Evaluation of the Carol M. White Physical Education Program: Final Report

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I. Executive Summary

American youths are becoming increasingly less physically active and have poor nutrition habits. Nationwide, less than one third of students reported achieving the recommended level of physical activity (one hour of exercise per day) (Centers for Disease Control and Prevention [CDC], 2014). In addition, most youths consume less than the recommended daily amounts of vegetables, fruits, and whole grains (U.S. Department of Agriculture & U.S. Department of Health and Human Services, 2010). These behaviors have contributed to an increase in overweight and obese youths,[1] making the physical fitness of America's youths a topic of national attention.

In February 2010, First Lady Michelle Obama launched the *Let's Move!* initiative as a comprehensive approach to solving the challenge of youth obesity, calling on schools, health-care professionals, faith-based and community-based organizations, elected officials from all levels of government, and private sector companies to play an active role in providing youths with information and an environment supportive of healthy lifestyles. At the launch of *Let's Move!*, President Barack Obama signed a Presidential Memorandum that established the first ever Task Force on Childhood Obesity to develop an interagency action plan (The White House, 2010). The primary recommendations of the task force focused on addressing the five pillars of the *Let's Move!* initiative.[2] Schools, in particular, are in a unique position to help address these concerns as they have multiple mechanisms through which they can promote physical activity (e.g., physical activity programs, recess, school-based sports teams, physical education) and healthy eating (e.g., school lunches, vending machines, snack bars).

Overview of the Carol M. White Physical Education Program

The Carol M. White Physical Education Program (PEP) provides grants to projects led by districts and community-based organizations (CBOs) to initiate, expand, and improve physical education for students in kindergarten through grade 12. The program focuses primarily on the development of high-quality physical education programs that address state standards for physical education and develop an environment supportive of physical activity.

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[1] Approximately one in three children and adolescents in the United States is overweight or obese (CDC, 2011).

[2] The five pillars of the *Let's Move!* initiative are as follows: (1) creating a healthy start for children; (2) empowering parents and caregivers; (3) providing healthy food in schools; (4) improving access to healthy, affordable foods; and (5) increasing physical activity. For more information on the *Let's Move!* initiative, see http://www.letsmove.gov/about.

In 2010, as part of its efforts to align relevant program objectives with the *Let's Move!* initiative, the U.S. Department of Education (the Department) revised certain aspects of PEP, its sole program focused exclusively on physical well-being, to "support a broader, strategic vision for encouraging the development of lifelong healthy habits, and improving nutrition and physical education programming and policies in schools and communities to prevent and decrease childhood obesity" (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010, p. 10). The Department made four noteworthy changes to PEP in 2010:

— Required, through an absolute priority, that projects include the (previously optional) authorized activity of instruction in healthy eating habits and good nutrition, in addition to addressing at least one of the other five authorized physical fitness activities.

— Required applicants to conduct a needs assessment of their current practices and policy framework in order to develop project goals and plans to address identified weaknesses, as well as develop, update, or enhance both nutrition and physical activity policies.

— Encouraged partnerships with community entities and the collection and use of body mass index (BMI)[3] data by adding these new elements in the form of two competitive preference priorities.

— Established new *Government Performance and Results Act of 1993 (GPRA)* measures (hereafter referred to as performance measures),[4] as well as standard data collection methods for each measure.

Study Purpose and Design

To examine how the PEP projects were being administered and implemented under the revised program regulations, the Department's Policy and Program Studies Service initiated an implementation study of projects funded by fiscal year (FY) 2010 PEP grant awards—the first cohort of grantees to implement projects under the revised PEP. This cohort consisted of 76 grantees, including 64 districts and 12 CBOs (one CBO-led project closed after its first year). This study addressed the following questions:

— What were the results of PEP grantees' self-assessments of their physical activity, health, and nutrition policies and practices?

— What physical activity and nutrition policy efforts did PEP grantees report?

— What physical fitness, physical education, and nutrition activities did PEP grantees report?

— What role did community partnerships play in PEP projects?

— What were PEP grantees' experiences with collecting and using BMI data?

— What implementation challenges and lessons learned did PEP grantees report?

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[3] BMI is a number, calculated from a person's weight and height, that provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. For more information, see http://www.cdc.gov/healthyweight/assessing/bmi/Index.html.

[4] *GPRA* is a statute that requires all federal agencies to manage their activities with attention to outcomes. For more information, see http://www.whitehouse.gov/omb/mgmt-gpra/index-gpra.

To address these study questions, the implementation study consisted of surveys of project directors in Years 1 and 3 of the grant and a case study of five PEP projects (three district and two CBO projects) that explored grantees' experiences with community partnerships and BMI data collection (i.e., the two new competitive preference priority activities). The study is based solely on self-reported data and offers broad descriptive information about PEP implementation. The findings presented here describe grantees' experiences as they relate to each study question.

Assessing PEP Project Needs

As part of the new application requirements, applicants were required to complete a needs assessment and engage in project planning. District applicants and CBO applicants that formed a partnership with a district or school were required to use the CDC's *School Health Index (SHI): Self-Assessment and Planning Guide*. The SHI assesses the extent to which schools implement policies and practices recommended by the CDC in its research-based guidelines and strategies for school health and safety programs. Applicants were required to complete Modules 1–4 of the SHI.[5] They also were required to develop project goals and a School Health Improvement Plan (SHIP)[6] that focused on improving the weaknesses in their health policies and programs, identified by their SHI assessment. CBOs that were not partnered with a school or district, although not required to complete the SHI, had to conduct a similar activity using an alternative needs assessment tool.

> **Grantees most often reported weaknesses in their policies and programs related to the Health Education (43 percent) and Physical Education (32 percent) SHI modules. Fewer respondents reported weaknesses in the Nutrition Services (19 percent) or School Health and Safety Policies and Environment (19 percent) modules.**

Approximately half of the grantees (51 percent) reported medium to high scores across all four SHI areas as part of their initial assessment.[7] Although grantees most often reported weaknesses (low or moderately low scores) in the Health Education and Physical Education modules, only 59 percent of these grantees reported mostly or fully addressing policies and practices related to Health Education by Year 3. In contrast, 95 percent of these grantees reported addressing Physical Education policies and practices by Year 3; moreover, elements of the Physical Education module were the most often addressed, regardless of initial SHI score.

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[5] The required SHI modules were as follows: School Health and Safety Policies and Environment; Health Education; Physical Education and Other Physical Activity Programs (hereafter referred to as Physical Education); and Nutrition Services. For more information about the SHI, see http://www.cdc.gov/healthyyouth/SHI/.

[6] The CDC provides a sample SHIP online that schools can use to develop their own plans: http://www.cdc.gov/healthyyouth/shi/training/07-Improvement/docs/PracticeImprovementPlan.pdf.

[7] SHI module scores range from 0 percent to 100 percent and are organized into the following five categories: 0–20 = low; 21–40 = moderately low; 41–60 = medium; 61–80 = moderately high; and 81–100 = high. A low score for a module indicates that the assessed grantee is not performing well in an area (i.e., an area of weakness), whereas a high score indicates that it is performing well. A small number of grantees (5 percent) reported the category rather than the numeric module score.

Physical Activity and Nutrition Policy Efforts

The revised PEP aimed to have grantees promote healthy habits through policy as well as instruction and required them to engage in some type of policy action, including developing new policies or revising, updating, or strengthening existing policies related to physical activity and nutrition.

> **Grantees most often reported implementing policy actions and making changes to physical activity policies than to nutrition policies.**

Between 60 percent and 85 percent of grantees reported mostly or fully implementing physical activity-related policy actions, whereas between 49 percent and 75 percent reported mostly or fully implementing nutrition-related policy actions. Grantees also more often reported making significant changes to physical activity policies than to nutrition-related policies.

Among the physical activity policies, the greatest number of grantees reported making significant changes concerning the use of a standards-based sequential physical education (PE) curriculum (59 percent). Similarly, a large number of grantees made significant changes in policies involving recommendations or offers of physical activity through before- or after-school programs or both (e.g., clubs, intramurals; 55 percent), requiring that students be physically active for at least 50 percent of PE class time (51 percent), and requiring annual professional development or training for PE teachers (51 percent). Among the nutrition-related policies, the greatest number of grantees reported making significant changes to those that addressed the types of food offered to students. Specifically, approximately one-third of grantees indicated that they made significant changes to policies aimed at reducing the availability of foods of minimal nutritional value (37 percent), restricting the marketing of unhealthy foods on school campuses (35 percent), and requiring the adoption and implementation of strong nutritional standards for all foods sold and served in schools (33 percent). For both policy areas, grantees more often reported engaging in activities to revise and expand existing policies and less often reported developing new policies.

Physical Fitness, Physical Education, and Nutrition Activities

In addition to policy actions, grantees were required to implement physical fitness, physical education, and nutrition-related activities to help improve student health outcomes. Grantees reported whether they implemented certain activities before receiving their PEP funds and after receiving the grant.

> **Grantees implemented more physical fitness, physical education, and nutrition-related activities during the PEP grant, compared with before receipt of the grant, particularly in the areas of improving instruction and student engagement in physical activity, staff professional development, and curricula revisions.**

As intended, PEP funds allowed grantees to engage in new activities. More than 96 percent of grantees reported that their PEP projects focused on various activities related to improving instruction after receiving PEP funds. The greatest increase in implementation occurred for activities designed to improve PE instruction related to cognitive concepts. Twenty-one percent of grantees reported engaging in these activities prior to receiving PEP funds. This number increased to 92 percent of grantees by Year 3. The number of grantees that engaged in efforts to

improve student engagement in physical activities external to the school-based curricula also increased during the course of their PEP grant. Twenty-nine percent of grantees reported implementing these activities prior to PEP, and this number increased to 96 percent by Year 3. Similarly, there was a large increase in the percentage of grantees that implemented activities to improve staff and personnel capacity to provide PE instruction. Thirty percent of grantees reported implementing these activities prior to PEP. By Year 3, almost all grantees were engaged in these activities (92 percent).

Among nutrition-related activities, the greatest increase in implementation occurred for activities that involved revising or expanding the existing nutrition curriculum and improving instruction on nutrition education. Prior to PEP, about one-fifth of grantees reported engaging in these activities. By Year 3, the majority of grantees reported mostly or fully implementing these changes to their nutrition education instruction and curriculum (83 percent and 76 percent, respectively). The percentage of grantees that reported providing staff with professional development opportunities on nutrition education also increased from 12 percent to 84 percent.

Community Partnerships

The Department added a competitive preference priority (three additional points in consideration of the PEP application) for applicants that included in their application an agreement that detailed the participation of required partners.[8] Partnerships were expected to do the following: (1) support a coordinated approach to change social norms; (2) encourage common policies, practices, and expectations for healthy eating and physical activity in all settings in which a child spends time; (3) expose grantees to multiple resources to increase knowledge of research-based approaches; and (4) increase potential for sustainability by garnering local support.

> **Of the grantees that formed partnerships, most reported that their PEP community partnerships were either extremely valuable (59 percent) or moderately valuable (29 percent). The most commonly reported benefits were access to additional (nonmonetary) resources (90 percent) and the ability to build on the PEP grantees' own knowledge bases (86 percent).**

Eighty-eight percent of grantees received priority points for establishing partnerships. The majority of these grantees reported that partners allowed them to reach more of their targeted population (75 percent). The least commonly reported benefit of partnerships was additional funding, either directly or through funding opportunities (39 percent). Case study data offered examples of the benefits of partnerships, including increasing communication and strengthening relationships; increasing student engagement; offering opportunities for networking and access to

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[8] Partnership agreements were required to include the following: (1) a description of each partner's roles and responsibilities in the project; (2) a description of if and how each partner would contribute to the project, including any contribution to the local match; (3) an assurance that the application was developed after timely and meaningful consultation between the required parties, as defined in the 2010 grant application procedures; and (4) a commitment to work together to reach the desired goals and outcomes of the project. The partner agreement also had to be signed by the Authorized Representative of each of the required partners and by other partners as available and appropriate.

resources and information; and extending the reach of health, physical fitness, and nutrition activities and knowledge.

BMI Data Collection and Use

The revised PEP also gave competitive preference (two additional points in consideration of the PEP application) to applicants whose plans included aggregate BMI data collection to monitor their student populations' weight status over time as part of a comprehensive assessment of student health and fitness (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010). Although PEP did not require grantees to use BMI data for screening purposes, grantees that proposed doing so were required to have a mechanism in place to inform all parents of their students' results and to establish a referral process to a medical provider for students identified as overweight, underweight, or obese.

> **Sixty-one percent of grantees that collected BMI data reported providing or planning to provide parents with information about their children's BMI to help them take appropriate action.**

The majority of grantees (61 percent) reported either providing or planning to provide parents with information about their children's BMI. Examples of these communications included sending letters that included BMI data along with other physical fitness data, scheduling face-to-face meetings with parents of students whose BMI measurement indicated that they were at risk of developing weight-related health problems, and providing opportunities for parents to obtain information through the school's online system. Case study respondents described various reactions from parents to the BMI data collection. Grantees reported that some parents were supportive of the process. Others were resistant to having schools or CBOs collect this information. Respondents attributed challenges to parents' lack of understanding about BMI, concerns about confidentiality, and a general discomfort with the district or CBO having a role in identifying potential health issues among students.

PEP Implementation Challenges and Lessons Learned

The 2010 PEP included three new performance measures designed to reflect the comprehensive focus of the revised program (physical activity, physical fitness, and good nutrition). PEP also required grantees to collect data on these performance measures by using uniform data collection methods. The performance measures and data collection methods for the FY 2010 grantees were as follows:

1. Physical activity: Measured by pedometers (students in grades K–12) and the 3-Day Physical Activity Recall (3DPAR), a self-report instrument that asks students to recall their physical activity behavior on each of the previous three days (students in grades 5–12).

2. Physical fitness: Measured by the 20-meter shuttle run (students in middle and high school).

3. Nutrition: Measured by the Youth Risk Behavior Survey (YRBS) (students in grades 9–12).[9]

> **The most common implementation challenge reported by grantees was executing the revised requirements for collecting data on the performance measures (83 percent).**

The most difficult performance measure data for grantees to collect were the pedometer data (75 percent) and the 3DPAR data (49 percent). Grantees identified the lack of proper data collection or reporting by students (59 percent), loss or theft of equipment (56 percent), and failure to return requested information (53 percent) as key challenges to collecting performance measure data. Relatively few grantees experienced difficulties collecting data using the 20-meter shuttle run (5 percent) and YRBS (15 percent).

In addition to challenges with performance measures, 64 percent of grantees reported that they could have benefitted from more time to plan for and carry out data collection activities, deliver professional development prior to implementation, or secure buy-in from key stakeholders.

> **Grantees identified strategies to improve the data collection process and increase buy-in from stakeholders.**

In both open-ended survey and case study responses, grantees described strategies to address challenges related to data collection, including the following: limiting the use of pedometers to school instead of allowing students to take them home, developing clear data collection protocols and time lines, and getting other staff involved to facilitate data collection. Grantees noted the importance of early and frequent communication about the project with all stakeholders (e.g., project partners, teachers) to build awareness of and encourage buy-in for the program. Grantees also described the importance of communicating with other PEP grantees to problem-solve and obtain ideas to help improve PEP project implementation.

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[9]   *GPRA* outcome data for FY 2010 grantees can be found in the following document on pages F-43 and F-44: http://www2.ed.gov/about/overview/budget/budget15/justifications/f-sss.pdf.

II.   Introduction

American youths are becoming increasingly less physically active and have poor nutrition habits. Nationwide, less than one-third of students reported achieving the recommended level of physical activity (one hour of exercise per day) (Centers for Disease Control and Prevention [CDC], 2014). In addition, most youths consume less than the recommended daily amounts of vegetables, fruits, and whole grains (U.S. Department of Agriculture [USDA] & U.S. Department of Health and Human Services [HHS], 2010). These behaviors have contributed to an increase in overweight and obese youths. Specifically, approximately one in three children and adolescents in the United States is overweight or obese, and childhood obesity has tripled since 1980 in the United States (CDC, 2011).[10],[11]

These statistics relate to immediate and long-term health effects, and they underscore the need to promote physical activity and healthy eating habits among youths. Regular physical activity improves cardiovascular and metabolic health, helps to build and maintain healthy bones and muscles, and reduces the risk of developing obesity and chronic diseases (e.g., diabetes). Regular activity also helps to reduce feelings of anxiety and depression and promotes psychological well-being (HHS, 2008). Similarly, proper nutrition is associated with positive health outcomes. Healthy eating is essential for the optimal growth and development of children, helps to prevent high cholesterol and high blood pressure, reduces the risk of developing chronic diseases, and helps to prevent obesity (USDA & HHS, 2010).

In February 2010, First Lady Michelle Obama launched the *Let's Move!* initiative as a comprehensive approach to solving the challenge of youth obesity, calling on schools, health-care professionals, faith-based and community-based organizations, elected officials from all levels of government, and private sector companies to play an active role in providing youths with information and an environment supportive of healthy lifestyles. At the launch of *Let's Move!*, President Barack Obama signed a Presidential Memorandum that established the first ever Task Force on Childhood Obesity to develop an interagency action plan (The White House, 2010). The primary recommendations of the task force focused on addressing the five pillars of the *Let's Move!* initiative.[12] Schools, in particular, are in a unique position to address these concerns as they have multiple mechanisms through which they can promote physical activity (e.g., physical activity programs, recess, school-based sports teams, physical education) and healthy eating (e.g., school lunches, vending machines, snack bars).

