

Increasing Physical Activity Through Classroom-based Technology

SUMMARY

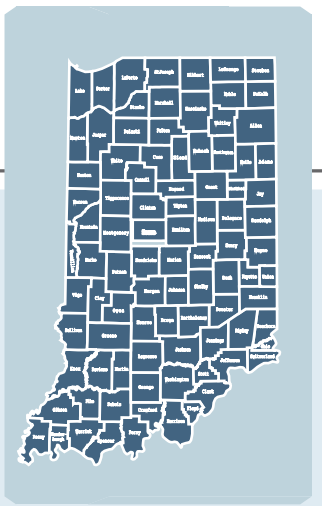
Childhood obesity rates are on the rise in Indiana with 33.9% of Hoosier children ages 10-17 overweight or obese (National Survey of Children's Health, 2016). According to the U.S. Department of Health and Human Services' (HHS's) 2008 U.S. Physical Activity Guidelines for Americans, children and adolescents are recommended to have 60 minutes or more of physical activity each day. There is an opportunity for improvement in Indiana with only 25.3% of high school students meeting the national goal for daily physical activity of 60 minutes (YRBS, 2015).

Schools are in a unique position to influence youths' development of a physically active lifestyle. According to the HHS 2008, Physical Activity Guidelines Advisory Committee report, engaging in a variety of aerobic, muscle-strengthening and bone-strengthening activities will enable children to improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression and reduce the risk of developing chronic health conditions.



CHALLENGE

Following guidelines set forth in models such as the Comprehensive School Physical Activity Program (CSPAP), schools can increase the opportunities for students at school to engage in physical activity, reduce levels of physical inactivity and reach the recommended 60 minutes per day. In Indiana, only 2.3% of schools have adopted a CSPAP model in their schools (School Health Profiles 2016). Therefore, a convenient, practical way to increase activity without making drastic changes to schedules and academic requirements is desired.



YOUR INVOLVEMENT IS KEY

Physical activity during the day is only one component of the Comprehensive Physical Activity Program. Visit <https://www.shapeamerica.org/cspap/> for more information on how schools can adopt a shared approach to increasing physical activity for students.

More information about DNPA can be found at <http://www.dnpa.isdh.in.gov>. This project is supported by the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health cooperative agreement (DP13-1305).

"When I am tired, it [Go Noodle activities] wakes me up!"
– Indiana 4th grade student when asked about Go Noodle activities

"It [Go Noodle activities] helps me lose my anger."
– Indiana 4th grade student when asked about Go Noodle activities

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SOLUTION

One of the five hallmarks of the CSPAP model is physical activity during school. Using PHS Block grant funding, the Division of Nutrition and Physical Activity (DNPA) worked with a variety of stakeholders to provide 11 school-wide subscriptions to the classroom-based physical activity platform, Go Noodle Plus. Using existing usage data provided by Go Noodle, DNPA worked with existing school partners from around the state to narrow down elementary schools that were already using the free Go Noodle platform and would likely benefit from the enhanced Plus version. Funding would encourage brain breaks in the classroom, allow for closer alignment to core subjects and likely engage teachers who were not already utilizing classroom-based physical activity strategies. These 11 schools, with a combined potential reach of 4,510 students, would have access to this online platform for an entire school year.

DNPA, in partnership with school administrators, district wellness coordinators and Go Noodle, collaborated to onboard teachers and communicate the benefits of using Go Noodle as a tool for increasing students' access to physical activity. Communication between all parties was essential in ensuring that districts were reimbursed for their purchase and had all of the correct communication tools provided by Go Noodle to get teacher buy-in.

RESULTS

As schools began to roll out access to this online tool, Go Noodle provided DNPA and school leaders with usage reports showing the number of teachers engaging with the tool and the total minutes for each school per month. From the months of August to November, the number of physical activity minutes started to increase for every school. In August, the average minutes per school was 728. The number increased to 20,739 by the end of November. The number of teachers engaging with the physical activity platform increased from 5 per school, on average, to 16 in just three months. Usage reports also indicated which teachers were leading their school and showed one teacher in particular completing up to 220 monthly activities with her students.

One northern Indiana school took this opportunity and ran (literally!), with 12 teachers completing a total of 1,443 minutes in August. By November, the school saw a 26-fold increase in usage. Over 80% of the educators with access to the software at this school were utilizing Go Noodle Plus on a monthly basis with a total of 38,758 physical activity minutes in just one month. This success and change in school culture was sustained through the month of November.

U.S. Department of Health and Human
Services
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Prevention
NCCDPHP

Contact CDC

<http://www.cdc.gov/cdc-info/requestform.html>

Website

<http://nccd.cdc.gov/nccdsuccessstories/>

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies or the Centers for Disease Control and Prevention (CDC).

SUSTAINING SUCCESS

Usage data for all funded schools will be provided to ISDH and local administrators through the month of May. Wellness coordinators have already been using this data to report success to their district decision-makers, whether that be wellness councils or school boards. Summary data will be packaged for the schools with recommendations for future funding opportunities and ways to continue use of this technology in the future. This funding stream and collaborative use of technology to increase physical activity levels for youth in Indiana schools have proven to be an effective strategy and will continue to be evaluated for future, statewide implementation efforts.



Indiana State
Department of Health