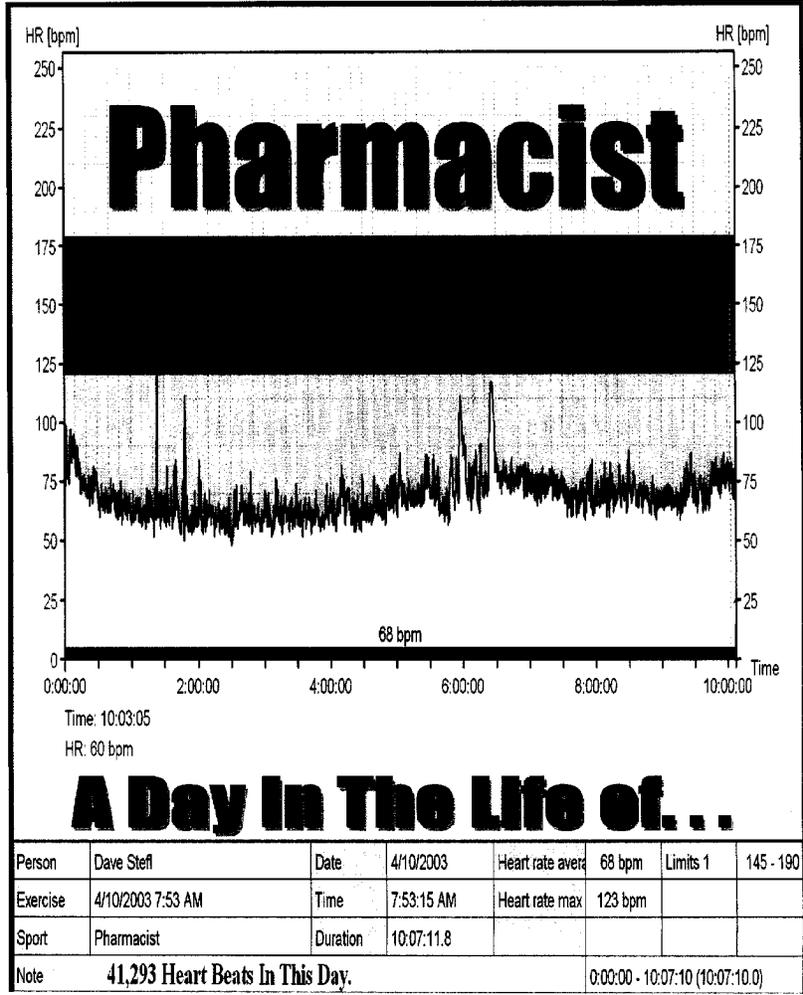
The Answer : You Were Moderate To Vigorously Active 73.2% Of The Physical Education Class Time.

School Day Includes PE



No PE In School





Lifestyle Patterns Established In *Youth* Often Lead To Lifestyle Patterns In *Adults*. Can We Afford To Create Inactive Lifestyle Patterns?

How Would Your Heart Rate Paint The Portrait of Your Day?

Elementary Student
A Day In The Life of...
[Heart rate graph]
[Data table]

High School Senior
A Day In The Life of...
[Heart rate graph]
[Data table]

Factory Worker
A Day In The Life of...
[Heart rate graph]
[Data table]

Pharmacist
A Day In The Life of...
[Heart rate graph]
[Data table]

Attorney At Law
A Day In The Life of...
[Heart rate graph]
[Data table]

Dentist
A Day In The Life of...
[Heart rate graph]
[Data table]

Chemical Area Foreman
A Day In The Life of...
[Heart rate graph]
[Data table]

Bank President
A Day In The Life of...
[Heart rate graph]
[Data table]

Hair Stylist
A Day In The Life of...
[Heart rate graph]
[Data table]

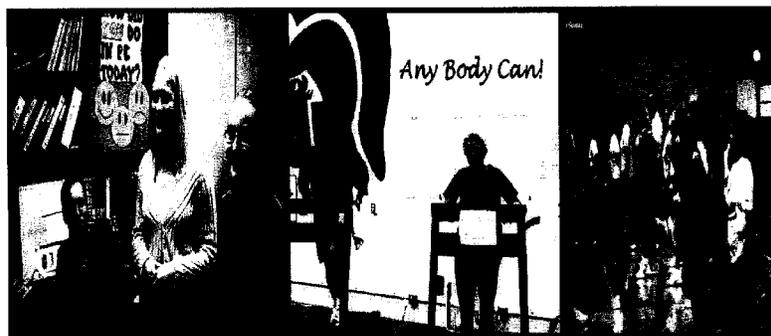
District Judge
A Day In The Life of...
[Heart rate graph]
[Data table]

Accountant
A Day In The Life of...
[Heart rate graph]
[Data table]

Medical Doctor
A Day In The Life of...
[Heart rate graph]
[Data table]

Elementary School Principal
A Day In The Life of...
[Heart rate graph]
[Data table]

Service Manager
A Day In The Life of...
[Heart rate graph]
[Data table]



Physical Education, alone, will not solve our state of health and well-being for our children. It is a community and lifestyle challenge for us all.



Inspiring One Another To Live Better, Together.

REFERENCES

1. Definition of A Physically Educated Person (NASPE Outcomes Project).
2. U.S. Surgeon General: Recommendations for School and Community Programs Promoting Physical Activity Among Young People.
3. *Circulation*. 2003; 107:1448. Obesity, Insulin Resistance, Diabetes, and Cardiovascular Risk in Children. An American Heart Association Statement.
4. *Nature Clinical Practice Endocrinology & Metabolism*. Nov 2007. Management Approaches for Pediatric Obesity. (Accessed through Medline).
5. National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity and Health, A Report of the Surgeon General. At-A-Glance*, November 1999.
6. *Circulation* 2006; 114; 1214–1224. (Journal of the American Heart Association). *Promoting Physical Activity in Children and Youth: A Leadership Role for Schools: A Scientific Statement From the American Heart Association Council on Nutrition, Physical Activity, and Metabolism (Physical Activity Committee) in Collaboration*

With the Councils on Cardiovascular Disease in the Young and Cardiovascular Nursing.

7. National Alliance for Nutrition and Activity. *Reducing Obesity, Heart Disease, Cancer, Diabetes and Other Diet- and Inactivity-Related Diseases, Costs, and Disabilities.* 2006.

8. AASA. School Governance and Leadership. Spring 2006. *School Policy and Practice: Taking On Childhood Obesity.*

9. Robert Wood Johnson Foundation. Active Living Research. *Active Education: Physical Education, Physical Activity and Academic Performance.* Fall 2007 Research Brief.