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[10] Ogden et al. (2010) define *obese* as at or above the 95th percentile of body mass index (BMI) for age and *overweight* as between the 85th and 95th percentiles of BMI for age.

[11] Based on the National Institutes of Health, National Heart, Lung, and Blood Institute's (2010) definition of *obesity* as having excess body fat.

[12] The five pillars of the *Let's Move!* initiative are as follows: (1) creating a healthy start for children; (2) empowering parents and caregivers; (3) providing healthy food in schools; (4) improving access to healthy, affordable foods; and (5) increasing physical activity. For more information on the *Let's Move!* initiative, see http://www.letsmove.gov/about.

Overview of the Carol M. White Physical Education Program

In 2010, as part of its efforts to align relevant program objectives with the *Let's Move!* initiative, the U.S. Department of Education (the Department) revised certain aspects of the Carol M. White Physical Education Program (PEP), its sole program focused on physical well-being to "support a broader, strategic vision for encouraging the development of lifelong healthy habits, and improving nutrition and physical education programming and policies in schools and communities to prevent and decrease childhood obesity" (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010, p. 10).

Currently administered through the Department's Office of Elementary and Secondary Education, PEP is authorized by the *Elementary and Secondary Education Act of 1965* (*ESEA*), as amended by the *No Child Left Behind Act of 2001*, to provide grants to projects led by districts and community-based organizations (CBOs) to initiate, expand, and improve physical education for students in kindergarten through grade 12.[13] PEP began awarding one-year grants in 2001 and then changed to fund grants for up to three years in 2004.[14] PEP's absolute priority[15] historically focused on awarding grants to support projects that proposed the initiation, expansion, and improvement of physical education programs to help students meet state standards for physical education by providing (1) equipment and support for physical education activities and (2) funds for training and education for teachers and staff. The absolute priority also required that projects provide one or more of the following six authorized activities:

1. Fitness education and assessment to help students understand, improve, or maintain their physical well-being.

2. Instruction in a variety of motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of every student.

3. Development of, and instruction in, cognitive concepts about motor skills and physical fitness that support a lifelong, healthy lifestyle.

4. Opportunities to develop positive social and cooperative skills through physical activity participation.

5. Opportunities for professional development for teachers of physical education to stay abreast of the latest research, issues, and trends in the field of physical education.

6. Instruction in healthy eating habits and good nutrition.

Although PEP continued to focus primarily on the development of high-quality physical education programs that address state standards for physical education and develop an

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[13] *No Child Left Behind Act of 2001*, P.L. 107–110, 115 Stat. 1425 (2002). Retrieved from http://www2.ed.gov/policy/elsec/leg/esea02/107-110.pdf

[14] Continuation awards are contingent on the annual demonstration of substantial progress toward meeting project goals and objectives and the availability of future funds.

[15] *ESEA*, Title V, Part D, §§ 5501-5507; 20 U.S.C. 7261-7261f; applicants must address an absolute priority to be considered for a grant, and those that fail to meet the priority are considered ineligible and are not considered for funding.

environment supportive of physical activity, the Department made four noteworthy revisions to PEP in 2010:

— Required, through an absolute priority, that proposed projects include the (previously optional) authorized activity of instruction in healthy eating habits and good nutrition, in addition to addressing at least one of the other five authorized physical fitness activities.

— Required applicants to conduct a needs assessment of their current practices and policy framework in order to develop project goals and plans to address identified weaknesses, as well as develop, update, or enhance both nutrition and physical activity policies.

— Encouraged partnerships with community entities and the collection and use of BMI[16] data by adding these new elements as competitive preference priorities.

— Established new *Government Performance and Results Act of 1993 (GPRA)* measures (hereafter referred to as performance measures),[17] as well as standard data collection methods for each measure (see Appendix A). The new performance measures and data collection methods were as follows:

1. Physical activity: Measured by pedometers (students in grades K–12) and the 3-Day Physical Activity Recall (3DPAR), a self-report instrument that asks students to recall their physical activity behavior on each of the previous three days (students in grades 5–12)

2. Physical fitness: Measured by the 20-meter shuttle run (students in middle and high school)

3. Nutrition: Measured by the Youth Risk Behavior Survey (YRBS) (students in grades 9–12)[18]

Study Purpose

To examine how the new PEP projects were being administered and implemented under the revised program regulations, the Department's Policy and Program Studies Service initiated an implementation study of projects funded by fiscal year (FY) 2010 PEP grant awards—the first cohort of grantees to implement projects under the revised PEP.

This study addressed the following questions:

— What were the results of PEP grantees' self-assessments of their physical activity, health, and nutrition policies and practices?

— What physical activity and nutrition policy efforts did PEP grantees report?

— What physical fitness, physical education, and nutrition activities did PEP grantees report?

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[16] BMI is a number calculated from a person's weight and height.
[17] *GPRA* is a statute that requires all federal agencies to manage their activities with attention to outcomes.
[18] *GPRA* outcome data for FY 2010 grantees can be found in the following document on pages F-43 and F-44: http://www2.ed.gov/about/overview/budget/budget15/justifications/f-sss.pdf.

— What role did community partnerships play in PEP projects?

— What were PEP grantees' experiences with collecting and using BMI data?

— What implementation challenges and lessons learned did PEP grantees report?

Study Design

To address the study questions, the implementation study of PEP consisted of a two-component, mixed-methods design. This report presents the key findings from the data collected from both components:

— Component I: Surveys on project design and implementation (completed by PEP project directors)

— Component II: A case study designed to obtain in-depth information from a sample of grantees about their experiences with their community partners, as well as their experiences with BMI data collection (i.e., the two new competitive preference priority activities)

Component I: Project Design and Implementation Surveys

The survey component included two administrations: one near the end of Year 1 of the grant (August–September 2011) and a second administration in Year 3 (November 2012–January 2013). The Survey of 2010 PEP District and CBO Grant Recipients: Year 1 (hereafter referred to as the Year 1 Survey) focused on the PEP projects' design and implementation experiences during Year 1 of the grant awards. The second survey administration, the Survey of 2010 PEP District and CBO Grant Recipients: Year 3 (hereafter referred to as the Year 3 Survey) focused on grantees' reflections on accomplishment of project goals, challenges encountered in implementing the program, lessons learned, and sustainability of program activities. Survey questions included a series of Likert-scale items, yes/no, and open-ended questions (see Appendix B for additional information).

For each survey administration, 100 percent of the project directors completed the survey. All project directors of the 76 grants completed the Year 1 Survey. The Year 3 Survey included 75 respondents (one CBO-led project closed after its first year). Study team members conducted analyses across all grantees and by grantee type (district or CBO). Unless otherwise noted, data for which the sample size is less than 75 reflect instances where one or more grantees did not respond to a question. In addition, findings pertaining to PEP partnerships are presented for only the subset of grantees that reported consistent information, on both the Year 1 and Year 3 Surveys, about the types of partnerships established (see Appendix C for additional information). Findings are reported across all grantees except for instances in which district and CBO grantees' responses were notably different.

For a select few survey items, the study team conducted exploratory analyses to compare the responses of first-time PEP grant recipients and grantees that had received PEP grants from 2001 to 2009 (i.e., repeat grantees).

Component II: Case Study

The study team purposefully selected a sample of five PEP grantees (three districts and two CBOs) for the case study. To focus on PEP grantees' partnership and BMI data collection efforts, the team restricted the sample to grantees that (1) proposed in their PEP applications to engage in both official partnerships and BMI data collection (i.e., received competitive preference priority points); (2) reported engaging in both partnerships and BMI data collection and use (from the Year 1 Survey data); and (3) reported not engaging in these activities before the grant (also from the Year 1 Survey data).

Overall, data collection included 59 interviews (five project directors, 29 project personnel, and 25 partner personnel) across the projects, ranging from eight to 15 total interviews per project. Case study data analyses assessed themes within and across projects, as well as unique aspects of each project's PEP implementation as it related to partnerships and BMI data collection and use. These data are presented starting in Chapter 4 ("New PEP Priorities: Partnerships and BMI") and are generally used to support findings from the survey.

Study Considerations

This descriptive study is based on self-reported survey data from all grantees and telephone interviews with a number of personnel from a purposively selected sample of the FY 2010 PEP grantees, which served as the basis for this report. Although the surveys allowed uniform data collection across the population of FY 2010 PEP grantees through project director responses, no additional documentation or data collection exists to support the information reported by survey respondents. Although the case study data provide rich information about a sample of grantees' experiences with BMI data and partnerships, this information is not generalizable to the population of FY 2010 grantees.

Overview of Report

This report presents findings pertaining to how grantees implemented their PEP projects under the revised PEP guidelines. The report describes findings related to (1) grantees' implementation of physical activity and nutrition policy efforts and activities; (2) grantees' experiences with the new PEP competitive preference priorities—partnerships and BMI; and (3) primary challenges experienced and lessons learned during the course of the grant.

Description of PEP Projects

The FY 2010 grantees included 64 district-led projects and 12 CBO-led projects. In addition to the variety of districts (e.g., public school districts, charter schools) and CBOs (e.g., Boys and Girls Clubs of America, collaboratives), the PEP projects included grantees in 25 states and in diverse settings, including towns; suburbs; rural areas; and small, midsize, and large cities.[19]

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[19] Locale code data retrieved from the Common Core of Data (online database) were used to determine the locales of the PEP projects; see http://nces.ed.gov/ccd/.

All but five projects were based on a three-year grant period; one grantee requested and received two years of funding, and the remaining four grantees requested and received one year of funding.[20]

By Year 3, the 2010 cohort of PEP grantees collectively served more than half a million youths. On average, PEP grantees reported serving more than 6,800 youths each. However, this number varied across grantees, from 180 to 67,600 youths served. CBO grantees served fewer youths on average than did district grantees (5,900 and 7,000, respectively) (see Exhibit 1).

Exhibit 1.
Population Characteristics of Youths Served by PEP Grantees

Type of grantee	Average	Median	Minimum	Maximum	Total
District (*n* = 63)	7,000	3,200	180	67,600	440,600
CBO (*n* = 11)	5,900	2,500	490	28,700	64,400
Both (*n* = 74)	6,800	3,000	180	67,600	505,000

Exhibit reads: District PEP grantees served an average of 7,000 youths during the course of the PEP grants.
Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 7 (*n* = 74).

As in previous years, the new PEP grantees and their community partners had no requirement regarding what population to target other than to focus on students in kindergarten through grade 12. A larger percentage of district grantees than CBO grantees reported serving their entire population. The majority (72 percent) of districts reported that they served all schools in their affiliated districts, whereas slightly more than half (58 percent) of the CBO grantees reported serving the entire population of youths affiliated with their organization. All of the CBO grantees and half of the district grantees that reported not serving the entire applicable youths population indicated that their project targeted specific groups of students (e.g., students with physical or learning disabilities, students receiving free or reduced-price lunch). Additional reasons grantees reported for not serving the entire population included lack of funding and schools declining to participate.

The average PEP grant award for the entire grant period was $1,101,757, with awards ranging from $190,000 to $2,479,000. Both district and CBO grantees designated more than half of their grant funds for equipment and personnel. District grantees allocated the largest proportion of their projects' overall budgets for equipment (28 percent on average), whereas CBO grantees allocated the largest percentage of their total funds to personnel (36 percent on average) (see Exhibit 2).

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[20] Data for grantees with less than three years of funding were reviewed, and no systematic differences were found; therefore, these data were included in the sample.

Exhibit 2.
Average Percentage Allocation of Overall PEP Grant Funds, Years 1–3, by Category

Budget category	Both (*n* = 68)	District (*n* = 58)	CBO (*n* = 10)
Equipment	28	28	24
Personnel	26	24	36
Supplies	15	16	10
Contractual	15	15	15
Fringe benefits	6	6	6
Travel	5	5	2
Training stipends	3	3	2
Indirect costs	2	2	2
Other	1	1	4

Exhibit reads: District PEP grantees reported allocating an average of 28 percent of their total PEP grant funds to equipment, whereas CBO grantees allocated an average of 24 percent of their PEP grant funds to equipment.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 47 (*n* = 68).

III. PEP Project Implementation

In 2010, the Department revised the PEP requirements to include a focus on best practices and research in the field, to encourage physical activity and healthy eating in youths, and to help students meet their state standards for physical education. These requirements aimed to have grantees promote healthy habits through focused planning, policy actions, and instruction, with a focus on physical activity and nutrition-related activities. The following section describes grantees' experiences implementing these aspects of their PEP grants.

What Were the Results of PEP Grantees' Self-Assessments of Their Physical Activity, Health, and Nutrition Policies and Practices?

Aligning Project Goals With Identified Needs: School Health Index

As part of the new application requirements, applicants had to complete a needs assessment and engage in project planning. District applicants and CBO applicants that formed a partnership with a district or school were required to use the CDC's *School Health Index (SHI): Self-Assessment and Planning Guide*.[21,22] Applicants had to use this assessment to develop project goals and plans to address identified weaknesses[23] in their health policies and programs. The SHI assesses the extent to which schools implement policies and practices recommended by the CDC in its research-based guidelines and strategies for school health and safety programs. Specifically, applicants had to complete the physical activity (which includes physical education) and nutrition questions in Modules 1–4 of the SHI. These modules were as follows: School Health and Safety Policies and Environment; Health Education; Physical Education and Other Physical Activity Programs (hereafter referred to as Physical Education); and Nutrition Services. The Department required applicants to develop a School Health Improvement Plan (SHIP)[24] that focused on improving areas identified as weaknesses by their SHI and to design a comprehensive program that was aligned with these identified weaknesses. Grantees also had to complete and submit (in their final report) scores for the same SHI modules at the end of the grant period to demonstrate program improvements. CBOs that were not partnered with a school or district, although not required to complete the SHI, had to conduct a similar activity using an alternative needs assessment tool.

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[21] In previous years, prior to the 2010 PEP revisions, the SHI was an invitational priority that did not contribute points to an applicant's score or win the applicant priority over others.

[22] For more information about the SHI, see http://www.cdc.gov/healthyyouth/SHI/.

[23] Weaknesses were defined as areas that received low scores on the SHI scorecard; see the following document for more information: http://www.cdc.gov/Healthyyouth/SHI/pdf/Elementary-Total-2014-Tagged_508.pdf.

[24] The CDC provides a sample SHIP online that schools can use to develop their own plan: http://www.cdc.gov/healthyyouth/shi/training/07-Improvement/docs/PracticeImprovementPlan.pdf.

Grantees most often reported weaknesses in their policies and programs related to the Health Education (43 percent) and Physical Education (32 percent) SHI modules. Fewer respondents reported weaknesses in the Nutrition Services (19 percent) or School Health and Safety Policies and Environment (19 percent) modules.

All but one CBO grantee completed the four designated SHI modules to assess their project needs. Approximately half of the grantees (51 percent) reported medium to high scores across all four SHI areas.[25] However, more grantees reported weaknesses (i.e., low or moderately low scores) in their policies and programs related to Health Education (43 percent) and Physical Education (32 percent) compared with policies and programs involving School Health and Safety Policies and Environment (19 percent) and Nutrition Services (19 percent) (see Exhibit 3).

Exhibit 3.
Percentage of PEP Grantees That Reported SHI Module Scores, by Range and SHI Module

SHI module	Percentage of grantees reporting score		
	Low or moderately low (0–40)	Medium (41–60)	Moderately high or high (61–100)
Health Education (*n* = 70)	43	31	26
Physical Education and Other Physical Activity Programs (*n* = 73)	32	22	47
Nutrition Services (*n* = 73)	19	23	58
School Health and Safety Policies and Environment (*n* = 70)	19	27	54

Exhibit reads: Of the 70 grantees with scores for the Health Education module of the SHI, 43 percent of grantees reported scores in the low (0–20) or moderately low (21–40) range.
Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 9 (*n* = 76).

In addition to identifying areas of strengths and weakness, the SHI identifies low-cost or no-cost changes that can be made in the school environment and guides users through a process for developing an action plan, or SHIP, to improve these areas. As part of the application process, applicants were required to develop a SHIP and align it with their proposed project design.

Eighty percent of grantees reported that their project's SHIP addressed all four of the SHI areas.

Survey data suggested that the majority of grantees used the SHI as intended—to inform project planning. Specifically, when examined according to SHI scores, all grantees that reported weaknesses on the Nutrition Services module and the Physical Education module reported that they included elements of these modules in their SHIP, as did almost all that reported

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[25] SHI module scores range from 0 percent to 100 percent and are organized into the following five categories: 0–20 = low; 21–40 = moderately low; 41–60 = medium; 61–80 = moderately high; and 81–100 = high. A low score for a module indicates that the assessed grantee is not performing well in an area (i.e., an area of weakness), whereas a high score indicates that it is performing well. A small number of grantees (5 percent) reported the category rather than the numeric module score.

weaknesses on the Health Education module (97 percent) and the School Health and Safety Policies and Environment module (92 percent) (see Exhibit 4).

Exhibit 4.
Percentage of PEP Grantees That Reported Specific Modules Were Included in Their SHIP, by SHI Module Score

SHI module	Range of SHI Module Score			
	Low or moderately low (0–40)	Medium (41–60)	Moderately high or high (61–100)	Across grantees
School Health and Safety Policies and Environment	92	84	89	89
Health Education	97	82	100	93
Physical Education and Other Physical Activity Programs	100	94	97	97
Nutrition Services	100	100	95	97

Exhibit reads: Of the PEP grantees that scored in the low or moderately low range on the School Health and Safety Policies and Environment module, 92 percent included the module in their SHIP.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 9 (*n* = 75).

In addition to using the results of the SHI to develop a SHIP that addressed identified weaknesses, the Department expected grantees to implement activities to address the weaknesses that were outlined in their plans.

> **Grantees more often reported addressing weaknesses in policies and practices related to Physical Education and Nutrition Services than Health Education and School Health and Safety Policies and Environment.**

Grantees most often reported weaknesses in the Health Education and Physical Education modules, and 95 percent of such grantees reported addressing policies and practices related to Physical Education by Year 3. In contrast, only 59 percent of these grantees reported mostly or fully addressing policies and practices related to Health Education by Year 3. Although fewer grantees reported low or moderately low scores on the Nutrition module, 77 percent of grantees addressed elements of this module (see Exhibit 5).

Exhibit 5.
Percentage of PEP Grantees That Reported Mostly or Fully Addressing SHI Modules, by SHI Module Score

SHI module	Range of SHI Module Score			
	Low or moderately low (0–40)	Medium (41–60)	Moderately high or high (61–100)	Across grantees
School Health and Safety Policies and Environment	50	26	53	45
Health Education	59	50	83	62
Physical Education and Other Physical Activity Programs	95	94	100	97
Nutrition Services	77	76	71	74

Exhibit reads: Of the PEP grantees that scored in the low and moderately low range on the School Health and Safety Policies and Environment module, 50 percent fully or mostly addressed it over the course of their PEP grant.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 11 (*n* = 75).

Aligning Project Goals With Identified Needs: Curriculum Assessment Tools

The revised PEP guidelines encouraged, but did not require, grantees to create, update, or enhance their physical education or nutrition education curricula. For applicants that proposed using grant funds to carry out such activities, the program required them to complete a research-based self-assessment of their current curricula. Specifically, grantees had to complete the Physical Education Curriculum Analysis Tool (PECAT) or the Health Education Curriculum Analysis Tool (HECAT).[26] These tools are designed to help districts conduct a comprehensive analysis of their curricula to determine how closely they align with national standards for high-quality physical and health education. The tools can be customized to meet local and community needs as well as state or district curriculum requirements. The Department expected grantees to use the results of the PECAT and HECAT to identify curricular changes that would be addressed during the grant.

Similar to the SHI, applicants could complete the PECAT and HECAT as part of their needs assessment during the application process to assist with project planning. Applicants also had the option of describing their plans for using these tools during the grant period.

> **Of the grantees that used the PECAT and the HECAT assessments, most reported that the tools were most useful for determining whether curriculum content matched national standards; developing new lessons, lesson plans, or learning activities; and developing a scope and sequence for curriculum.**

The majority of grantees that used these tools reported using the PECAT (72 percent) and the HECAT (61 percent) to assist in creating, updating, or enhancing physical or nutrition education curricula. Grantees reported relatively similar experiences using each tool to develop and

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[26] For more information on the PECAT, see http://www.cdc.gov/healthyyouth/PECAT. For more information on the HECAT, see http://www.cdc.gov/healthyyouth/HECAT/index.htm.

implement curricula. For example, the largest percentage of grantees reported that both the PECAT and HECAT were moderately or extremely useful for determining whether curriculum content matched national standards (92 percent and 86 percent, respectively). Similarly, a majority of grantees indicated that the PECAT and HECAT were moderately or extremely useful for developing new lessons, lesson plans, or learning activities (91 percent and 76 percent, respectively) and developing a scope and sequence for their curriculum (86 percent and 73 percent, respectively). Relatively fewer grantees found the tools useful for assessing the affordability of a curriculum (47 percent and 58 percent, respectively) and assessing the accuracy of the health, medical, and scientific information in the written curricula (57 percent and 59 percent, respectively) (see Exhibit 6).

Exhibit 6.
Percentage of PEP Grantees That Reported the PECAT and HECAT Were Moderately or Extremely Useful, by Curricula Development Area

Curricula development area	PECAT (*n* = 54)	HECAT (*n* = 46)
Determining whether the curriculum content matches national standards	92	86
Developing new lessons, lesson plans, or learning activities	91	76
Developing a scope and sequence	86	73
Creating a PE/nutrition-related curriculum revision or development committee	85	81
Determining whether there are protocols matched with each national standard to guide the assessments of student skills and abilities	83	81
Determining if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment	79	74
Developing new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities	77	71
Informing and/or changing PE policy, funding, or staffing	67	66
Analyzing curriculum alignment with social norms among youth, families, and community members	65	72
Assessing the accuracy of the health, medical, and scientific information in written curriculum	57	59
Assessing affordability of curriculum	47	58

Exhibit reads: Of the 54 PEP grantees that used the PECAT, 92 percent reported that it was moderately to extremely useful in determining whether curriculum content matches national standards.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 19 (*n* = 54) and item 21 (*n* = 46).

What Physical Activity and Nutrition Policy Efforts Did PEP Grantees Report?

One way PEP aims to change behaviors and develop healthy habits is through improved physical activity and nutrition policies. Grantees were required to engage in some type of policy action, including the following: (1) improving policy implementation; (2) revising or expanding policies; (3) strengthening policy monitoring; (4) strengthening policy review; (5) updating policy mandates; or (6) developing new policies. The program did not specify which policies grantees had to address; instead, grantees needed to address only those that were relevant to their settings and needs. Applicants participating in (or partnering with districts that were participating in) a program authorized by the *Richard B. Russell National School Lunch Act* or the *Child*

Nutrition Act of 1966 were required to establish a local school wellness policy as part of these programs. For PEP, these applicants were required to address how their proposed project would align with, support, and complement the implementation of their wellness policy.[27] Grantees without a wellness policy were encouraged to develop one.

To learn more about how grantees met the PEP policy requirements, the Year 1 Survey asked grantees to report on their plans to implement various policy actions related to physical activity and nutrition. The Year 3 Survey asked grantees to report the extent to which they actually implemented these policy actions. During the first year of the grant, the most commonly reported policy plan for increasing physical activity was to improve the implementation of policies (93 percent). In contrast, fewer than half of grantees reported similar plans for the nutrition-related policies (45 percent). Instead, the most commonly planned nutrition policy action was to revise or expand areas already covered in existing policies (87 percent). For both policy areas, grantees least often reported plans to develop new policies (see Exhibit 7).

Exhibit 7.
Percentage of PEP Grantees That Reported Plans to Implement Physical Activity and Food- and Nutrition-Related Policy Actions

	Percentage of grantees	
Policy action	Physical activity	Nutrition
Improve implementation of policies	93	45
Revise or expand covered areas in current policies	84	87
Strengthen policy monitoring	78	75
Strengthen policy review	75	71
Update mandates of the current policies according to state/federal standards	71	74
Develop new policies	63	55

Exhibit reads: Ninety-three percent of PEP grantees reported planning to improve implementation of physical activity policies; in contrast, 45 percent reported planning to take this action for nutrition-related policies.
Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 16 (*n* = 76).

Grantees more often reported implementing policy actions involving physical activity policies than nutrition policies.

During Year 3, grantees reported on the extent to which they implemented specific policy actions. Although the majority reported implementing most policy actions, more grantees reported implementing policy actions related to physical activity than nutrition. Between 60 percent and 85 percent of grantees reported implementing each of the physical activity policy actions included in the survey, whereas between 49 percent and 75 percent reported implementing nutrition-related policy actions. The largest difference in implementation was for efforts related to revising or expanding areas in existing policies (75 percent for physical activity compared with 53 percent for nutrition). For both physical activity and nutrition, grantees more

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[27] For more information on the wellness policy see, http://www.fns.usda.gov/school-meals/local-school-wellness-policy.

often reported engaging in activities to improve the implementation of policies and less often reported developing new policies (see Exhibit 8).

In most cases, a smaller percentage of grantees mostly or fully implemented policy actions compared with the percentage of grantees that planned to implement those policy actions. For example, although 75 percent of grantees planned to strengthen their review of physical education policies (see Exhibit 7), 65 percent reported mostly or fully doing so by Year 3 (see Exhibit 8). Similarly, 87 percent of grantees planned to revise or expand covered areas in their existing nutrition policies, but only 53 percent reported mostly or fully implementing these activities. However, a larger percentage of grantees improved the implementation of nutrition-related policies by Year 3 (75 percent) than had originally intended in Year 1 (45 percent).

Exhibit 8.
Percentage of PEP Grantees That Reported Fully or Mostly Implementing Actions Related to Physical Activity and Food- and Nutrition-Related Policies
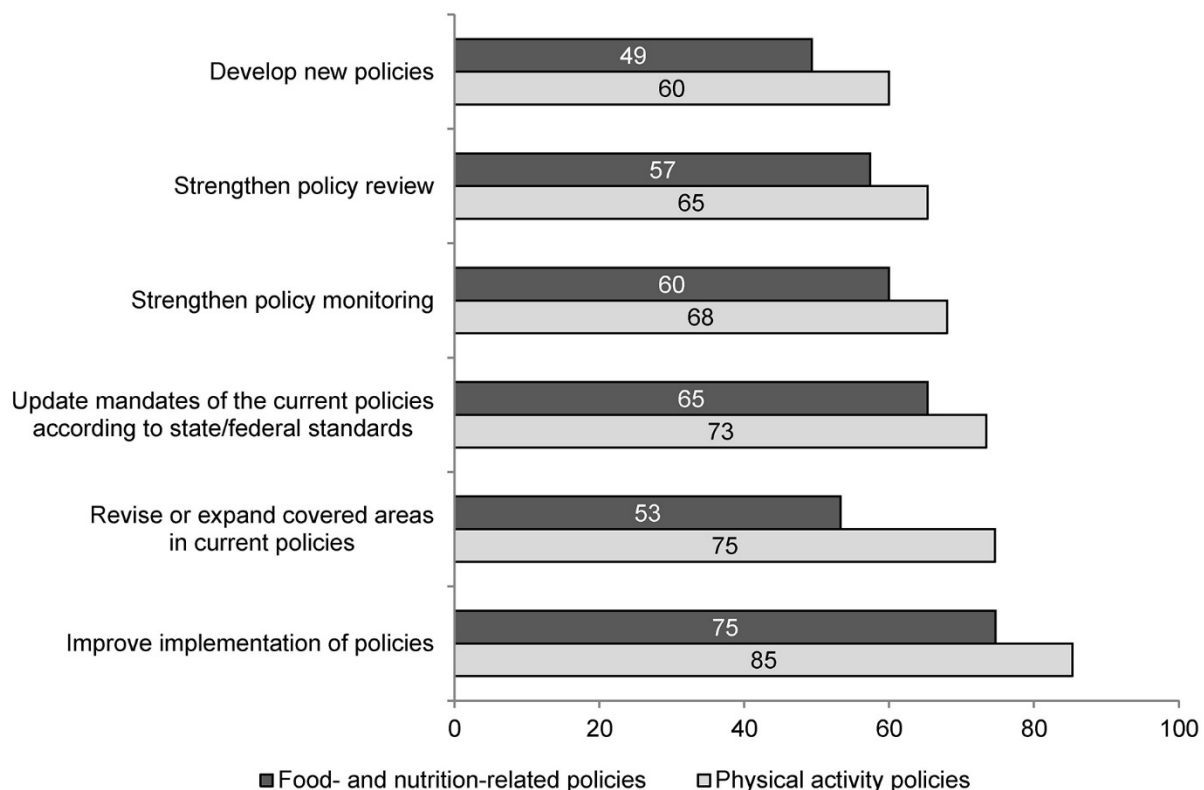
Exhibit reads: Forty-nine percent of PEP grantees reported that they mostly or fully developed new policies related to food and nutrition during their PEP grant; in contrast, 60 percent of grantees reported that they mostly or fully developed new policies related to physical activity.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 22 (*n* = 75), and item 24 (*n* = 75).

The survey also asked grantees to report on the extent to which specific physical activity, physical education, and nutrition policies had changed as a result of their PEP projects. Specifically, grantees reported whether they made significant, moderate, minor, or no changes to related policies.

The largest percentage of grantees reported that PEP helped them make significant changes to physical activity policies related to standards-based sequential physical education curriculum (59 percent) and nutrition policies involving the types of food made available to students (about one-third of grantees).

In addition to changes to require the use of a standards-based sequential PE curriculum, more than half of PEP grantees reported that PEP supported them in making recommendations or offers of physical activity through before- or after-school programs or both (e.g., clubs, intramurals; 55 percent), requiring annual professional development or training for PE teachers (51 percent), and requiring that students be physically active for at least 50 percent of PE class time (51 percent). In addition, approximately one-quarter of grantees indicated that they made moderate changes in these areas as a result of PEP. Grantees less often reported changes to policies requiring changes to daily schedules. For example, a little more than one-third of grantees reported making moderate or significant changes to policies requiring daily recess periods (39 percent) and daily PE classes (35 percent; see Exhibit 9).

Exhibit 9.
Percentage of PEP Grantees That Reported Moderate or Significant Change in Elements of Their Physical Activity Policy as a Result of PEP, by Type of Change
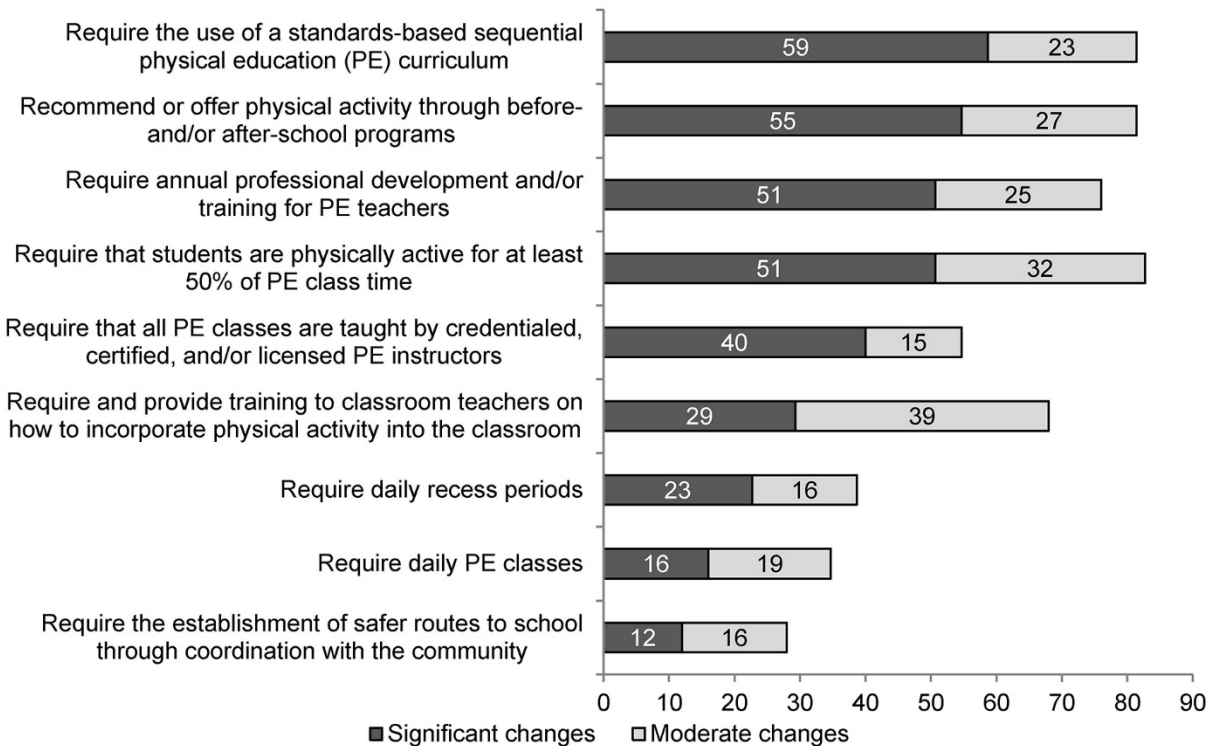
Exhibit reads: Fifty-nine percent of PEP grantees reported that, as a result of PEP, they made significant changes to policies related to the use of a standards-based sequential PE curriculum.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 23 (*n* = 75).

Among the nutrition-related policies, the greatest percentage of grantees reported making significant changes to those that addressed the types of food offered to students as a result of

PEP. Specifically, approximately one-third of grantees indicated that they made significant changes to policies aimed at reducing the availability of foods of minimal nutritional value (37 percent), restricting the marketing of unhealthy foods on school campuses (35 percent), and requiring the adoption and implementation of strong nutritional standards for all foods sold and served in schools (33 percent). In addition, approximately one-third of grantees also reported moderate changes in these policy areas as a result of PEP. Fewer grantees reported making significant changes to policies requiring annual professional development and/or training for nutrition services staff (21 percent) or for staff who provide nutrition education (20 percent) or policies involving the integration of nutrition and healthy eating concepts into other academic subjects (12 percent); however, about one-third reported making moderate changes in the latter two policy areas (33 percent and 31 percent, respectively) (see Exhibit 10).