10. Kenneth Cooper, M.D. *The New Curriculum Emphasis in Physical Education.*

11. State Legislatures. December 2007. *PE Makes A Comeback: Lawmakers are looking at physical education to improve kids' health and academic achievement.*

12. Journal of Exercise Physiologyonline (JEPonline). Volt. 8 No. 1 (Feb. 2005). Grissom JB. *Physical Fitness and Academic Achievement.* Details and highlights The California Study (N=884,715).

13. Education Week (Feb 2008). Viadero, Debra. *Exercise Seen as Priming Pump for Students' Academic Strides.*

14. Preventive Medicine. Volt. 25, Issue 4, July 1996, Pages 423–431. McKenzie, Thomas L., et al. *School Physical Education: Effect of the Child and Adolescent Trial for Cardiovascular Health.*

15. USA Today. Heather Terwilliger. *Study: Phys ed may boost girls' academic achievement.*

16. Smith, Nicole J. and Monica Lounsberry. *Promoting Physical Education: The Link to Academic Achievement.* JOPERD (Jan 2009), PP. 39–43.

17. Corbin, Charles B., Guy C. Le Masurier and Dolly D. Lambdin. *Fitness for Life.* Champaign, IL: Human Kinetics Publishers. 2007, PP. III–V.

18. Loughrey, Thomas J., *Physical Fitness/Healthy Lifestyle Strand: Content Structure and Emphases.* 2000.

19. Welk, Gregory and Roxane Joens-Matre. The Effect of Weight on Self-Concept, and Psychosocial Correlates of Physical Activity in Youths. JOPERD (October 2007), PP. 43–46.

20. President's Council on Physical Fitness and Sports. *Research Digest: Motivating Kids in Physical Activity* (September 2000).

21. Lee, Amelia M. *Promoting Lifelong Physical Activity Through Quality Physical Education.* JOPERD. May/June 2004. PP. 21–55.

22. Kirkpatrick, Beth and Burt Birnbaum. *Lessons From The Heart.* Champaign, IL: Human Kinetics Publishers. 2000.

The CHAIRMAN. Oh, boy. Now you can see why I had Secretary Duncan go to the Grundy Center school.

[Laughter.]

I wanted him to see, with his own eyes, just what can happen to kids who have access to quality physical activity and wellness programs when they first enter kindergarten on through high school. They measure these kids, they keep track of them as they go through school. And as Beth said, they went out and got the whole community involved so that the parents now know what the kids do, and they know what's happening to them, too. It has been a whole community effort, and what they've done at that school has just been phenomenal.

What's the population of Grundy Center?

Ms. KIRKPATRICK. Twenty-five hundred, and we're in the middle of a cornfield.

[Laughter.]

The CHAIRMAN. I always say, "If a town of 2,500 can do this, obviously we can do it other places, too." It's not rocket science, it's just determination—as you say, "using modern technology" to improve health and wellness for these kids.

The one thing you didn't mention that I wanted Tim Shriver to hear is, I've been there a couple times, and I've seen kids with disabilities and how you get them integrated into that whole process.

Ms. KIRKPATRICK. Yes.

The CHAIRMAN. They can't do some of the exercises other kids do, so they have exercises tailored to them, to get their heart rate up. Whether they're in a wheelchair, or whether they have an intellectual disability, you have them get their heart rate up.

Ms. KIRKPATRICK. Yes. We had a global conference last week, where we had—3 years in the planning—we had 100 professionals from the world; 25 countries came in for 3 days to study and look at what we were doing. When the people talk about philosophy and theory, they came to see solutions. It was shocking to see how the people that came in from all over—we had representatives from, I think, almost 25 countries. It was phenomenal. That was one of the things they looked at.

The CHAIRMAN. I always say Rick Schupbach and Beth Kirkpatrick are better known outside the country than they are in our own State, which is kind of sad, really, as a matter of fact.

One thing I want to cover—oh, we started the vote. I just want to ask all of you this, If we want to encourage physical activity, if we want to get schools to really think about the whole child, should this be a part of the grading system?

Ms. KIRKPATRICK. Yes.

The CHAIRMAN. In other words, if you don't get graded on something, you tend to push it off, but if you're getting graded on it, and it can add to your grade point average, as you go through—well, I don't know.

Ms. KIRKPATRICK. Yes.

The CHAIRMAN. You're saying yes.

Ms. KIRKPATRICK. Absolutely.

The CHAIRMAN. Do you do that in Grundy Center?

Ms. KIRKPATRICK. Absolutely.

The CHAIRMAN. It's part of—

Ms. KIRKPATRICK. We measure on what's fair. Leveling the playing the field means that, if you're going by heart rate, how many minutes you're in or above the target zone—it means that it's right for the obese kid, for the skinny kid, for the athlete. The athlete has to work hard to get his heart rate in that zone. The obese kid doesn't have to work as hard, but is working as hard. That's why we have to have multiple pieces of equipment; so I can ride an exercise bike—there are bikes invented that produce energy. We're getting a bank of bikes that will produce energy. You hook it up to the electrical grid, and we believe that we can save 20 percent of our cost for energy by having the electrical grid.

I want to get people that are mowing lawns, I want to buy 25 of the hand lawnmowers—once every 3 weeks the PE class could go out, we could mow the entire grounds every 3 weeks.

The CHAIRMAN. You may have just lost me there.

[Laughter.]

It's a joke.

How do you feel about the grading system, Dr. Pate? I mean, having this as part of the grades?

Mr. PATE. I absolutely believe we should grade our schools in this area. I believe this should be part of the school report-card system across the country, and it is not, now. If you look at the accountability systems that have been adopted by the States, they very consistently focus only on the core academic subjects, and they

leave out physical education and health education. I think we're unlikely to level the playing field, here, until we incorporate PE and health education into the school report cards across the country.

The CHAIRMAN. That's what the FIT Kids Act does—grade schools. We're still working to address this. Should schools be encouraged—we can't tell them what to do, but should we have incentives in ESEA to encourage schools to grade the kids, to give them grades in physical education, nutrition and wellness? I don't know.

Tim.

Mr. SHRIVER. Just briefly, Senator. I think the grading—the balance scorecard for schools is desperately needed. The corporate world moved in this direction generations ago, to have multiple measures of performance, multiple measures of outcomes, not just one bottom line; double, triple, quadruple bottom lines. Schools need a balance scorecard, an array—a scorecard that gives them a clean and balanced view of what goes on in schools.

I would add, I think grading is an empowering tool for kids. The country's moving toward the potential for electronic health records, people would be empowered to know their own health status, to be able to monitor their own health indicators. That can start very young. Children can begin—maybe we don't have to measure pull-ups anymore, but we can measure how many something-elses we can do—not just to be able to judge teachers in schools, but to empower young people. Young people want—when you say to them, “You've run a mile in 7 minutes and 35 seconds,” they want to get their time down. They want to get better, they want—they see these scores, goals, and measures as inspirational things, so I think it's not just about assessment. It's also about empowerment.