Exhibit 10.
Percentage of PEP Grantees That Reported Moderate or Significant Change in Elements of Their Food- and Nutrition-Related Policies, by Type of Change
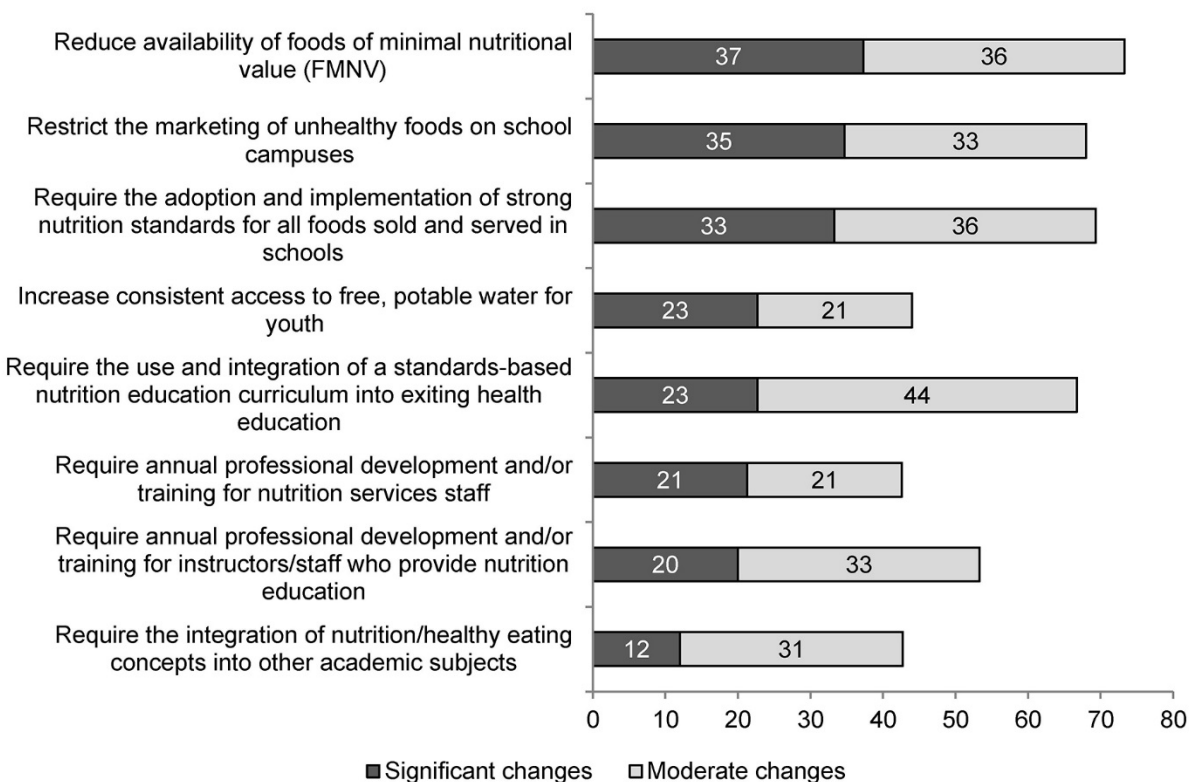
Exhibit reads: Thirty-seven percent of PEP grantees reported that, as a result of PEP, they made significant changes to policies related to reducing the availability of foods of minimal nutritional value.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 25 (*n* = 75).

What Physical Fitness, Physical Education, and Nutrition Activities Did PEP Grantees Report?

The new PEP requirements expanded the absolute priority to require PEP projects to include the (previously optional) activity of instruction in healthy eating habits and nutrition, in addition to

addressing at least one of the following five authorized physical fitness activities: (1) physical fitness education and assessment; (2) instruction in physical activities; (3) development of and instruction in cognitive concepts; (4) opportunities to develop positive social skills through physical activity participation; and (5) professional development. The combined focus was designed to encourage applicants to develop and implement a comprehensive and integrated program that would promote healthy behaviors among students.

> **Among the five authorized physical fitness activities, the largest percentage of grantees reported a significant focus on physical fitness education and assessment (91 percent). In contrast, 54 percent of grantees reported a significant focus on developing positive social and cooperative skills through physical activity. Overall, 86 percent of grantees reported a moderate or significant focus on all five activities.**

Although grantees were required to implement only one of the five physical fitness activities, all grantees reported proposing that their projects would address all five activities. During Year 1, at least half of grantees reported a significant focus on each of the activities and over 90 percent reported a moderate or significant focus on each activity.[28] The largest percentage of grantees reported a significant focus on physical fitness education and assessment (91 percent). In addition, about three-quarters of grantees reported a significant focus on cognitive concept development and instruction about motor skills and physical fitness (76 percent), and professional development (75 percent). In contrast, relatively fewer grantees (54 percent) reported a significant focus on developing positive social and cooperative skills through physical activity (see Exhibit 11).

By Year 3, grantees had maintained roughly the same level of focus across three of the five activities. However, approximately one-third of the grantees reported an increased focus on providing instruction in motor skills and physical activities (from 63 percent to 88 percent) and providing opportunities to develop positive social and cooperative skills through physical activity participation (from 54 percent to 73 percent) during the course of the grant (see Exhibit 11).

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[28] Grantees' responses to survey questions involving their level of focus on various activities is based on their definition of minimal, moderate, or significant focus, as a definition was not provided in the survey.

Exhibit 11.
Percentage of PEP Grantees That Reported Moderate or Significant Focus on the Five Authorized Physical Fitness Activities

Physical fitness activity	Significant focus		Moderate or significant focus	
	2011	2013	2011	2013
Physical fitness education and assessment	91	95	100	99
Cognitive concept development and instruction about motor skills and physical fitness	76	79	99	96
Professional development	75	77	93	97
Instruction in motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of students	63	88	99	99
Opportunities to develop positive social and cooperative skills through physical activity participation	54	73	93	96

Exhibit reads: In 2011, 91 percent of PEP grantees reported significant focus on physical fitness education and assessment. In 2013, 95 percent of PEP grantees reported significant focus on physical fitness education and assessment.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 10 (*n* = 76) and Year 3, 2012, item 14 (*n* = 75).

In addition to the five authorized physical fitness activities, grantees provided information about the specific types of activities implemented. Specifically, grantees described whether they implemented certain physical fitness and physical education activities before receiving PEP funds. Grantees also reported the extent to which they implemented these activities (i.e., partially, mostly, fully) after receiving the grant.

Grantees implemented more activities related to physical education and physical fitness during the PEP grant, compared with before the grant, particularly in the areas of improving instruction in cognitive concepts, improving student engagement in physical activities external to the school-based curricula, and staff professional development.

As intended, PEP funds allowed grantees to engage in new physical education activities. By Year 3, the largest percentage of grantees had mostly or fully implemented activities to improve student engagement in physical activities external to the school-based curricula (96 percent). The greatest increase in implementation occurred for activities designed to improve physical education instruction related to cognitive concepts. Prior to receiving PEP funds, 21 percent of grantees reported engaging in these activities. This increased to 92 percent of grantees by Year 3 (an increase of 71 percentage points). Similarly, there was a large increase in the percentage of grantees that mostly or fully implemented activities to improve student engagement in physical activities external to the school-based curricula (from 29 percent to 96 percent, an increase of 67 percentage points) and staff/personnel capacity to provide physical education instruction (from 30 percent to 92 percent, an increase of 62 percentage points). More grantees were involved in activities that aimed to promote social and cooperative skills in physical fitness prior to receiving PEP funds (45 percent) compared with the other physical activities that saw greater increases in implementation. But by Year 3, over 90 percent of grantees were doing some work in this area. Relatively fewer grantees were mostly or fully implementing activities to increase

family involvement in student physical fitness (55 percent); however, an additional 37 percent of grantees were partially implementing these activities (see Exhibit 12).

Exhibit 12.
Percentage of PEP Grantees That Implemented Various Physical Fitness and Physical Education Activities Before and During Their PEP Grant

	Implemented before grant	Mostly or fully implemented by Year 3	Partially implemented by Year 3
Create a new physical education program	22	71	8
Develop or redesign physical education policies	38	72	11
Increase family involvement in student physical fitness	38	55	37
Improve an existing physical education program	36	87	9
Improve physical education instruction related to cognitive concepts	21	92	4
Improve physical education instruction related to physical fitness	29	84	15
Promote social and cooperative skills in physical fitness	45	92	8
Improve physical education instruction specific to physical activity	36	92	8
Improve personnel/staff capacity to provide physical education instruction	30	92	8
Improve student engagement in physical activities external to school-based curricula	29	96	4

■Mostly or fully implemented by Year 3 □Partially implemented by Year 3 ■Implemented before grant

Exhibit reads: Twenty-two percent of PEP grantees reported implementing activities to create a new physical education program before receiving PEP grant funds; by Year 3, 71 percent reported mostly or fully implementing this activity, and an additional 8 percent reported partially implementing this activity.

Note: On the Year 1 Survey, grantees reported on the physical activities they implemented before their PEP grant, and on the Year 3 Survey, grantees reported on the extent to which they implemented these activities.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 11 (*n* = 76) and Year 3, 2012, item 15 (*n* = 75).

As with physical education and physical fitness activities, grantees also reported whether they implemented certain activities related to healthy eating and nutrition before and after receiving PEP funds.

Grantees implemented more activities related to healthy eating habits and nutrition during the PEP grant, compared with before the grant, particularly in the areas of improving instruction and revising or expanding the existing curricula.

Prior to receiving PEP funding, the majority of PEP grantees were engaged in efforts to promote awareness and healthy eating habits among students and their families. Specifically, slightly more than half of grantees were already engaged in activities to promote nutrition awareness to parents and communities prior to the grant (53 percent), and nearly half were encouraging healthy eating habits in after-school programs before receiving PEP funds (45 percent). By Year 3, even more grantees reported mostly or fully implementing these activities (73 percent and 69 percent, respectively). The largest percentage of grantees had mostly or fully implemented activities that involved improving instruction on nutrition education (83 percent). This activity also had the greatest increase in implementation (from 22 percent to 83 percent, an increase of 61 percentage points). Similarly, prior to PEP, one-fifth of grantees reported engaging in efforts to revise or expand the existing curricula for nutrition education. By Year 3, over three-fourths of grantees (76 percent) had mostly or fully implemented these changes to their curricula (an increase of 56 percentage points). In addition, almost all grantees were at least partially implementing these two activities (98 percent and 97 percent, respectively). Relatively fewer grantees reported mostly or fully implementing activities to provide professional development to school staff on identifying unhealthy eating behaviors in students and making referrals to appropriate services (40 percent), and facilitating coordination between food service and classroom instruction (47 percent) after receiving their PEP grant (see Exhibit 13).

Exhibit 13.
Percentage of PEP Grantees That Implemented Activities Related to Healthy Eating Habits and Good Nutrition Before and During Their PEP Grant

Establish a districtwide nutrition education committee — 33, 52, 15
Provide training for school staff to identify unhealthy eating behaviors in students and make referrals to… — 15, 40, 32
Develop new curricula for nutrition education — 17, 61, 17
Facilitate coordination between food service and classroom instruction — 17, 47, 36
Encourage healthy eating habits in after-school programs — 45, 69, 15
Provide nutrition education pre-service and ongoing in-service training to teachers and staff — 12, 48, 36
Involve parents and the community in supporting nutrition education — 26, 53, 33
Integrate school food service and nutrition education — 28, 68, 24
Integrate nutrition education and nutritional themes into subject areas — 33, 56, 36
Promote nutrition awareness to parents and communities — 53, 73, 23
Revise/expand existing curricula for nutrition education — 20, 76, 21
Improve instruction on nutrition education — 22, 83, 15

■ Mostly or fully implemented by Year 3   □ Partially implemented by Year 3   ■ Implemented before grant

Exhibit reads: Thirty-three percent of PEP grantees reported implementing activities to establish a districtwide nutrition education committee before receiving PEP grant funds; by Year 3, 61 percent reported mostly or fully implementing this activity and an additional 17 percent reported partially implementing this activity.

Note: On the Year 1 Survey, grantees reported on the nutrition-related activities they implemented before their PEP grant. On the Year 3 Survey, grantees reported on the extent to which they implemented these activities.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 12 (*n* = 76) and Year 3, 2012, item 16 (*n* = 75).

A small number of FY 2010 PEP grantees received PEP funds prior to FY 2010 (14 grantees). Compared with first-time PEP grantees, a larger percentage of repeat PEP grantees reported implementing physical fitness, physical education, and nutrition-related activities prior to the receipt of 2010 PEP funds. The only exceptions concerned activities that involved integrating school food service and nutrition education and developing new curricula for nutrition education (see Exhibits 14 and 15).

Exhibit 14.
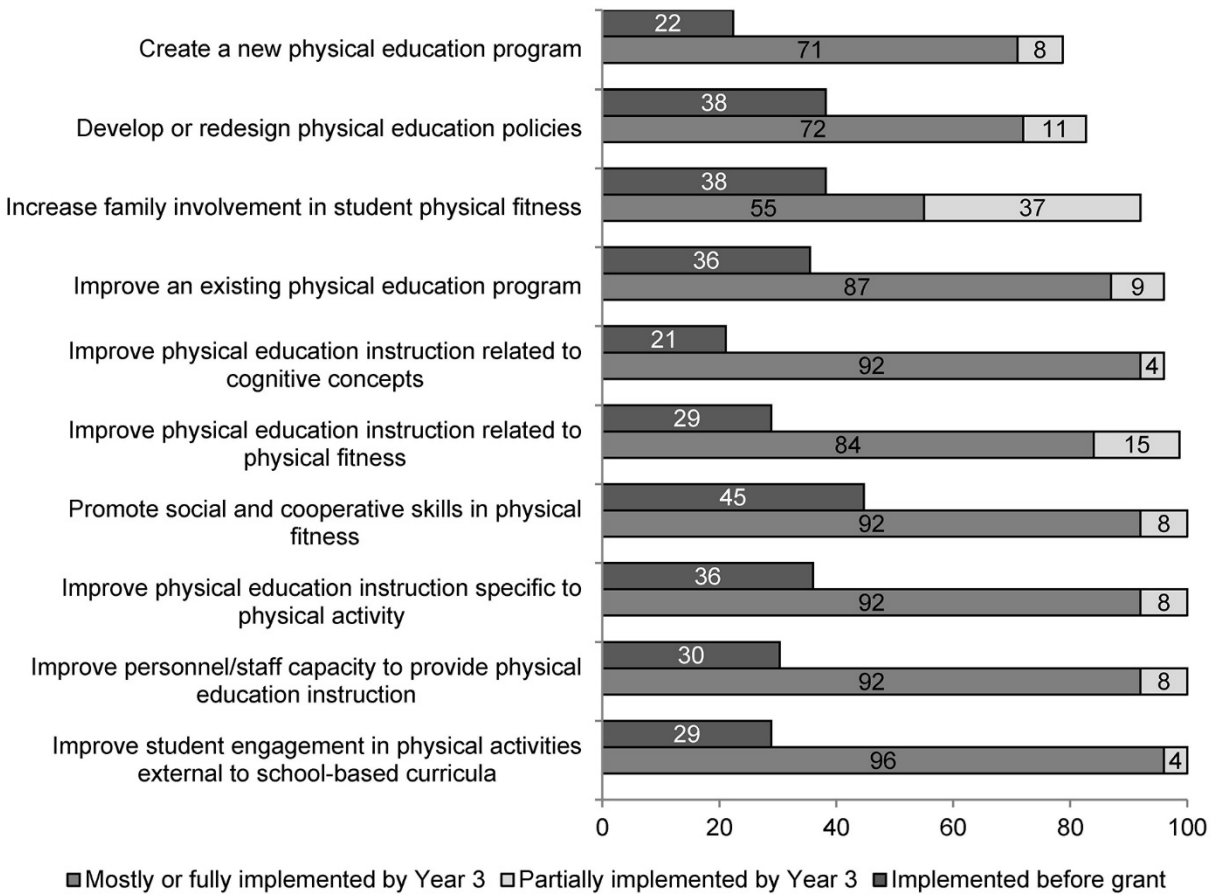**Percentage of PEP Grantees That Implemented Various Physical Fitness and Physical Education Activities Before Their PEP Grant, by Grantee Type**

	Percentage of grantees	
Physical fitness and physical education activity	**First-time grantees (n = 62)**	**Repeat grantees (n = 14)**
Improve personnel/staff capacity to provide physical education instruction	24	57
Improve physical education instruction related to physical fitness	23	57
Promote social and cooperative skills in physical fitness	44	50
Improve physical education instruction specific to physical activity	32	50
Develop or redesign physical education policies	37	43
Improve student engagement in physical activities external to school-based curricula	26	43
Create a new physical education program	18	43
Improve an existing physical education program	36	36
Improve physical education instruction related to cognitive concepts	18	36
Increase family involvement in student physical fitness	18	36

Exhibit reads: Twenty-four percent of first-time grantees reported implementing activities to improve personnel/staff capacity to provide physical education instruction before receiving PEP grant funds; in contrast, 57 percent of repeat grantees reported implementing this activity before receiving their FY 2010 award.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 11 (n = 76).