I would strongly encourage the committee to consider multiple ways of looking at assessment in schools, not just as a way to evaluate what schools do, but also as a way to empower parents and children to take control of their own learning and their own health.

The CHAIRMAN. Dr. Yancey, how do you feel about grading?

Ms. YANCEY. Well, I think that, as long as the grading system is really focused on the long-term objectives that we want—so, if what we're looking for is to build skills for lifetime physical activity participation and to get kids in shape, as opposed to building the next generation of revenue-sport athletes, then we need to have the types of grading that Ms. Kirkpatrick is talking about. We need to have grading that's based on effort, based on showing up, based on learning a set of skills, but not so much based on how fast you are or how far you can jump.

I also think that we need to have the grades that kids get included in their GPA so that when colleges look at it, that's a part of the system; that shows that we think that this is important.

The CHAIRMAN. Thank you.

We have a vote on, and we're in the second round of voting. We will just have to recess for a few minutes and come back. OK?

[Recess.]

The CHAIRMAN [resuming the chair]. The committee will resume its sitting.

Senator Enzi has an amendment on the floor and will not be able to come back, at least not right now.

When we left, I was asking all of you about this idea about grading, and whether they should be incorporated somehow in the structure of how schools are assessed. I asked everyone, but I didn't ask Dr. Levin.

Dr. Levin, you're batter up.

Dr. LEVIN. Thank you.

I'm sort of not thinking that grading the kids is the best idea. It somewhat seems punitive. I really do think we need to grade schools—I agree with Dr. Pate—particularly in the question of whether we're providing certain levels of services. Obviously, if a child has not had access to any sort of healthcare, much less well-child care, I don't know that hoping that physical education alone is going to make the difference in their health status.

I think that we should have a report card that allows that, somewhere in a community, either through a school-based clinic or through a community health center or through the regular other sets of health services, every child has access to primary care so we can assure that they're ready to exercise. Then it may become important to start grading the kids on their effort.

I think we have so many communities—in your State of Iowa, and clearly in my home State of Tennessee—where kids may actually have tickets to ride, but no one to take the tickets, in terms of healthcare services. The school-based clinic becomes very important in providing some sort of—what is the word you used—“leveling ground”, to make for certain that everybody's ready to exercise and be ready to put out their full effort.

The CHAIRMAN. Well, obviously we've examined that in the past, too, about school-based clinics and about health interventions for kids in school. It sounds like you've done a pretty good job of that down in Tennessee, though, with your school-based clinics.

Basically, all of you are thinking that we ought to have some system of evaluating schools on how well they do to encourage and provide for physical exercise. Now, a lot of times, people use the word “physical education.” I talk about “physical exercise,” I don't say “physical education.” I assume there is an education component to it, but it's more just getting kids moving and exercising.

You all feel pretty strongly—I think I found a consensus that we ought to at least have some system of evaluating schools on this basis. We're going to change No Child Left Behind in this way. No Child Left Behind, the annual yearly progress was based upon how close you got to a goal, like—an unattainable goal. It's got crazy kinds of situations, like Secretary Duncan and others have talked about, where you could have a teacher that had a couple of kids who were two grade levels behind; at the end of the school year, they were only one grade level behind. Yet, the teacher was designated “not a good teacher.” When, really, that teacher was a good teacher.

We're looking into a growth model, to account for the gains that students and schools make. I'm also thinking about, how we incorporate, into a growth model, encouragement for schools to provide physical exercise to get these kids moving? You've all had experience in that area. What are the best strategies? What are the most

effective strategies? And how can the Federal Government promote those? We provide only 9 percent of the funding for elementary and secondary schools. As we've shown in No Child Left Behind, we can provoke and promote, changes in different things. What are some of the best strategies that we can use? How can the Federal Government promote those? This is an open question. Anybody want to take a shot at that, at all?

Mr. PATE. I'll take a shot.

The CHAIRMAN. All right.

Mr. PATE. There are systems for systematically evaluating the caliber of physical education that is delivered. Unfortunately, those systems are not widely applied. And there are a number of reasons why they aren't. In some cases, resources are required that haven't been made available. In some cases, the schools themselves have been resistant, just because of the burden. But, the systems exist and they are validated, they do work; and if they were widely applied—and, I think, if incentives were provided, then the schools would be much more open to adopting them—but, if they were widely applied, I'm convinced they would have an enormous impact on the quality of physical education that's delivered around the country.

Ms. YANCEY. Senator Harkin.

The CHAIRMAN. Yes.

Ms. YANCEY. I definitely agree with Dr. Pate's comment. Physical education time, that time that is designated, and usually mandated to be a certain amount of minutes per day or per week, is the primary opportunity, and we need to make that time more active. There are evidence-based programs, like sports play and active recreation for kids, or CATCH. I've forgotten what CATCH stands for, but it's a Texas-based program that has been implemented nationally, as well.

I think that that's a starting point, but I also think that there's increasing evidence that inactivity—long periods of inactivity—is hazardous to your health. And I think that, for that reason, activity breaks integrated into the school day, to get kids up and moving, both helps the school's mission and it also helps the kids' health.

If you'll bear with me, I just would encourage you to—just everybody standup for a moment, I'd like to demonstrate what we're talking about with Instant Recess.

The CHAIRMAN. You're on.

Ms. YANCEY. OK. So, let's everybody march in place. Everybody march in place. OK. Now, we're doing something that you can literally do just about anywhere. I'm going to introduce you to one that we just developed, in concert with a Native American reservation in Montana, and so it's based on pow-wow dance. While you're marching, keep marching, hands on your hips. OK. Now, bend just a little from the hips, keep your back straight. Arch your back a little bit. OK, keep your back straight, keep marching. OK, now I want you to just flap your wings. Flap your wings.

[Laughter.]

Now, doesn't that feel good? Really, your back is a little stiff and tense—five, four, three, two, and one. You may sit down.

[Applause.]

The CHAIRMAN. All right. Well, that kind of leads me to a question I was thinking about. Most people think about physical exercise during the day as—you've got to round up all these kids, send them outside, they've got to put on their tennis shoes—it takes time to do all that kind of stuff, go to their locker, come back. There's a lot of things you can do by your desk to promote activity. That's one of them.

I've seen this happen before, where kids would get by their desk and do certain things, and some teachers, who were more learned in yoga, had kids doing certain stretching exercises and things like that, that helped them be more limber. Just things like this, you could do by your desk.

Ms. YANCEY. You can, but one thing that I will say, in school it works fine to have kids doing it by their desks. I also think that if we really want to create a movement in this country, we've got to get everybody moving. I would love to see you do this on the Senate floor.

[Laughter.]

The CHAIRMAN. Uhhhh.

[Laughter.]

Ms. YANCEY. We've got the DVD.

Mr. SHRIVER. During the State of the Union Address.

Ms. YANCEY. There we go.

The CHAIRMAN. What did you say, Tim?

Mr. SHRIVER. I was saying, "Why not during a State of the Union Address?"

[Laughter.]

Dr. LEVIN. I'd like to say, innovation, I think is really most important for the—answering the question that you were asking.

This happens to be one of the positive things about being in school health. This is a thank you note from Vonore Elementary School, thanking us for a garden. We just have a grant, that they're building a garden. The important thing is that the garden, while they're growing food and they're learning about natural food, they actually had to get out and make the garden. They had to get their parents involved in helping them do the garden. I realize this is modeled off of something that's been happening here in Washington, as well, but I think that if we had gardens happening at all of our elementary schools, there's a lot of physical activity that goes on. I think we have to be open to the fact that all sorts of things, Instant Recess, time after school gardening—you know, Wiis, whatever it is to move ahead.

The CHAIRMAN. Well the First Lady is working with Secretary Vilsack, and some of us also on the Agriculture Committee, to promote more school gardens. That's sort of a nascent movement, but it's catching on, more and more around the country. That is happening.

Ms. YANCEY. Senator Harkin.

The CHAIRMAN. Yes.

Ms. YANCEY. There's also something called the Moving School Concept that has been used in Europe some. I'm aware of a couple of articles from Germany. They actually restructure the school day, and not in a way that would require a huge investment of capital, but just reorganizing the classroom space so that kids have to move

around from station to station. Putting kids on balls instead of seats, so that you kind of have to move and juggle a little bit. I actually use a ball at my workstation at work. Actually makes me feel a lot better just looking at the ball, rather than a regular desk chair. I think that there are these kinds of strategies—and again, it's innovation, but it—since I'm mostly concerned about the low-resource schools, it has to be kept simple. It has to be things that people can do just about anywhere, without the kinds of resources to completely revamp the entire school, which we hope will happen.

Mr. SHRIVER. If I could just, briefly, Senator, this issue of measurement, I think, is really at the heart of this reauthorization process. What are schools accountable to do? What are they accountable for? How will accountability be measured? I think most educators see accountability as here to stay. Although some would like that to not be the case, I think most recognize that that's a positive change. What I find, when I talk to teachers, principals, school board members, superintendents, and so on, is—the problem is how accountability has, up until now, been defined. As you say, annual yearly progress measures just don't work. They're not accurate. We're in the nascent stage of figuring out how to measure school performance. This is a whole new thing. When I started an education in 1981, there was no Federal accountability. There was no standard in education, at all.

I would put my strongest voice in favor of trying to invite your staff and other experts to shape a balance scorecard that could form a new era of accountability, that would look at issues that parents know and want to know, that kids know and want to know, that educators want to know more about. Some of the data exists, some of it could be around attendance. There's a whole range of behavioral measures of schools: attendance, dropout rates, suspension rates, referral rates to—for violence and fighting, and those kinds of things. They're really important indicators for parents about whether they want their child to go to that school or that school is getting better, or not, if violence rates are going up or down.

But, again, systematically, the Federal Government hasn't asked people to be accountable for those kinds of data. Same thing is true of physical—in Special Olympics, we have, what I would consider, process measures, we ask people to set standards for the number of hours. It's not a particularly precise measure, but at least it invites people to recognize that number of hours, frequency of exercise, frequency of training, and frequency of skilled practice is a standard of quality. It's not particularly sophisticated. It, as you point out, uses the leverage of the Federal Government to get people asking the questions. Then the innovation can take place at the local level. You don't strangle the local districts. You don't strangle teachers. You just say to teachers, "These are the kinds of things the country has a vested interest in." Then you inspire the kind of innovation that you're seeing to my left and right here. The local control is there, but the Federal Government is playing its role, I think, in a very healthy and productive way.

The CHAIRMAN. That's where I hope we're headed. One thing that's different now, that's going to happen next month, is, States have signed on to Common Core Standards. We've never had that before. Common standards has been a long fought battle. Forty-

eight States, as you know, 2 or 3 months ago, signed on to develop this Common Core Standards, which are supposed to come out next month, if I'm not mistaken. That is a huge step forward.

Mr. SHRIVER. Huge. And those standards are much different than NCLB-type measures.

The CHAIRMAN. That's very true.

Mr. SHRIVER. Figuring out how the standards now become the platform for a new range and a new generation of measures is really, maybe—I heard Senator Enzi say, "We need to fix," he used that word, which I found extremely—as I was saying to his colleagues, extremely powerful. To me, the centerpiece of the fix will center on how the Federal Government, and how this Congress and Senate, decide to shape what we're going to ask people to be held accountable for.

The CHAIRMAN. Ms. Kirkpatrick.

Ms. KIRKPATRICK. I'm concerned about the rampant discrimination that's going to happen across this country. They'll have two people they'll interview, and there'll be an obese person, who could be brilliant, and someone who is in shape, and they won't be quite as brilliant; that person there is going to be left out. As we see this—it scares me to death to think that the same amount of minutes are being put into physical education classes or activity for the obese kid as the skinny kid.

Somewhere along the way, we have to have remedial physical education or remedial help. We have to identify these kids very young, because when you start to look at hiring practices, the trends are out there, that these States—and I'm not going to say the name of the State—but they're worried about getting businesses to come because they know that if they have an obese population, they're going to miss more work days—there's a lot of things going to happen because of discrimination. I don't think we've even imagined what's going to happen on that.

The CHAIRMAN. I'm not certain I understand this.

Ms. KIRKPATRICK. Well, what will happen is, the data shows that the obese worker has taken more work days, spends seven times as much money because of healthcare cost. We'll come back to these small—

The CHAIRMAN. I understand all that. Are you suggesting that, in school, that somehow kids who are more obese need more time for exercise.

Ms. KIRKPATRICK. Yes, I am.

The CHAIRMAN. They have more exercise—

Ms. KIRKPATRICK. I am. We're doing that in Grundy Center. We have our partnership with the University of Northern Iowa, their graduate program, with seven grad students—is that we can pull students out of study hall, or before or after school, and give personal training to get these kids on track before they graduate. If a teenager graduates obese, 28 out of 29 remain obese their entire lives, which affects their entire cost of everything.

The CHAIRMAN. One thing I don't know about what you do there, do you also have nutrition?