Exhibit 15.
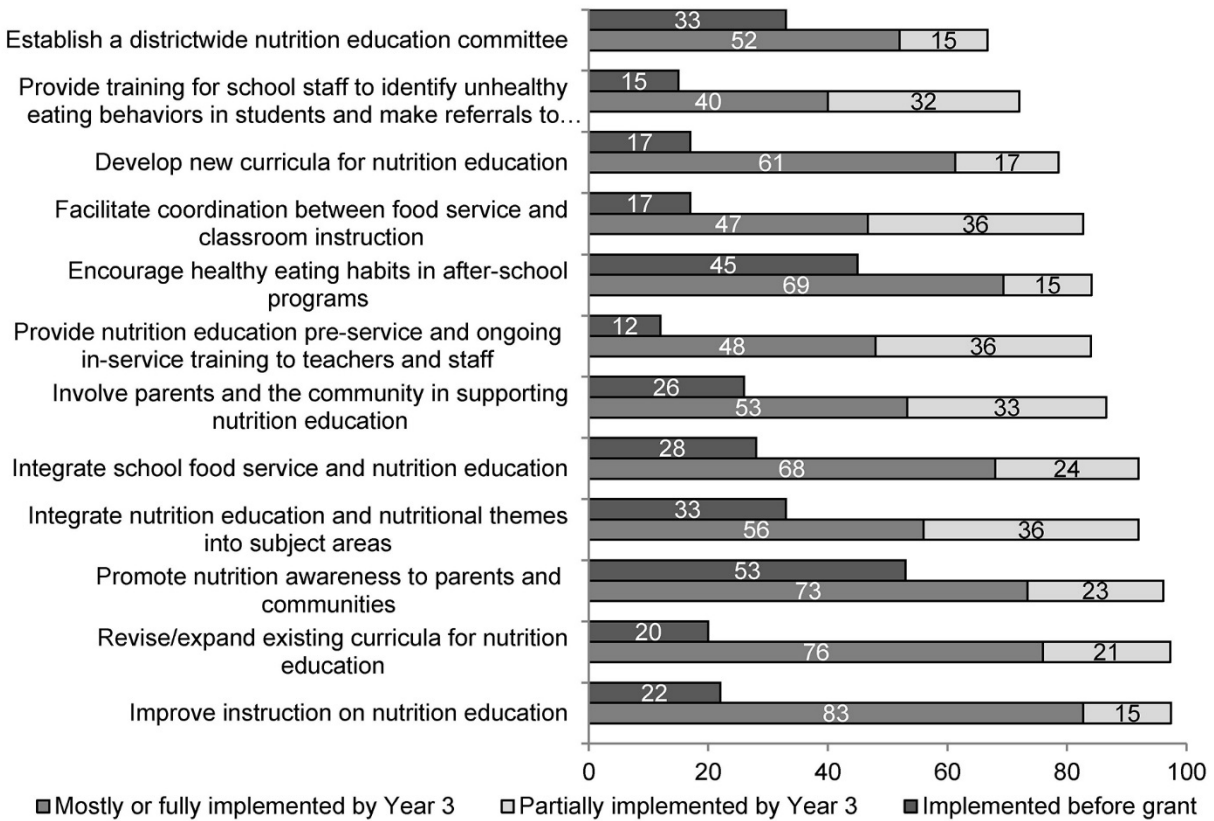**Percentage of PEP Grantees That Implemented Activities Related to Healthy Eating and Good Nutrition Before Their PEP Grant, by Grantee Type**

Healthy eating and nutrition activity	Percentage of grantees	
	First-time grantees (*n* = 62)	Repeat grantees (*n* = 14)
Promote nutrition awareness to parents and communities	47	79
Encourage healthy eating habits in after-school programs	37	79
Establish a districtwide nutrition education committee	31	43
Integrate nutrition education and nutritional themes into subject areas	31	43
Involve parents and the community in supporting nutrition education	23	43
Facilitate coordination between food service and classroom instruction	13	36
Improve instruction on nutrition education	21	29
Provide nutrition education pre-service and ongoing in-service training to teachers and staff	8	29
Revise/expand existing curricula for nutrition education	19	21
Provide training for school staff to identify unhealthy eating behaviors in students and make referrals to appropriate services	13	21
Integrate school food service and nutrition education	31	14
Develop new curricula for nutrition education	18	14

Exhibit reads: Forty-seven percent of first-time grantees reported implementing activities to promote nutrition awareness to parents and communities before receiving PEP grant funds; in contrast, 79 percent of repeat grantees reported implementing this activity before receiving their FY 2010 award.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 12 (*n* = 76).

IV. New PEP Priorities: Partnerships and BMI

What Role Did Community Partnerships Play in PEP Projects?

PEP's new direction included establishing two competitive priorities: awarding additional points to applicants proposing partnerships with community entities and/or the collection and use of BMI measurement. The Department added the competitive preference priority for partnerships to accomplish multiple objectives of the new PEP (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010). First, establishing community partnerships was aligned with the *Let's Move!* initiative's comprehensive approach to combating youth obesity and recommended strategies that indicated coordinated approaches are necessary to effectively change social norms and lifestyle behaviors (Koplan, Liverman, & Kraak, 2005). Second, formal partnerships encouraged common and consistent policies, practices, and expectations for healthy eating and physical activity across schools and community entities, providing the opportunity for healthy lifestyle choices in all settings in which a child spends time. Third, by including individuals from various community sources, grantees would be provided with multiple resources to increase knowledge and awareness of best practices and research-based approaches in the public health field. Finally, by establishing a formal partnership, a PEP grantee could garner support from local leadership, possibly leading to a stronger commitment to the project's objectives and more opportunities for leveraging PEP grant funds, including matching funds, in-kind contributions (e.g., donations, volunteering), and awareness of other funding opportunities, thus increasing the potential sustainability of the project activities.

To receive additional points, applicants had to include an agreement that detailed the participation of required partners.[29] Both district and CBO grantees were required to partner with the head of the local government and a local public health entity. In addition, districts also were required to partner with a CBO and the district's food service or child nutrition director. CBOs also were required to partner with a local organization supporting nutrition or healthy eating as well as a district.

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[29] Partnership agreements were required to include the following: (1) a description of each partner's roles and responsibilities in the project; (2) a description of if and how each partner would contribute to the project, including any contribution to the local match; (3) an assurance that the application was developed after timely and meaningful consultation between the required parties, as defined in the 2010 grant application procedures; and (4) a commitment to work together to reach the desired goals and outcomes of the project. The partner agreement also had to be signed by the Authorized Representative of each of the required partners and by other partners as available and appropriate

Sixty-seven grantees (88 percent) received competitive preference points for including community partnerships as part of their PEP project design. Forty-three grantees established partnerships with the district's food service or nutrition director, the most common partner.

Eight-eight percent of grantees received competitive preference points for including partnerships as a part of their PEP project design. Exhibit 16 lists the various types of community entities with which district and CBO grantees partnered. These data represent partnerships that were reported in Year 3, suggesting that these partnerships were maintained over the course of the grant. Of the grantees that reported partnerships, district grantees most commonly reported partnering with their food service or child nutrition director (82 percent). Similarly, a large percentage of grantees partnered with an external evaluator (64 percent) and their local state public health department (64 percent). The latter two partners also were reported most commonly by CBOs (70 percent for each). In addition, half of the CBOs also reported partnering with a hospital or clinic (see Exhibit 16).

Exhibit 16.
Percentage of PEP Grantees With Partnerships That Reported Collaborating With Various Types of Partners, in Year 3
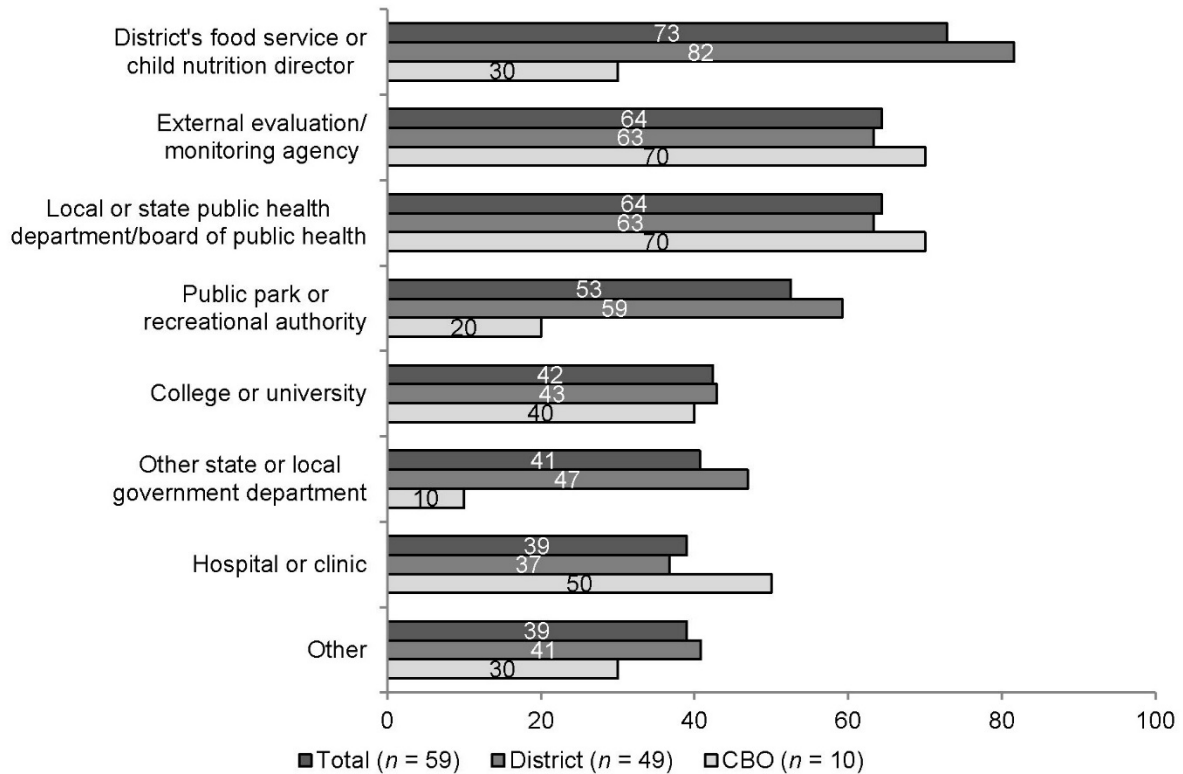
Exhibit reads: In Year 3, 73 percent of PEP grantees with partnerships formed a partnership with the district's food service or child nutrition director; 82 percent of district and 30 percent of CBO grantees reported this partnership.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 33 (*n* = 59).

Case study respondents reported that partnerships were most often established based on preexisting relationships. According to one project partner, *"We have a small district, so everyone knows each other. Everyone works together. It's no big deal for people to call each other up for help. We really had a good working relationship when it began."* In some cases, collaborating on the grant helped to enhance the relationship between these groups. One CBO project staff member stated:

> *We've had a long-standing relationship with them [the community partner]. They were more of a donor before by supporting events or things like that. Through the PEP grant, we have taken [the] relationship to a new level. And [we] partner with them on things beyond the financial.*

Through PEP, the aforementioned partner now served as a source for data about the community, provided nutrition expertise, and served on project committees to help strengthen the health of the grantee's organization. A partner from another project reported that, as part of the grant, his organization expanded its health fairs to include on-site fairs at the middle and high schools, enabling the organization to reach more students.

CBO and district project staff also reported that they established partnerships to provide services or expertise that grantees were unable to offer because of limited staffing, lack of resources, or lack of knowledge. For example, staff reported that physical education often was overlooked and that there was little focus on physical development. Thus, at least two grantees (districts) chose to partner with an organization whose primary goal was to offer professional development for physical education staff. CBO and districts grantees also reported that partners had knowledge and expertise about relevant community events and health and physical fitness activities at other locations (e.g., community plans to create bike trails, knowledge about the lunch programs in other districts) that could facilitate the implementation of their PEP grants.

> **The majority of grantees that formed partnerships reported that their community partners were most involved in providing nutrition-related support, specifically indicating moderate or significant partner involvement in providing nutrition services (76 percent) and instruction in healthy eating habits and good nutrition (78 percent).**

The 2010 PEP involved an increased focus on increasing healthy eating habits and nutrition. Accordingly, grantees reported that community partners were most involved in providing nutrition-related support. Examples of partner involvement included participation in nutrition education (e.g., classes on healthy eating, portion control, and gardening) and working with a district-level administrator who was in a position to make decisions about nutrition policies and implement changes (e.g., modifying school menus, adding healthy snacks to vending machines). In addition to partners providing support around improving nutrition, slightly more than two-thirds of grantees that formed partnerships also reported moderate or significant levels of partner involvement in efforts to provide opportunities for students to develop positive social and cooperative skills through physical activity participation (68 percent). Partners were least involved with instruction in cognitive concepts about motor skills and physical fitness (44 percent) and policy development (46 percent).

Partner involvement increased in all but one area between Years 1 and 3. The greatest increases in involvement occurred in the areas of providing nutrition services (participants reporting significant or moderate involvement increased from 63 percent to 76 percent, a 13 percentage point increase); providing opportunities for students to develop positive social and cooperative skills through participation in physical activity (from 58 percent to 68 percent, a 10 percentage point increase); and providing instruction in motor skills and physical activities (from 46 percent to 56 percent, a 10 percentage point increase) (see Exhibit 17).

Exhibit 17.
Percentage of PEP Grantees With Partnerships That Reported Significant or Moderate Levels of Partner Involvement, by Focus Area

	Percentage of grantees	
Focus area	Year 1	Year 3
Instruction in healthy eating habits and good nutrition	75	78
Providing nutrition services	63	76
Providing opportunities for students to develop positive social and cooperative skills through physical activity participation	58	68
Fitness education and assessment	54	58
Providing teachers with professional development opportunities related to nutrition or physical fitness	49	58
Instruction in motor skills and physical activities	46	56
Policy development	42	46
Instruction in cognitive concepts about motor skills and physical fitness	46	44

Exhibit reads: Of the 59 PEP grantees that reported partnerships, 75 percent of grantees in Year 1 reported that, on average, partners had significant or moderate involvement in activities related to instruction in healthy eating habits and good nutrition; in Year 3, 78 percent of PEP grantees reported similar levels of involvement.

Note: Grantees were asked to report on the average level of involvement across official partners.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 36 (*n* = 59), and Year 3, 2012, item 34 (*n* = 59).

Partnership data also were examined to determine whether there were differences in partnership experiences between first-time grantees and repeat grantees. A larger percentage of repeat grantees reported significant or moderate levels of partner involvement across all focus areas except policy development. This pattern persisted in Year 3 across all focus areas (see Exhibit 18).

Exhibit 18.
Percentage of First-Time and Repeat PEP Grantees With Partnerships That Reported Significant or Moderate Levels of Partner Involvement, by Focus Area

Focus area	Percentage of grantees Year 1		Percentage of grantees Year 3	
	First-time grantees (*n* = 49)	Repeat grantees (*n* = 10)	First-time grantees (*n* = 49)	Repeat grantees (*n* = 10)
Instruction in healthy eating habits and good nutrition	71	90	76	90
Providing nutrition services	61	70	76	80
Providing opportunities for students to develop positive social and cooperative skills through physical activity participation	53	80	63	90
Fitness education and assessment	53	60	53	80
Providing teachers with professional development opportunities related to nutrition or physical fitness	47	60	55	70
Policy development	45	30	47	40
Instruction in motor skills and physical activities	43	60	47	100
Instruction in cognitive concepts about motor skills and physical fitness	39	80	35	90

Exhibit reads: Of the grantees that reported partnerships, 71 percent of first-time grantees in Year 1 reported that, on average, partners had significant or moderate involvement in activities related to instruction in healthy eating habits and good nutrition; in contrast, 90 percent of repeat grantees reported this level of involvement.

Note: Grantees were asked to report on the average level of involvement across official partners.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 36 (*n* = 59), and Year 3, 2012, item 34 (*n* = 59).

Grantees also were asked to describe the average level of involvement of their partners by partner type. A district's food service or child nutrition director was the most involved in PEP activities (moderate or significant involvement reported by 93 percent of grantees that established this partnership). Similarly, grantees reported high levels of involvement by external evaluation or monitoring agencies (87 percent) and local colleges or universities (84 percent). Relatively fewer grantees reported moderate or significant involvement from their local or state public health department or board of public health (50 percent) and other state or local governments (54 percent) (see Exhibit 19).