Ms. KIRKPATRICK. Oh, absolutely.

The CHAIRMAN. You do.

Ms. KIRKPATRICK. Yes, absolutely.

The CHAIRMAN. Yes.

Ms. KIRKPATRICK. In fact, I was impressed with your lunchroom down here, in the Senate, the great choices. I think so many people have—and you had some grants that were available, that we were unable to get, with giving away fruits and vegetables.

The CHAIRMAN. Yes.

Ms. KIRKPATRICK. That was a great idea.

The CHAIRMAN. Fruit and vegetables.

Ms. KIRKPATRICK. Yes, we have no pop machines, no soda machines, we have really revamped the entire thing. Yes.

The CHAIRMAN. I guess I just worry that—let's face it—some kids who are obese get picked on, they get bullied, and then, if they're somehow separated out for special attention—

Ms. KIRKPATRICK. It's a tricky thing.

The CHAIRMAN. That kind of bothers me a little bit.

Ms. KIRKPATRICK. Yes.

The CHAIRMAN. Should it bother me?

Ms. KIRKPATRICK. If they couldn't read, you'd have a reading teacher help them.

The CHAIRMAN. Well, you're right about that. I have to think about that one. That's interesting. You could have—well, I guess maybe it's like individualized instruction for kids. Right? I'll have to change my thinking about that.

Dr. Yancey.

Ms. YANCEY. Well, Senator, one thing I think that we're going to have to do before you could do that is to make sure that physical activity framing stops being something that's punishment and starts being something that is fun and exciting and relaxing and all that sort of thing. Then if the obese kids were selected out to get more of it, they might be happy about that.

The CHAIRMAN. And something—

Ms. YANCEY. But, not the way that it is right now.

The CHAIRMAN [continuing]. That's attainable, something that the kid can do.

Ms. YANCEY. Absolutely. It has to be something they can do. I'd also like to say that, because of what Ms. Kirkpatrick is saying, we also need to focus on what's going on in the pre-school day period, and the after-school period, because those are great opportunities to get kids more physically active—if, in fact, the teachers had the training.

That brings me to the point of—we really need to focus—and I think the Federal Government could use its leverage in this way—on the pre-service and the in-service period. The President's White House Childhood Obesity Task Force report points out that we need to get teachers more training to do things like activity-focused PE and recess breaks, and that sort of a thing. We also need to require it of elementary school teachers before they ever get into the classroom.

The CHAIRMAN. Yes, what you're saying is that this shouldn't just be the domain of the PE teacher.

Ms. YANCEY. Right.

The CHAIRMAN. Every teacher.

How do you do that in Grundy Center?

Ms. KIRKPATRICK. We have the “brain breaks” that we have built in. We have 52-inch screens in all of our classrooms, so we’ve tapped into people who have produced videos.

The CHAIRMAN. I mean, are your teachers trained in physical exercise?

Ms. KIRKPATRICK. Yes, they have the “brain breaks.” You can buy the videos, and you pop them in—and the kids stand up every 20 minutes and do some activities that are 2 to 3 minutes. Yes.

The CHAIRMAN. So, not just PE teachers, but all of your teachers are trained in physical education and wellness?

Ms. KIRKPATRICK. All of our teachers.

Dr. LEVIN. Actually, when they—it gets more tight financially. Frequently there aren’t PE teachers, so your regular teachers have to do these things.

The CHAIRMAN. That’s right.

Dr. LEVIN. Some of them are excellent, and some of them are not so excellent, and that goes back to, “How can you encourage excellence?” which I think she has some good ideas on.

I think that it’s important to recognize that it’s everybody’s responsibility. I’m a big believer that you have to get—you can’t exclude the family—that you’ve got to get the family involved. That’s somewhat challenging, because the child can’t come to school and live in one culture and go home and live in another culture. It’s really important to—what she’s been doing has been wonderful. We’re doing some of that in our neighborhood, as well.

The CHAIRMAN. Dr. Pate.

Mr. PATE. Senator Harkin, I think it is appropriate for the schools to be involved in providing special services for kids who are already overweight. I think that that can happen in some cases effectively by making good linkages between the schools and community-based providers of special services. I think the real lesson of the childhood obesity epidemic is—we have to take actions to prevent it. Because treatment of this problem is just awful. We wish it worked better than it does. It’s an enormous challenge to treat it effectively and to help a child gravitate toward a normal weight that will be maintained in the long-term. So, without in any way overlooking the needs of kids who are already overweight, I think we have to focus on prevention, because this is a problem that just requires it.

Mr. SHRIVER. Senator, yes, I would just make one, maybe, slightly different point, just picking up on what some of my colleagues are saying. Most elementary and middle schools do not provide after-school sports. It’s mostly done by park recreation departments, in most places in the country. While the physical education, the old model, which was done in schools—sports, which is, in general, what kids like—they want to play, they want to go out and race around and play. It doesn’t mean they don’t want nonsports physical activity. They love sports—kids—younger kids, especially. Most of that’s provided by community—nonschool-based institutions, either park rec departments or community-based organizations—

The CHAIRMAN. Right.

Mr. SHRIVER [continuing]. Similar to ours, Boys and Girls Clubs are here, Girl Scouts and Boy Scouts organizations. These kinds of

organizations form a massive network of community assets that are still, in most respects, outside the schoolhouse door; they are not fully integrated into the life of the school.

We think about indicators of things like school climate, school community's cooperation, when you think about, particularly in vulnerable communities, the integration of parents and community resources into the governance of schools, these are primary factors in contributing to learning. Yet, most schools are structured to, in effect, draw a fairly strong line between themselves and those community-based organizations. I don't know how you legislate this, I'm not necessarily proposing a specific element of NCLB or the reauthorization process, but I think we have to think creatively, and we have to encourage educators to think creatively, about the role that community-based resources can play.

A little bit of personal history—when you look at our population, people with intellectual disabilities, who are managed with tremendous neglect, for generations, and kept inactive, and had life spans that are a fifth what they are today. Just 20, 30 years ago, what changed the attitudes was community-based physical activities, it was Lions Clubs, it was Rotarians, it was those kinds of groups. It was men's and women's organizations, it was them—they we went out and they said, "We'll run sports activities, we'll do the training, we'll be partners in this."

In a time of very tight budgets, how the Federal Government sets standards is critical. How local districts, State education districts, think about implementation may have to require that we be creative, in ways that might not include necessarily having a traditional structure of classroom instruction and professionalized teachers in the school day. I don't mean to downplay in any way the importance of that activity, but it's only to say we might have to think more broadly.

The CHAIRMAN. I was just talking to my staff about this. We've had a hearing with Mr. Johns about how schools can coordinate with other entities. With the limited funds that we have, if schools were to do the things you were talking about, Mr. Shriver, then we would provide some kind of incentives to promote this, and to build the kind of examples that other schools could pick up on.

Mr. SHRIVER. I think some of that is in your legislation, Senator. Some of it's in the Fit Kids Act.

The CHAIRMAN. Yes.

Mr. SHRIVER. I'm sorry.

The CHAIRMAN. I'm just told, also, in the Health Reform bill that we put in, we had this whole section on prevention and wellness. We have the Community Transformation grants.

Mr. SHRIVER. Right.

The CHAIRMAN. To encourage communities to also coordinate with schools to do things like this. I'll see how we—I think that there's someplace in ESEA reauthorization or this, somewhere. I'll have to figure it all out, but there's someplace for this.

Mr. SHRIVER. Right.

Ms. KIRKPATRICK. I think we have to keep the heat on the parents, too. I think that that's drawing them in. We've been putting activity monitors on the entire family, and they go home for the weekend, and we find out how much time they're all active—the

mother, the father, the grandparent, if need be—and even how much time they’re sleeping. And if you look at kids, a lot of the obese kids are not sleeping as long. That’s one of the things that I read today in one of the newspapers, was that, that is a trigger, that not enough sleep is causing obese kids, or I think it is causing one of the factors of obesity. When we see that we can see how long kids are sleeping, we can sort of make recommendations to the entire family, that, “Your kids are getting 7 hours of sleep at night. Ten hours of sleep is what you need to have, or 11 hours of sleep.”

The activity patterns of an obese child and his entire family has been shocking. You’re going to see very close correlations between these. It’s an eye opener. It’s something that our community is looking at very carefully.

The CHAIRMAN. We’ve been joined by Senator Casey. Senator, welcome.

STATEMENT OF SENATOR CASEY

Senator CASEY. Mr. Chairman, thank you very much.

First of all, I want to thank the Chairman for calling and organizing this hearing, one of many that we’ve had that have really gotten to a level of detail and substance that doesn’t always happen around here. We’re grateful for his leadership.

I have to apologize that I missed a lot of the hearing. I wanted to ask a couple of questions.

First of all, thank you for being here, bringing your expertise and your experience to bear on these critically important questions.

I have a couple of questions, in the time that we have, I guess, in about three or maybe four areas. Some of this will be repetition for you and for the audience who are behind you, but it doesn’t hurt to do that in Washington, to repeat ourselves and focus on what’s important. One question revolves around the role of the Federal Government and State governments and local governments. It’s kind of one question which is difficult to get sometimes very specific about. The other questions revolve around resources and access, and one question about age, but—try to make it three.

First of all, I’ll just work backwards—for the whole panel, is there an age at which the work that has to get done, or the emphasis and focus that has to be brought to bear on a child’s health and wellness—is there an age at which it’s ideal, or is there an age at which you begin to lose the battle, that it’s too late? Or is it not as much dictated by age as it is by circumstance or family or school environment or the approach that’s brought to bear? Is there a definitive age factor here that we have to be cognizant of when we enact new legislation?

Mr. PATE. I’ll try that one. Having thought a lot about the factors that influence a child’s physical activity behavior, while I wish there was an age at which we could intervene and inoculate a child against a future of physical inactivity, I’ve concluded that there isn’t one. I think kids’ physical activity behavior is very shaped by the environment that they’re in, at any age. I think we have to be concerned about that environment—school environment, home environment, community environment—throughout the developmental period. I think a kid can be active at one stage and not ac-

tive at another, depending upon the characteristics of the environment where he or she spends their time.

Senator CASEY. Anyone else?

Dr. LEVIN. I think you may have these graphs, this connection to my comments. These are body-mass index reviews on entire school populations for a very small rural county. The sad thing to note is that the kids come into school with better healthy weights, and they get worse as they approach their puberty. Then there's a little bump back. It seems to me that there's something in that age group, what we call "latency" or whatever, around ages 8 to 12, that we really need to do something better, because that's where we seem to lose the—at least we, in Monroe County, vis-à-vis our statistics—seem like we're losing the game there.

Now, do I have an intervention that will make things different? I don't, at the moment, but we're at least aware of where we're looking to do something different. This is when you're really in traditional physical exercise time—the kids go to recess, they do whatever. It's obviously not enough. So, we have to come up with something else.

To answer your specific question, there does seem to be a general upward trend, in terms of weight; downward trend, in terms of healthy weight.

Senator CASEY. Why do you think that is, if I can ask that?

Ms. KIRKPATRICK. I'd like to answer that. I taught 20 years at the middle school. If 94 percent of all kids coming into elementary school have high self-esteem; by the time they get to middle school, only 20 percent have high self-esteem. I worried about whether we were part of the problem.

One of the first things that happens at the middle school is that you require them to shower, or you require them to get naked in front of others. I really felt that that was probably humiliation for quite a few kids. What we put in was individual dressing and showering on the boys and girls side, 6th grade through 12th grade, to eliminate that possibility that that might be one of the obstacles for humiliation. It was a huge change in the willingness to get dressed, to put on something, to go—even the ease of it.

I think we've done some things that were very hard on kids, who don't have good self-esteem to begin with, and then we put them into this scenario. We also put the doors on every single bathroom stall, because, we thought, you have a right to privacy.

Senator CASEY. Mr. Shriver.

Mr. SHRIVER. Just briefly, Senator, yes, I would say that what holds true for—I would agree with other panelists—there's no vaccination here. Public policy, you always want to fix. There is no fix. You know, we grow and develop.

I would say, what we found, particularly in developmental disability, is—young is good to start; the younger you start, the better. And that's true—we've known that for a long time, in brain development. We've known it a long time, in language development, in social competence, emotional development—starting early is important. We found it, with physical development; it seems obvious, we should have known it before.

We've started, just in the last few years, a program we call "Young Athletes," which is a home- and childcare-based program to

get children active at the age of 2, which is sort of a strike zone for a lot of diagnosis around developmental disability. We're seeing—we don't have the research on our work, but we've seen in the neurodevelopmental research, a high correlation between brain development and physical activity. I'm not a medical doctor, so I can't speak with authority here, but there seems to be a strong basis—again, common sense—if you're physically active, more alert. It suggests, also, stronger brain development, which may lead to increases in things like IQ, even, over time. So, I think the message would be, "Start early and continue throughout the lifespan."

I would not suggest, however, that there's a place where, "If you can just get in here, or if you can get to them by this age"—I have never seen evidence to suggest that possibility.