Exhibit 19.
Percentage of PEP Grantees With Partnerships That Reported Significant or Moderate
Levels of Partner Involvement, by Partner Type
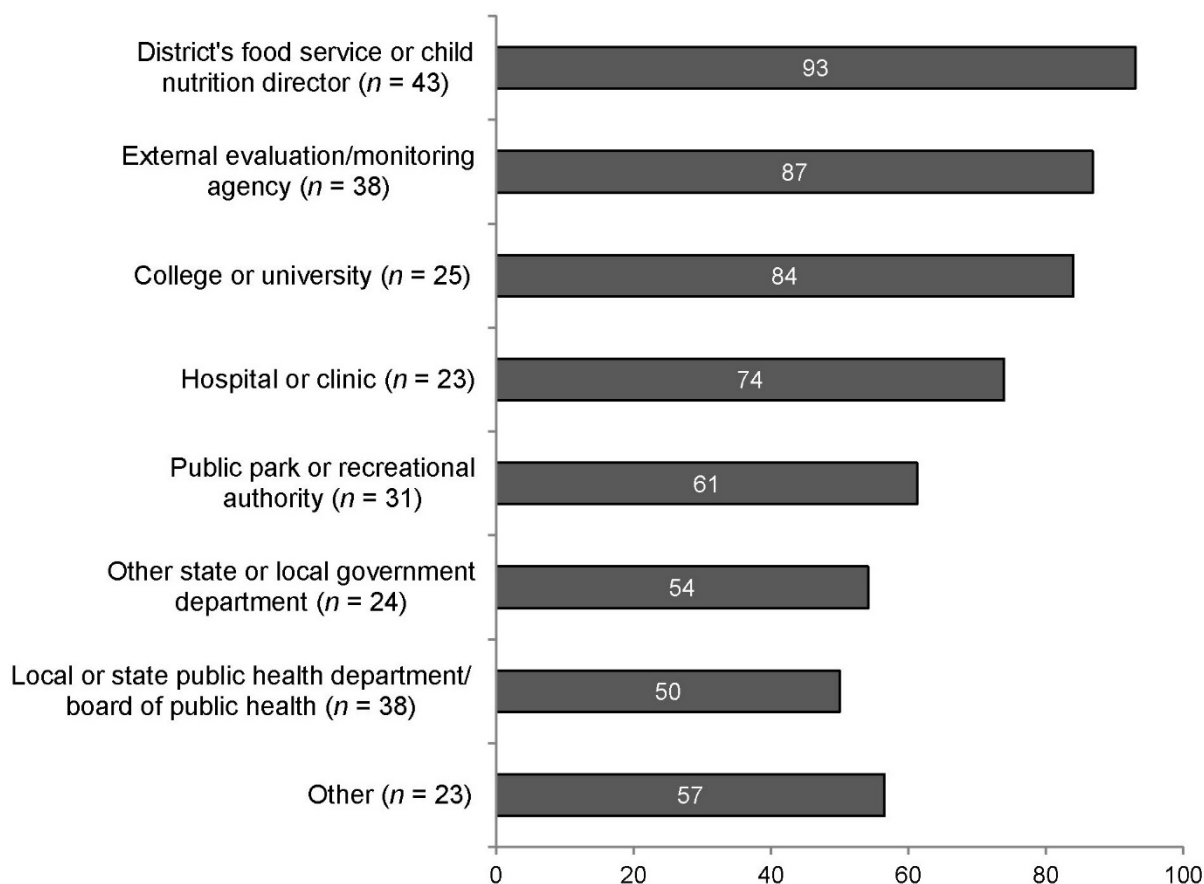
Exhibit reads: Of the 43 PEP grantees that reported having formed partnerships with the district's food service or child nutrition director, 93 percent reported that, on average, the partners were significantly or moderately involved.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 33 (*n* = 59).

Most grantees that formed partnerships reported that their PEP community partnerships were either extremely valuable (59 percent) or moderately valuable (29 percent). The most common benefits were access to additional (nonmonetary) resources (90 percent) and the ability to build on the PEP grantees' own knowledge bases (86 percent).

In response to an open-ended survey question about the primary strengths of PEP projects, nearly 40 percent of grantees identified their community partnerships as a primary strength of their PEP grant. Partners reportedly brought great value to projects by providing resources and expertise. The majority of grantees that formed partnerships also reported that partners allowed them to reach more of their targeted population (75 percent). The least commonly reported benefit of partnerships was additional funding, either directly or through funding opportunities (39 percent).

Similar to responses regarding their partners' levels of involvement, a larger percentage of grantees that received a PEP grant prior to 2010 reported benefits associated with partner

relationships compared with their counterparts that were first-time PEP recipients. The only exception involved benefits related to partners' interest in collaborating to sustain PEP activities. This benefit was relatively similar across both groups (82 percent for first-time grantees and 80 percent for repeat grantees) (see Exhibit 20).

Exhibit 20.
Percentage of PEP Grantees With Partnerships That Reported Various Benefits of the Partnerships, by Grantee Type

Benefit	Percentage of grantees		
	All grantees (*n* = 59)	First-time grantees (*n* = 49)	Repeat grantees (*n* = 10)
Offered access to additional resources	90	88	100
Built upon knowledge base	86	84	100
Interested in collaborating to sustain PEP activities	81	82	80
Provided capability of reaching more of the targeted population	75	69	100
Allowed personnel to focus on specific areas of expertise	75	71	90
Contributed additional personnel	58	55	70
Provided additional funding, either directly or through funding opportunities	39	35	60

Exhibit reads: Of the PEP grantees that formed partnerships, 90 percent reported that the access to additional resources was a benefit of their partnerships; 88 percent of first-time grantees reported this benefit compared with 100 percent of grantees that had received a prior PEP grant.

Note: Responses reflect grantees' experiences with one or more official partners.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 35 (*n* = 59).

Case study respondents provided specific examples of how some projects benefited from their partner relationships. Reported benefits included the following:

— *Improving communication and strengthening relationships:* District case study grantees reported more frequent interactions between project or central office staff and school-level staff, as well as across different school- and district-level departments (e.g., counseling, food services). Respondents also reported that partnerships helped develop and strengthen relationships among various organizations within the community (e.g., Department of Health, local hospitals, youth organizations, schools).

— *Increasing student engagement:* Partners brought equipment and activities to the schools that helped increase student participation and engagement in physical activities. For example, one partner offered schools a fitness video library that included fitness activities for all skill levels. It was reported that these videos encouraged students who were generally less active to engage in physical activity. Partnerships also exposed students to professionals in the field of physical fitness, health, and nutrition, which reportedly resulted in increased student engagement. This exposure was perceived as important because students were reportedly more receptive to messages from an external expert than from the teachers and staff who they saw daily.

— *Networking and providing access to resources and information:* Partners helped connect PEP grantees to human resources in the district and community. For example, one project director described how a partner was able to connect them to the district's superintendent

and facilities director when they needed to meet with these individuals about the project. Partners also connected grantees to resources and information to which they may not have had access (e.g., resources and information from conferences, information about related community activities).

— *Extending the reach of health, physical fitness, and nutrition activities and knowledge:* Partners helped PEP grantees extend the reach of their message regarding health, physical fitness, and nutrition beyond the schools and into the community. To raise awareness among families and the community about these topics, grantees collaborated with partners to hold community events that allowed them to disseminate this information to the public.

Reports of plans to sustain partner relationships offered additional evidence of the value of partnerships. Survey respondents reported that they expected moderate (44 percent) or significant (41 percent) collaboration with their current partners after the end of the PEP grant period. Similarly, respondents from all case study projects also expected to sustain a relationship with some or all of their community partners. They did not have specific plans for sustainability but indicated that mutually beneficial partnerships or those that had developed from preexisting relationships likely would lead to ongoing collaboration, as would the desire to build on the successes of the grant.

Grantees that formed partnerships reported few challenges with maintaining their partnerships; however, the two most common challenges were difficulty coordinating meetings and activities (36 percent), and diversion of time and resources away from other priorities or obligations of the PEP grant (36 percent).

Of the grantees that formed partnerships, the most commonly reported challenges with partners were the diversion of time and resources away from other PEP project priorities (36 percent) and coordinating meetings and activities (36 percent) (see Exhibit 21). For example, one case study project staff member reported that its partners were involved in other grants, which made it difficult to schedule a common time to meet as a group and discuss PEP activities. Another described challenges scheduling time to meet with teachers because of limited planning time during the school day.

First-time grantees reported more challenges with their partnerships compared with repeat grantees; and in most areas, first-time grantees experienced challenges that were not reported by any repeat grantee. Interruptions because of personnel turnover in the primary PEP district or CBO was not reported as a challenge by grantees in either group (see Exhibit 21).

Exhibit 21.
Percentage of PEP Grantees With Partnerships That Reported Significant or Moderate Challenges With Their Partnerships, by Grantee Type

Challenge	Percentage of grantees		
	All grantees (*n* = 59)	First-time grantees (*n* = 49)	Repeat grantees (*n* = 10)
Difficulty coordinating meetings and activities	36	41	10
Diversion of time and resources away from other priorities or obligations of the PEP grant	36	37	30
Inadequate staff support	14	14	10
Lack of commitment	14	16	0
Diminished interest in project goals and activities	12	14	0
Difficulty communicating efficiently and in a timely manner	7	8	0
Entities are not knowledgeable of project goals	7	8	0
Interruptions due to personnel turnover within community entities	7	8	0
The governance structure of the partnership(s) has not functioned effectively	5	6	0
Different or conflicting perspectives	5	6	0
Dissimilarity in expectations by different partners on project activities	3	4	0
Lack of established effective communication channels	2	2	0
Not perceived as mutually beneficial	2	2	0
Interruptions due to personnel turnover in the primary PEP district/CBO	0	0	0

Exhibit reads: Of the PEP grantees that formed partnerships, 36 percent reported that difficulty coordinating meetings and activities with partners was a significant or moderate challenge; 41 percent of first-time grantees reported this challenge compared with 10 percent of grantees that had received a prior PEP grant.

Note: Responses reflect grantees' experiences with one or more official partners.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 37 (*n* = 59).

Respondents across all the case study projects generally spoke positively about their partnerships, yet they identified communication as the most common challenge. Reported communication challenges included a lack of clarity regarding expectations about roles and responsibilities (a challenge noted primarily by the partners) and a lack of communication with partners about project activities. According to one project partner:

> *The challenge is knowing more about what they [the PEP project staff] are doing and what they have planned. The more one knows, the more community connections can be made, and you can put together something that serves both your missions.*

A project director stated:

> *Communication is always a key to the success of these projects. At the beginning of our project, there was a lot of misunderstanding about the PEP grant and how it would work and who would be impacted by its implementation, creating a variety of reactions from apathy to anger. However, as the grant progressed, more information was shared, and projects began to take shape, and people could see how these funds that were provided truly impacted their students.*

An additional challenge reported by case study respondents included limited buy-in or support from some partners. For example, one case study CBO staff member reported:

> *The challenge, from my experience, is just getting everyone to buy in to it. As classroom teachers, you have your own things to get done, especially elementary teachers; they have their set schedule, and if you bring something else in that they haven't bought in to, it will be tough to get the information you need. You need a buy-in from everybody [who will need to be involved to accomplish goals].*

What Were PEP Grantees' Experiences With Collecting and Using BMI Data?

In addition to encouraging partnerships, the revised PEP also gave competitive preference to applicants whose plans included using aggregate BMI data collection to monitor their student populations' weight status over time as part of a comprehensive assessment of student health and fitness (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010). BMI is calculated from an individual's weight and height, and it is used as an indicator for body-fat percentage and as a screening tool to detect weight-related health problems. Using this measure, individuals are characterized as underweight, normal weight, overweight, or obese.[30] This change coincided with a move by some states to mandate the collection of BMI data from all enrolled students for screening purposes. In 2009, 13 states required school-based BMI measurement (Nihiser et al., 2009). By 2011, 20 states had mandated BMI or body composition screening in schools, and nine others recommended this assessment either through screening or through the inclusion of fitness assessments in content standards (Linchey & Madsen, 2011).

The Department encouraged PEP grantees that applied under this competitive preference to use BMI measures in a consistent way by requiring a plan that included elements such as proposed methods for measurements, policies to ensure privacy, and parental notification. Grantees could use BMI data in the aggregate to describe weight status over time in the general student population or among subgroups, monitor progress toward achieving national health objectives, monitor the effects of school-based physical activity and nutrition policies and programs, and inform decisions related to policies and practices.

Applicants also could propose to use the BMI data for screening—that is, identifying youths at risk of weight-related health problems. Although this screening was not required, those that chose to conduct screenings had additional requirements consisting of the following: (1) to provide parents with a clear explanation of BMI results and (2) to ensure the availability of resources for safe and effective follow-up with local medical care providers. Aside from these criteria, the Department did not specify how BMI data should be collected or used (e.g., frequency of data collection, level at which data should be reported), leaving such decisions to the discretion of grantees. Therefore, data collection and usage experiences varied widely across grantees.

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[30] For more information, see http://www.cdc.gov/healthyweight/assessing/bmi/index.html.

Eighty-eight percent of grantees received competitive preference priority points for including BMI data collection as part of their PEP project design, and grantees reported a broad range of uses for BMI data, including using the data as an assessment and program planning tool.

During Year 3, 95 percent of grantees reported collecting BMI data during their PEP grant (94 percent of district grantees and 100 percent of CBO grantees). Of these grantees, most reported using or planning to use the BMI data as a tool to assess the weight status of the student population over time (82 percent) and to assess outcomes related to PEP activities (79 percent). The majority of grantees also indicated that they used or planned to use the data for program planning purposes, specifically to guide physical activity and nutrition program development (78 percent each) (see Exhibit 22). For example, one case study staff member described tracking aggregate BMI by examining the data for students at each grade level to identify the percentage of students who were underweight, healthy, or at risk. Aggregate measurements revealed that about 60 percent of middle school students were in the at-risk category, prompting discussions about what the district could do to address this issue (e.g., purchase new equipment, offer additional PE classes). This staff member reported very little change in this number after one year and concluded that programmatic changes might be necessary. A staff member from another case study project explained:

> *We take a look at the data and see if it is improving or getting worse. It holds teachers accountable because if all your kids' BMIs are getting higher, then maybe you aren't getting your kids up and moving enough.*

Survey data also indicated that grantees examined trends in BMI measurements at the individual student level. Nearly half of grantees that collected BMI data (48 percent) reported using the data to assess the weight status of individual students to identify those at risk for weight-related health problems. For example, case study project staff reported that students' BMI measures were compared at the beginning and end of the school year as well as from one year to the next. Project staff also described sharing individual BMI measurements with students to help them set goals for BMI achievement and assess their progress toward these goals. As one PE teacher reported, students could *"see if all of their hard work paid off to improve their scores."* In addition, grantees also used BMI data as a screening tool to identify major weight loss or gain in individual students and used this information to determine which students were of concern and warranted follow-up. Follow-up often consisted of a conversation with an at-risk student and/or his parents to discuss strategies for addressing health concerns.

Exhibit 22.
Percentage of PEP Grantees That Collected BMI Data and Reported Various Uses or Planned Uses of BMI Measurements

Use of BMI measurements	All grantees (*n* = 71)	District grantees (*n* = 60)	CBO grantees (*n* = 11)
To assess the weight status of the student population across time	82	82	82
To assess outcomes related to PEP grant activities	79	77	91
To guide physical activity program development	78	77	82
To guide nutrition-related program development	78	77	82
To provide parents with information about their children's BMI to help them take appropriate action	61	58	73
To provide the data to school administrator/board to inform policy change	59	65	27
To calculate percentage of students of different weight statuses among the population	48	48	46
To assess the weight status of individual students to identify those at risk for weight-related health problems	48	47	55
To compare the population trends at different sites/schools	39	40	36

Exhibit reads: Of the PEP grantees that collected BMI data, 82 percent reported using or planning to use BMI data to assess the weight status of the student population across time.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 53 (*n* = 71).

Finally, case study respondents reported using BMI data to educate students about what a healthy weight is for their age and height, to encourage students to think about what they eat and how active they are, and to inspire students to take ownership of their health.

Grantees that proposed using BMI data for screening purposes were required to have a mechanism in place to inform parents of their students' results and establish a referral process to a medical provider for students identified as underweight, overweight, or obese. This requirement was put in place to help avoid unintended consequences such as the use of the BMI measurement as a diagnostic (rather than a screening) tool.

> **Sixty-one percent of grantees that collected BMI data provided or planned to provide parents with information about their children's BMI to help them take appropriate action.**

Case study interviews provided insight into some project staffs' experiences with parents. For example, at all case study projects, parents received a letter at the beginning of the school year explaining the BMI data collection activities and were provided with the opportunity to opt out their child.

Respondents at all case study projects described procedures through which parents could find out about their children's BMI. These procedures included sending home letters with reports that provided BMI data along with other physical fitness data and providing opportunities for parents to obtain information through the school's online system.

Respondents also reported following up with the parents of students whose BMI scores indicated that they were at risk of developing weight-related health problems to help them take appropriate action. Strategies for following up with parents ranged from a more hands-on approach (e.g., setting up one-on-one meetings with parents to discuss their students' BMI and developing an action plan for the student) to providing parents with information or resources about next steps (e.g., providing a referral to a local physician, providing information about how to interpret the data and about what steps or interventions parents could consider if their child was identified as being at risk).

Despite efforts to educate parents about BMI prior to collecting the data, case study respondents at four of the five projects reported challenges in communicating with families about students' BMI data, some of which seemed to stem from a general lack of understanding of the measure. At one district project, a packet was sent home with all students regardless of whether they were identified as high risk or not. The packets reportedly contained students' BMI measurements, information explaining what the numbers meant, and information about what steps parents could take if the BMI measurement indicated that the student was at risk for health-related challenges. However, the district experienced a negative reaction from some parents. A staff member from this project acknowledged:

> *I don't think we gave a great deal of thought to how parents and grandparents would react…. We sent home BMI data for the first year and got a lot of resistance—maybe they didn't understand it, maybe they took offense that we were doing that. I'm not sure they understood what BMI is or how it was measured.*

The project revised its strategy for communicating with parents and decided to take a more targeted approach, reaching out only to parents of students at the high end of the at-risk range. Instead of letters, staff set up one-on-one conferences with parents to discuss an action plan.

Project staff reported that parent concerns about BMI appeared to stem primarily from issues related to confidentiality. Staff also commented that some parents were uncomfortable with the district or CBO's role in identifying potential student health issues. As one project director explained, *"Certain parents were taken aback by what they perceived as being outside of the school's realm."* A respondent at another project described a similar experience and reported that *"Some of the parents say it's too personal for the school to do that."*

Respondents also described successful interactions with parents. For example, one project staff member reported that parents reached out to her to provide updates about their progress on suggested strategies to address student health issues. Another reported that parents were *"excited"* to know that they were measuring student BMI. According to one CBO staff member:

> *We had parents that were very receptive and grateful about how we've been able to help them. By forming that bond early and not making it seem like we're just attacking them, we're letting them know this [high BMI] is common and about the obesity epidemic, letting them know they're not alone. A lot of parents say they just don't know what to do anymore [about children's health and nutrition].*

According to case study interviews, stakeholders, including parents, students, and PEP project personnel, had mixed views about the BMI, ranging from support to doubts about the validity of the measures.

At least one respondent at each of the five case study projects reported having doubts about the validity of the BMI as a measure of students' health and fitness. As one project director stated:

> *We started out expecting it to be really helpful in determining kids' needs but found that often students who were active and didn't look obese ended up having BMIs that indicated they were obese/at risk, so it didn't really indicate their true fitness level. In some cases, it's right, but in other cases it's totally off base.*

Another project director described similar concerns:

> *They [students] have some questions about understanding their own body and health during that PE class; we answer them but do our best to not overemphasize the BMI data, especially because of our collection method—we're just doing a straight calculation of height and weight, which is very widely used, but not always the most reliable.… So that's why we really want to convey the message that if you have concerns about BMI level, you should consult with a family physician to really get accurate results and talk about a plan.*

Parents also reportedly questioned whether BMI was a reliable measure of student health. As with staff, these doubts primarily arose from seeing seemingly healthy students identified as having a high BMI.

Case study respondents reported varying reactions from their PEP projects' youths, with reactions ranging from interest and appreciation to dislike. Project staff reported that students generally were interested in BMI-related activities, often because they valued the opportunity to see personal progress over time. They also reported that students were *"eager to see their improvements"* and that *"they look forward to it, especially if they've started an activity and want to see if it's made a difference."* In contrast, some students did not like the BMI activities, mainly because of concerns about confidentiality. Students, particularly older girls, were self-consciousness about others knowing their weight. One PE teacher stated, *"The students don't like it [BMI data collection]. We cover it [student measurements] up—nobody can see their information, but they still don't like it, especially the overweight children. They struggle even coming in there to do it."*

Respondents also reported difficulty building understanding of BMI activities among students who were either too young or developmentally delayed. In addition, several respondents noted the importance of engaging students in the BMI process. As one respondent put it, *"We don't think about it, but really we need to get kids' approval and their acceptance, or no matter what you do, they don't effectively participate."*

V. PEP Project Challenges and Lessons Learned

What Implementation Challenges and Lessons Learned Did PEP Grantees Report?

As the new PEP requirements were implemented for the first time with FY 2010 grantees, the surveys and case study questions included a series of items to gauge the challenges that grantees experienced in implementing their PEP projects. Challenges pertaining to the two competitive preference criteria—partnerships and BMI data collection—are discussed in previous sections of this document. The following section reviews challenges that grantees experienced in implementing other components of the grant.

> **The most common implementation challenge reported by grantees was executing the revised requirements for collecting data on the performance measures (83 percent).**

The 2010 PEP included three new performance measures designed to reflect the comprehensive focus of the revised program (physical activity, physical fitness, and good nutrition). In addition, PEP required grantees to collect data on these performance measures by using uniform data collection methods.

When grantees reported on the types of challenges that they experienced in implementing their PEP projects, challenges collecting data on the new performance measures were the most commonly reported (83 percent) (see Exhibit 23). Grantees cited numerous reasons for their difficulties with the performance measures, including the time and resources needed to gather the data and unreliable data collection instruments. In both open-ended survey and case study responses, grantees also identified the lack of buy-in or interest from students, staff, or administrators as another challenge to data collection.

Another commonly reported challenge was the lack of time to prepare for the grant (64 percent). Several grantees reported that the September 2010 award affected their ability to adequately prepare for the implementation of their PEP projects. Grantees reportedly could have benefitted from more time to plan for and carry out data collection activities, deliver professional development prior to implementation, and secure buy-in from stakeholders. For example, in response to an open-ended survey question about implementation challenges, one grantee reported:

> *Unfortunately, a school district's fiscal year and the federal government's fiscal year begin and end at different times. As such, by the time the school district is notified of being awarded the grant and then receiving the funding, half of the school year is over. This presents a problem for embedding provisions of the grant, as the master calendar priorities for the school year have already been discussed, timelines set, and expectations reinforced. Getting buy-in during the middle of the school year is difficult.*

Fewer grantees reported challenges related to facilities, budget, and federal administrative requirements.

Exhibit 23.
Percentage of PEP Grantees That Reported Various Challenges to Implementing Their PEP Grant

Challenge encountered	Percentage of grantees		
	All grantees (*n* = 75)	District grantees (*n* = 64)	CBO grantees (*n* = 11)
Challenge(s) collecting *GPRA* measures	83	81	91
Lack of time to prepare for the start of the PEP grant following award notification	64	66	55
Competing academic priorities or pressures	48	47	55
Delays implementing grant	44	42	55
Equipment installation and/or set-up problems	43	44	36
Staff turnover	32	30	46
Difficulty coordinating across sites	29	30	27
Training obstacles	23	22	27
Difficulty with partners and/or external collaborators	21	19	36
Lack of facilities	16	17	9
Budget-related obstacles	15	14	18
Federal grant monitors or other federal administrative obstacles	7	8	0
Other	13	14	9
No challenges	4	5	0

Exhibit reads: Eighty-three percent of PEP grantees reported encountering challenges related to collecting performance measure data. This percentage comprised 81 percent of district grantees and 91 percent of CBO grantees.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 61 (*n* = 75).

First-time and repeat grantees reported similar challenges implementing their PEP grants. For both groups, collecting data on the performance measures was the most commonly reported implementation challenge (see Exhibit 24).

Exhibit 24.
Percentage of First-Time and Repeat PEP Grantees That Reported Various Challenges to Implementing Their PEP Grant

Challenge encountered	Percentage of grantees	
	First-time grantees (*n* = 61)	Repeat grantees (*n* = 14)
Challenge(s) collecting *GPRA* measures	82	86
Lack of time to prepare for the start of the PEP grant following award notification	64	64
Competing academic priorities or pressures	48	50
Delays implementing grant	41	57
Equipment installation and/or set-up problems	41	50
Staff turnover	33	29
Difficulty coordinating across sites	28	36
Difficulty with partners and/or external collaborators	23	14
Training obstacles	21	29
Lack of facilities	18	7
Budget-related obstacles	16	7
Federal grant monitors or other federal administrative obstacles	7	7
Other	15	7
No challenges	5	0

Exhibit reads: Eighty-two percent of first-time grantees reported encountering challenges related to collecting performance measure data; similarly, 86 percent of repeat grantees reported this challenge.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 61 (*n* = 75).

> **The most difficult performance measure data for grantees to collect were the pedometer data (75 percent) and the 3DPAR data (49 percent). Relatively few grantees experienced difficulties collecting data using the 20-meter shuttle run (5 percent) and YRBS (15 percent).**

The revised PEP established new performance measures, as well as standard data collection methods for each measure (see Exhibit 25 and Appendix A). For each measure, the Department required grantees to collect and aggregate data at the start of the project for a baseline measure, as well as four additional data collection periods each year. They had the option of collecting data from the entire population served or using sampling methods.

Exhibit 25.
FY 2010 PEP Revised Performance Measures and Standardized Data Collection Methods

GPRA performance measure: Data collection at baseline and four periods each year of the grant	Standardized data collection method	Grade levels
Physical activity levels: Percentage of students served by the grant who engage in 60 minutes of daily physical activity.	Pedometers	K–12
	3DPAR[a]	5–12
Health-related fitness levels: Percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels.	Not specified	K–elementary
	20-meter shuttle run	Middle–high school
Nutrition: Percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day.	Other assessment tools selected by grantees	Elementary–middle
	Nutrition-related questions from the YRBS	High school

Exhibit reads: Grantees used pedometers to measure physical activity levels for students in grades K–12.

Note: [a] The 3DPAR is based on the Previous Day Physical Activity Recall (Pate et al., 2009).

Source: U.S. Department of Education, Office of Safe and Drug-Free Schools, 2010.

When asked to identify the specific challenges associated with performance measures, grantees reported that difficulties stemmed primarily from the required data collection instruments. Specifically, grantees experienced the greatest challenges with the *physical activity* performance measures, with the majority reporting moderate or extreme difficulty using pedometers (75 percent) and 49 percent reporting challenges using the 3DPAR to collect data (see Exhibit 26). In addition, in response to the open-ended question about implementation challenges, 51 percent of grantees expressed concerns about the reliability of the data collection methods (e.g., use of pedometers that did not always function properly and could be manipulated by students).

Exhibit 26.
Percentage of PEP Grantees That Reported Difficulty Collecting Data on the Performance Measures
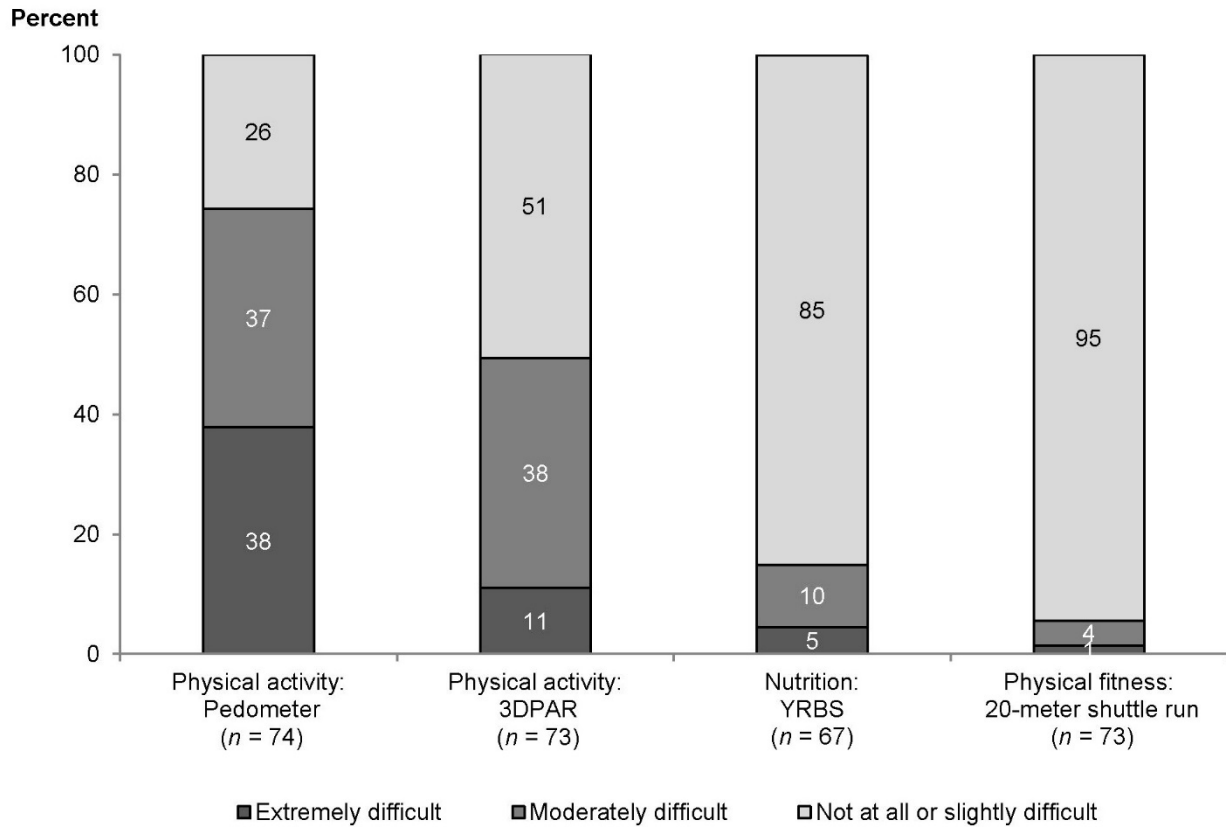
Percent

Exhibit reads: Thirty-eight percent of PEP grantees reported that collecting pedometer data was extremely difficult, 37 percent reported moderate difficulty, and 26 percent reported slight or no difficulty.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 54 (*n* = 75).

Challenges with pedometers included the loss or theft of equipment (reported as a challenge by over half of grantees in Year 1 and Year 3) and the general malfunction of the equipment (reported as a challenge by 41 percent of grantees in Year 1 and 56 percent in Year 3) (see Exhibit 27). These challenges reportedly affected project implementation. For example, in response to an open-ended survey question, one grantee reported:

> *It is a challenge to ask a student (first through third grade) to take responsibility of caring for a pedometer, for 24 hours a day, five days in a row. We have faced budget constraints due to the need to replace lost pedometers.*

Another noted that:

> *Students wearing the pedometers for seven days [was a challenge]. Our quality of pedometer did not hold up to this type of use. We have spent more time sending our pedometers in for replacement, which has slowed down our data collection turnaround time.*

Nearly half of grantees reported challenges with the second physical activity data collection instrument, the 3DPAR (49 percent). These challenges appeared to stem, in part, from the reliance on students' self-report to obtain the data (reported as a challenge by 65 percent of grantees in Year 1 and 59 percent in Year 3) (see Exhibit 27). According to one survey respondent:

> *Assuming that a fifth grader can accurately remember what they did two days prior and then decide whether that activity was light, moderate, or vigorous is difficult at best. Adults struggle with this concept. Even though I found the Food Log meaningful, again the data are so inaccurate when you are questioning elementary [age] students as to their food intake. Even though we say parents should be assisting their children, the reality is, most of these students are on their own. They have no parent support.*

Fewer grantees reported challenges gathering data using the 20-minute shuttle run (5 percent) or the YRBS, a measure intended for use with high school students (15 percent).

A comparison of challenges reported in Year 1 with those reported in Year 3 revealed that the percentage of grantees reporting challenges decreased or remained relatively stable over time in almost all areas, except for challenges related to malfunctioning or faulty equipment. In this case, more grantees reported malfunctioning or faulty equipment as a challenge in Year 3 (from 41 percent to 56 percent, a 15 percentage point increase). Grantees were able to address difficulties related to staffing during the course of the grant, with fewer reporting these difficulties as a challenge in Year 3 (16 percent) than in Year 1 (24 percent) (see Exhibit 27).

Exhibit 27.
Percentage of PEP Grantees That Reported Various Types of Challenges Collecting Data on the Performance Measures

Challenge encountered	Year 1	Year 3
Lack of proper data collection/reporting by students	65	59
Malfunctioning/faulty equipment	41	56
Loss or theft of equipment	55	56
Failure to return requested information	61	53
Coordinating data collection across sites	41	36
Lack of preparation time	47	21
Lack of proper data collection/reporting by personnel/staff	18	20
Lack of personnel/staff	24	16
Problems with sampling	7	5
Requirements not clear	5	4
Other	17	13

Exhibit reads: In Year 1, 65 percent of PEP grantees reported that the lack of proper data collection or reporting by students was a challenge; during Year 3, 59 percent of PEP grantees reported that it was a challenge.

Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 1, 2011, item 64 (*n* = 76), and Year 3, 2012, item 61 (*n* = 75).

CBO grantees reported greater difficulty implementing various components of their PEP projects than district grantees.

A larger percentage of CBO grantees reported challenges with partners (36 percent compared with 19 percent of district grantees) and staff turnover (46 percent compared with 30 percent of district grantees). More CBO grantees also experienced delays implementing their grants (55 percent compared with 42 percent of district grantees) (see Exhibit 23). Examples of partner-related challenges included limited experience working with the types of partners required by the grant, limited knowledge about maintaining partner involvement, and coordinating data collection activities with schools in partner districts. According to a CBO project staff member at a case study project:

> *Another difficulty was time constraints during data collection. Because we are a CBO, we have access to the students at the public schools for one class period per week, and this was not enough time to do ALL of the surveys, 3DPARs, cardio tests, [and] BMI measures.*

Regarding staff turnover, one CBO staff member stated, *"You start a project and one person is excited about it, then they retire or move and somebody else comes in and doesn't see it the same way."* Another described new staff buy-in to the program as a challenge.