Ms. YANCEY. Senator Casey, just a couple of comments. One comment—and again, tying in with some of the other panelists—that there does seem to be a drop off point in terms of physical activity, and that usually happens earlier for girls. More in the middle-school age range for girls, a little later for boys. I would say one piece is to prevent that dropout; that's one opportunity for intervention.

I would say there's another opportunity—and this gets to my point of, "We can't just focus on what's happening in the school environment if we're going to really deal with the problem," and that some of what's going in the school environment is affecting the next generation, because we've got a lot of teenagers that are getting pregnant.

The prenatal period is a critical place, in terms of obesity prevention, because we know that low-birth-weight kids and kids that are heavier at birth, both have increased risk of obesity in their lifetimes. Also we know that parents' support of physical activity is very important. The high-school age, in this case, mostly, gives us an opportunity to start to cultivate those habits for the next generation.

Senator CASEY. Thank you.

Can I have one or two more? I know we're the only ones here, so we have a little more freedom, as long as the Chairman allows it.

The CHAIRMAN. Go ahead.

Senator CASEY. Also, another question—I know I mentioned several, but I'll try to be more focused—the question of resources—and you may have already covered this, but I just want to get a sense of it—with regard to this "problem," writ large, is it a problem of a lack of resources combined with a lack of commitment, or is it simply just that school districts and parents and families and communities have gotten away from it? Or is there a resource question, where they say, "We'd like to be more focused on health and wellness and phys ed, but we can't afford it." Can I have you comment on that, about just the narrow question of resources?

Dr. LEVIN. Well, I'm from a small rural county which has very, very limited resources, and those resources obviously have to be, according to the No Child Left Behind, focused on reading. We've lost a lot of things—music and other things. I think it's got to be a community decision, to see what other resources can be brought to bear. What we found—I'm sorry, you have my comments—but,

in working together between a number of different community agencies—public health and a community health center—the resources can be found to do some of these things in collaboration. In the end of the day, the local health school system is actually putting considerable amount of funding in to the programs that we're talking about, but they're being matched, or at least partially matched, by other resources.

I think a lot of it goes back to something we've all talked about, which is innovation, creativity, and commitment, to saying, "This is important and we're going to make it happen."

They are not easy resources to get, and it is, maybe, something that could be incentivized, which I think is a good idea. I always think that works well.

Senator CASEY. Thanks.

Anybody else, on this question?

Mr. PATE. Yes.

Senator CASEY. Go ahead.

Mr. PATE. I think it's both. I think many of the initiatives that would be very meaningful, in terms of increasing the amount of physical activity that kids get during the school day, really are just a matter of the policymakers deciding that it's important enough to do it. An example would be, most schools have a policy that kids in the elementary schools will have recess every day. That tends to be a poorly enforced policy. If the principal decides, on Monday morning, that it's going to happen the way it's supposed to happen, and the kids have the recess, and they have it in an environment that's conducive to physical activity, that will add one little dose of activity to those children's lives. That doesn't cost anything.

It doesn't cost anything to deliver physical education, better, in a way that the kids enjoy it, and there's a high exposure to moderate to vigorous physical activity when they're there.

Now, to double the exposure to physical education costs money, because that's more teacher time and maybe more space and more equipment and so on.

I think it's both, but I think we can do a lot just by enforcing reasonable policies that are not very costly. I think, to do it all, in some cases, would take new resources.

Ms. YANCEY. I agree with Dr. Pate in that regard. We actually completed a health impact assessment for this—a statewide project funded by the California endowment, in looking at what would be the best way to get kids more physical activity. We looked at things like walking to and from school, extending the duration of PE, extending the duration of recess, and also getting more of the time that kids spend in PE class active. And just because of the exposure level—because almost all kids are there, and that requirement exists—we found that just getting more activity time during the existing PE sessions would actually deliver more minutes of moderate to vigorous physical activity.

It's not to say that we don't need more resources, and we certainly do; but, in the current climate, that's probably not going to happen. These opportunities of both extending the activity minutes during PE and also incorporating brief bouts of physical activity throughout the school day and, really, throughout the society—because I think that happens in Japan and China and other places,

where people stop in the grocery store and start doing these activity breaks that are broadcast. We think of it, in this country, as, "Wow, well, that's something different, and we're into rugged individualism." In fact, the majority of communities of color, dancing as a group is something that's done throughout the lifetime; it's a form of cultural expression.

And that's my other point, that we really should capitalize on cultural assets.

Mr. SHRIVER. I agree. I would just say one thing, and maybe I'll go out on a limb here, Senator, and just say, everything in schools—that is not standardized-test-measured—has been under massive pressure. We have cultural issues, we have time-on-task issues, as my colleagues have said here, and I think those are—the truth is, I believe that the vast majority of educators will tell you that, in the era of NCLB, everything—everything—has been squeezed, massively squeezed. These people are under extraordinary pressure to eliminate anything that is not going to drive standardized-test performance.

Sadly, as you know very well, as a result of that, they have created a learning environment that is unlikely to lead to standardized-test improvements over the long run.

It's a little bit of a catch-22 here again. Not to say we throw out the baby with the bath water, but just to say, that, to be blunt, "Yes, physical education is under pressure," as arts education is under pressure, work around problem-solving and decisionmaking skills are under pressure, service learning is under pressure. The whole fabric of public education, that roots itself in this country for 150 years around citizenship and the development of caring and committed Americans, is under pressure if it is not being tested in the current environment.

Senator CASEY. That is consistent with what I've heard.

The CHAIRMAN. Very good.

Senator CASEY. And we didn't talk before this.

[Laughter.]

Thank you very much.

The CHAIRMAN. I think what Mr. Shriver just said is right on target.

Talking about resources, in Grundy Center, you bought all these electronic devices and technology, got all this high-tech stuff. That costs money.

Ms. KIRKPATRICK. Well the technology funds in schools—last year, \$7 billion was spent by school districts on technology. For some reason, the physical education profession doesn't think that's part of their money. In the schools themselves, Grundy Center schools will spend \$300,000 this year on technology. That doesn't mean it's for math or for the library or for the food service or for whatever. A portion of that money is for PE. I was really upset with Sioux Falls, SD, one time when I was doing a workshop, and I said, "Why don't you"—I was eating lunch with the superintendent—I said, "How come you don't give those physical educators some of that tech money?" And he had a great answer. He said, "I would hardly give money to people who haven't asked for it and, if so given, wouldn't know what to do with it."

[Laughter.]

In this day and age, that technology money is out there. We don't have to have a new computer lab again until everybody else is up to speed. We have to have an interest in holding people accountable. I think it does go back to having the physical educator, with responsible data-collecting abilities in this century, presenting it to the school board and saying, "Look what we've done." When you've done that, the money will come, and the resources will follow that. You can't keep asking for something that doesn't work.

One of the big wake-up calls in my profession should have been that when they take you out of the curriculum, they're not very happy with what you're doing. Make a change.

We have to go to a more health-club atmosphere in the high schools, more individualized activities, more Dance Dance Revolution, more gadgets, more gizmos, more rock-climbing walls. We've got to have a different look at what it is that we think will attract people to be healthy and well and fit. Team sports, that's not going to do it. One percent of all people over age 24 play team sports. That's not the future for these high-school kids. It's a health-club atmosphere. That money has come from all kinds of resources. But, where there's a will—we're able to show results.

The CHAIRMAN. Well, I hope there's room for both—that which you talk about, and also for team sports. Team sports build up the kind of social interactions that allow people to develop friendships, overcome integration, break down barriers. I don't mean the kind of teams where you've got to be so good, that you're on the football team or the basketball team. I just mean, pickup basketball, like we played when I was a kid. I was never on a basketball team, but we always played basketball or we played touch football or soccer—no, we didn't play much soccer.

[Laughter.]

My kids played soccer. I think there's something to be said for team sports. Just so they don't think that they've got to be the best to get on the football team.

Ms. KIRKPATRICK. Well, the reality is, 90 percent of all kids, by age 15, drop out of organized athletics. There just isn't room in intramurals.

Mr. SHRIVER. If I could add, that because there's no organized athletics for them to participate in. There is only elite organized athletics.

Ms. KIRKPATRICK. Right.

Mr. SHRIVER. The State of Maryland has adopted a title IX-like law to require after-school competitive sports activities for children with disabilities, intellectual and developmental disabilities—like title IV—saying that competitive team sports should be an option for people of all ability levels.

There is a culture that says team sport, by the time you get to a certain age, is elite sport. That culture is profoundly problematic, because most kids, most adults, if they were given the chance, would still like to play, but they believe that they have been sort of "senior-ed-out" because they weren't able to make the next level of competitive rigor. It particularly punishes women and girls.

The CHAIRMAN. Yes.

Mr. SHRIVER. Because elite performance in women and girls tends to be smaller numbers, and women and girls tend to have a

lower self-image, they tend to think they're not as good as they even are. They almost self-select out of these sports, because the mentality says, "You have to be performing at a certain level."

I agree with you that, over the lifespan, you can't hope everybody's going to be able to do three practices a week for—if you're a U.S. Senator, you can't show up at practice and play on weekends. The idea that team sports and organized sports has been denied to people, I think we just have to be honest and say that—and this is not a cost issue, Senator. There are thousands and thousands of American community leaders, parents, who would be happy to be volunteers.

The CHAIRMAN. Yes.

Mr. SHRIVER. You've seen this in your State. When asked, they will respond.

The CHAIRMAN. Yes.

Mr. SHRIVER. We don't have to create a whole superstructure of Federal Government enterprise to do these things. This doesn't have to be a budget issue in its primary characteristics. It can be very much a community—and this is where the leverage of the Federal Government, the platform of the Federal Government, the invitation of the Federal Government, to renew its commitment to health, to sport, to physical activity, to invite community organizations to challenge schools, to set standards, to remind people that we believe in a balanced and healthy lifestyle and strong citizenship and social competence and emotional self-awareness.

This is the American vision. It's not of children who pass—who get good scores on reading scores. Of course you've got to do reading, of course you've got to do math. No one's questioning that. But, that's not the full vision of the country, and never has been. And I think we've lost some of the broader view.

The CHAIRMAN. Well said, and I think that's the point of all this.

We've had hearings on the whole child—to discuss the importance of developing the whole child in school, focusing on the whole child. This is part of it. You're right, we've got to figure out how we bring these other entities into play—you mentioned the Rotarians, the Kiwanis, the local Ys, and how we get them involved. And, you're right, there are a lot of people out there who want to volunteer, but they need a structure in which to volunteer.

[Off-mic witness agreement.]

"Sure, I'll do it, but who's going to lead me, who's going to guide me, who's going to pull this together?"

[Off-mic witness agreement.]

People will do it if they have that kind of structure out there.

What we've got to do is identify the best ways to promote that. How do we provoke that, here? As I said, we're trying to accomplish some of this through the FIT Kids Act, including bringing in these outside entities. The question is, in ESEA, how do we start moving our schools to a fully integrated health approach, a healthy environment for kids, that promotes mental health, physical activity and wellness?

I was taken by your testimony, Dr. Levin, about all the kids and how many trained social and child psychologists you had there to help students. Some of these kids have tough lives, they have tough days, they have tough homes and they just need some sup-

port and some help. If they get that, then they'll probably be better off playing in sports and getting involved in positive kinds of activities.

That's what we're looking at in ESEA. We have one more hearing, next week, focused on early childhood education. That hearing will complete our series of 10 hearings, covering all the aspects of elementary and secondary education. I really wanted this panel here, because I feel so strongly that we're not doing right by our kids if we're not involving them in daily activities that promote health, improve well-being wellness and increase physical activity. We're just not. I'm trying to figure out how we best incorporate, in our bill, those kinds of measures that use the "leverage," as you said, Mr. Shriver—the leverage of the Federal Government to try to move positive physical ed exercise, nutrition and wellness.

Dr. Yancey, I think you, maybe, are going to have the last word.

Ms. YANCEY. OK. Well, I just wanted to say that we need a sea change. We need culture change. Thirty years ago, somebody would have been smoking in this room, and 20 years ago, we'd probably have sodas on the desk. We've made some major strides. Really, physical activity is kind of a last frontier here, because the prevalence rates are just so low. Fewer than 5 percent of adults get 30 minutes a day, 5 days a week. I think we need to figure out, in terms of the policymaking that sets this up, how we can encourage it with incentives. Also, everybody's got to look in the mirror and make a determination about what each of us can do.

The CHAIRMAN. Well, that is a good way to end this hearing.

Thank you all very, very much.

We'll leave the record open for 10 days.

I ask each of you to keep tabs on what we're doing here and I hope you all have our special e-mail address. It's very easy. It's ESEAcComments at HELP—H-E-L-P—at HELP DOT Senate DOT gov. So, ESEAcComments@HELP.Senate.gov. We have established that just for people to provide comments and recommendations. As you follow what we're doing here, I invite you to keep giving us your input. Hopefully my staff or I can be back in touch with you as we move ahead to, maybe, bounce some more things off you, "Are we going the right way? Are we doing this right?" that type of thing.

I hope, in the next several weeks, we can have that open exchange with each of you.

Well, thank you very much. Great hearing. I really appreciate it.

The committee is adjourned.

[Whereupon, at 4:30 p.m., the hearing was adjourned.]