In addition to experiencing more challenges with partners, staff turnover, and delays, CBOs also reported greater difficulty than district grantees in collecting data on physical activity levels by using pedometers (82 percent reported extreme or moderate difficulty compared with 73 percent) (see Exhibit 28). Finally, project staff from CBO case study projects reported difficulty collecting data from a consistent sample of students at several points in time because of the transience of their student populations.

Exhibit 28.
Percentage of PEP Grantees That Reported Difficulty Collecting Data on the Performance Measures, by Grantee Type

Percent

27	18	52	46				
38	27			84	91	95	90
35	55	37	46	11	9	3	10
		11	9	5		2	

District (n = 63) | CBO (n = 11) | District (n = 62) | CBO (n = 11) | District (n = 56) | CBO (n = 11) | District (n = 63) | CBO (n = 10)

Physical activity: Pedometer | Physical activity: 3DPAR | Nutrition: YRBS | Physical fitness: 20-meter shuttle run

■ Extremely difficult   ■ Moderately difficult   □ Not at all or slightly difficult
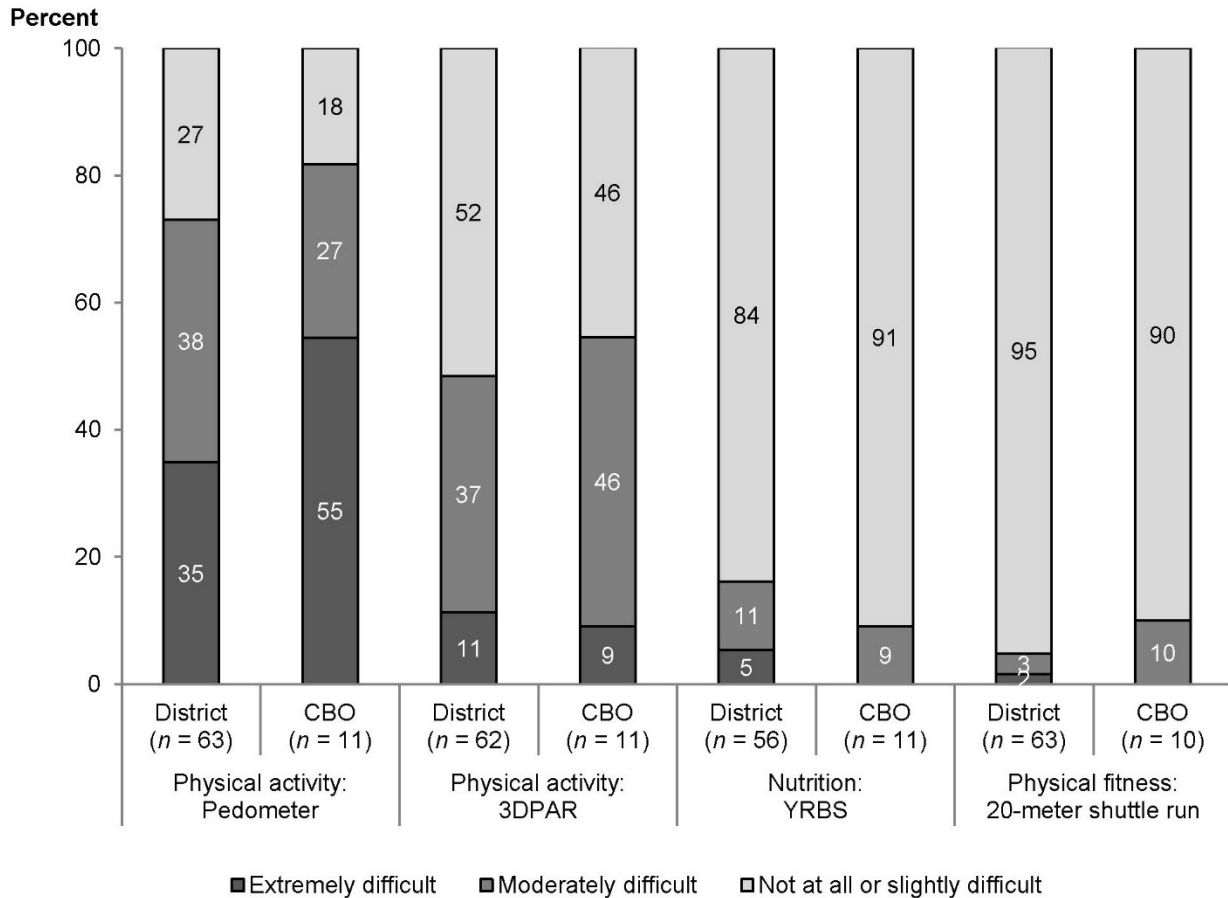
Exhibit reads: Thirty-five percent of District PEP grantees reported that collecting pedometer data was extremely difficult, 38 percent reported moderate difficulty, and 27 percent reported slight or no difficulty.
Source: Survey of 2010 PEP District and CBO Grant Recipients: Year 3, 2012, item 54 (n = 75).

Grantees identified strategies to improve the data collection process and increase buy-in from stakeholders.

Data Collection by Grantees

Survey and case study respondents described lessons learned and strategies implemented to address the challenges experienced during the course of the grant. Some of the most commonly reported improvements involved the data collection process. One of the primary challenges experienced by grantees involved the use of pedometers to gather physical activity data. Loss, theft, malfunction, and misuse of these pedometers were common occurrences. To reduce these issues, some grantees restricted data collection (i.e., use of the pedometers) to school instead of allowing students to take the pedometers home. One project director suggested integrating pedometer use and logs into PE classes or after-school clubs so that students would be familiar with the equipment and increase the response rate during fitness assessments. Respondents also

suggested strategies to increase the efficiency of the data collection process. Suggestions included developing clear data collection protocols and time lines, using computer-based data collection, spreading out the dates of assessment windows to allow for more staff availability, and requiring teachers to use common assessments. According to one project director, *"Learning how to effectively go about this was the biggest savior to us. Using spreadsheets, students organized into classes and groups; then we could start to feel that what we were providing was accurate data."* Project directors also commented on the importance of getting others involved to facilitate the data collection process. For example, one project director suggested getting administrators such as the superintendent and school principals *"to understand the grant and how it works and the importance of data collection."* Others described the importance of getting teachers involved.

Communication and Buy-In

In addition to suggestions for improving the data collection process, grantees discussed the importance of more general communication to facilitate project understanding and implementation among partners and other stakeholders and to encourage buy-in for PEP. Project directors reported several strategies that they believed would help improve communication, including frequent and early communication about the project with partners, teachers, and other stakeholders (physical education and non-physical education teachers). According to one project director, *"Messages need to be shared over and over. The clarity of the message and the determination that it will not go away makes a difference. This grant is not just about things, it is truly about changing a culture."* A case study partner also suggested how to address this issue in the future:

> I would just say, [have] good communication with people in charge of [the] grant and have clear expectations of what your role [as a partner] is. Knowing what you're supposed to do for the grant ahead of time is a good thing. When they're starting to plan, be a part of that team. When they start talking about that piece—food, nutrition education—find out what they would like from you so you can plan accordingly.

Grantees also suggested building community awareness of PEP, sharing the successes of the program, and involving stakeholders (e.g., partners, teachers) in planning and implementing PEP from the very beginning of the PEP grant. For example, one project director reported that *"site administration must be a part of the input, planning, creation, and outcome design of the grant itself. The addition of teacher-leaders at each site in these beginning stages would assist greatly to foment involvement and buy-in before hiring and implementation begins."* Another indicated that it was necessary to *"find or build champions for the cause (e.g., teachers, administrators, community LEAs [local education agencies], parents, school board members, students) who were positively affected by the PEP program."*

Finally, grantees mentioned the importance of communicating with other PEP grantees to problem-solve and obtain suggestions for improving PEP implementation. According to one project director, *"What turned out to be the most valuable was meeting the grantees and establishing key people who are going through the same things you are and creating a connection with them. If I have any questions, I go to those people."* The exploratory analysis of repeat grantees and first-time grant recipients suggests that repeat grantees may have developed some useful strategies that facilitated their partner relationships and could be beneficial for projects that are new to PEP.

VI. Summary and Conclusions

PEP is the Department's only program focused exclusively on physical well-being. In 2010, the Department revised certain aspects of PEP to strengthen the program and support the development of comprehensive, integrated physical activity and nutrition programs and policies that ultimately would improve student health outcomes.

This study examined how grantees implemented their PEP projects under the revised program regulations. As noted previously, the study is based solely on self-reported data, thus examining the quality and extent to which grantees implemented various activities was beyond the scope of the study. The following provides a brief summary of the findings as they relate to the key revisions of the program:

Assessing project needs: Grantees reported using the results of the SHI to develop project plans and address areas identified as weaknesses during the course of their PEP grant.

Policy development: Most grantees focused on improving the implementation of, and enhancing, existing policies rather than developing new ones. Grantees reported making significant changes to physical activity and nutrition policies.

Physical fitness, physical education and nutrition: Grantees used PEP funds to implement physical fitness, physical education, and nutrition-related activities that they were not engaged in prior to receiving PEP funds. However, grantees reported implementing activities and policy actions that addressed physical activity (including physical education) more often than nutrition activities and policy actions.

Establishing partnerships with community entities: Grantees established partnerships that reportedly added value to their projects. Partners were generally selected because they offered knowledge and expertise that grantees did not have and were most involved in providing nutrition-related support. The primary challenges grantees experienced involved coordination and communication between project staff and partners and the diversion of time and resources from other PEP priorities. Despite some challenges, the majority of grantees reported that their PEP projects would be moderately or mostly sustainable at the end of the PEP grant period.

BMI data collection and use: Most grantees reported using or planning to use BMI data in the aggregate to assess the weight status of the student population over time, to assess project outcomes, and to inform physical activity and nutrition program planning. Grantees also used BMI data as a screening tool but experienced some challenges concerning communicating data to parents.

Performance measures and standardized data collection methods: The most common implementation challenge experienced by grantees involved using the required data collection instruments (pedometers, student self-report measures) to assess the new performance measures.

The findings suggest that grantees might benefit from additional support and technical assistance with (1) promoting healthy eating and nutrition; (2) communicating and coordinating with partners; (3) collecting data; and (4) using BMI data, including communicating with parents.

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Appendix A:
Government Performance and Results Act Guidance for the Carol M. White Physical Education Program, Fiscal Year 2010 Grantees[31]

PEP GPRA Measure 1.1

1. **Grantees must use pedometers to collect daily physical activity data from students.** Grantees must require students to wear pedometers during each day in the four data-collection windows, as well as during the baseline data-collection window. Students should be instructed to wear the pedometers all day, every day of the data-collection window.

2. **The number of days a student must wear a pedometer depends on the student's grade.** Students in grades 5–12 are required to wear pedometers for seven consecutive days in each data-collection window. Students in grades K–4 must wear pedometers for four consecutive days in each data-collection window.[32] In both cases, pedometers, pedometer logs, and instructions should be sent home the school day immediately before the first day of each data-collection window. That way, each student can begin wearing the pedometer at the beginning of that window's day 1. Similarly, pedometers and logs should be collected on the school day immediately following the final day of data collection, to ensure that all students have a full last day of data collection. If sample pedometer logs are sent home with students, they should be augmented with instructions (provided by the pedometer manufacturer) on how to operate the pedometer.

3. **Use pedometers to count both in-program and out-of-program physical activity.** Physical activity can take place at the program site or on the student's own time. Physical activity outside of the program site must count toward a student's goal. So, students should wear pedometers all day, not just when at the program site. The only exception is that students should not wear a pedometer during the 20-m shuttle run used to collect data for *GPRA* measure 1.2, as explained later in this document.

4. **The number of steps each student takes must be recorded daily.** Because *GPRA* measure 1.1 counts daily activity, the number of steps counted by a pedometer must be recorded every day, for each student wearing a pedometer, during each data-collection

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[31] Adapted from the following document, U.S. Department of Education, Office of Safe and Drug-Free Schools. (2010). *GPRA guidance for the Carol M. White Physical Education Program (PEP), FY 2010 grantees*. Washington, DC: Author.

[32] Note that this portion of the guidance is written with the assumption that a grantee serves both K–4 students and grades 5–12 students. If your grant serves only one of these populations, disregard the instructions concerning the students in the other population.

window. This recording could occur at home, before the student goes to bed. The use of a log is recommended for recording daily step counts. Additional information about recording steps is below.

5. **Who records a student's daily steps depends on a student's grade.** Students in grades 5–12 should record their own daily step count. Students in grades K–4 should have a parent or guardian read the daily steps off the pedometer and record them. Regardless of who records the daily number of steps, students in grades 5–12 should put their names (or some other approved identifier) on the log. This is required because their logs may later be matched with their answers on a second data collection, as explained below. Parents of students in grades K–4 are asked to also put their child's name on the log, but it is not necessary that they do so.

6. **When recording pedometer data, a student with 4,550 or more steps in a day is considered as having engaged in at least 60 minutes of physical activity that day.** Research has shown that for adolescents, 4,550 steps can be assumed to constitute 60 minutes of physical activity. So, students who have at least that many steps on their pedometers for a given day have met the threshold of 60 minutes of physical activity for that day. We recommend that students not be told this daily step goal to decrease the likelihood that students and/or parents and guardians inflate step counts to meet the goal.

7. **If a student is absent during the data-collection window, his or her steps will be counted only for the days present in that data-collection window.** If a student is absent for one or more days of any data-collection window, the student will not be expected to walk 4,550 steps that day/those days. But, he or she will be held to the daily step threshold on the other days in that data-collection window. Only students absent for all four days (in grades K–4) or all seven days (in grades 5–12) should be completely excluded from wearing pedometers and recording their steps. Such days will simply not be counted in the calculation of whether the student met the *GPRA* measure goal. However, if a log is blank or only partially filled in, that student's data should be counted as incomplete and not included in the *GPRA* measure calculation. (Note that absences do not apply to weekend days. If students are asked to wear pedometers during a weekend, they do not need to be in a specific place for that data collection to occur. But, if a student is sick during a weekend day, that can be noted in the log.)

If a student is absent the first day of a data-collection window, when pedometers are distributed, that student should be provided with a pedometer on the first day back. And steps can be counted beginning that day, even though it may not constitute an entire day. That student would record steps only for the remaining days in the data-collection window. Similarly, if a student is absent on the final day of a data-collection window, when pedometers and logs are turned in, he or she can return his or her pedometer and log on the first day back.

Logs from students who were absent one or more days of a data-collection window will be treated slightly differently from those of the rest of the students. On logs containing absences, students will be held to the 4,550-step threshold only on the days present. For example, if a student in third grade is absent one of the days during a data-collection

window, he/she will be held to the 4,550-step goal only on each of the three days he/she was not absent.

8. **Grantees must report the number of students who met the 4,550-step threshold each day of the data-collection windows.** A student's step log will contain the number of steps walked each day of a data-collection window. (For students in grades 5–12, a completed log will contain step counts for seven days. For students in grades K–4, four days of data will be recorded.) Once these logs have been completed and returned to the grantee, he or she must calculate how many students met the 4,550-step threshold every day in that data-collection window. This should be done by first separating the logs of students in grades 5-12 from those of students in grades K-4. The same process will be performed on both sets of logs, but they should remain separated by grade, in these two groups. This separation is necessary because additional information on physical activity will be noted for students in grades 5-12, as is explained below.

    Grades K–4: put a check mark next to every day in a student's log when the daily step count is 4,550 or higher. When all days on that log have been reviewed, if there are check marks next to all four days, that student is counted as having met the goal outlined in *GPRA* measure 1.1. If a student met the goal (over 4,550 steps for all days on the log), his or her log should be put in a pile labeled "Met *GPRA* measure 1.1 goal, K–4." Logs of students who did not take at least 4,550 steps all four days on the log should be put in a pile labeled "Did not meet *GPRA* measure 1.1 goal, K–4."

    Once all logs of students in grades K–4 have been categorized into one of these two piles, the number of logs in each pile should be counted and recorded in a table. This process will be repeated after every data-collection window, and the resulting numbers will eventually be combined and averaged.

    Grades 5–12: Follow the same process as above, except that a log must have seven checks to represent a student who met the goal. Also, as the logs are reviewed, do not place them into separate piles. The logs for students in grades 5–12 will be further examined after a second data collection, described below.

9. **An additional data collection is required to determine daily physical activity for students in grades 5–12.** Students in grades 5–12 will be asked to complete the 3-Day Physical Activity Recall (3DPAR), a self-report instrument designed to capture habitual physical activity of adolescents. 3DPAR uses a time-based recall approach over the previous three-day period and asks students to note when periods of physical activity occurred and whether that activity was light, moderate, hard, or very hard. The instrument can be completed during a single 30-minute session. A free version of the 3DPAR instrument, as well as instructions for how to administer it, are available here: http://www.sph.sc.edu/USC_CPARG/3dpar.html.

    Note that the instructions on the 3DPAR are written with the assumption that the record will be completed on a Wednesday and that students will recall physical activity from the previous Sunday, Monday, and Tuesday. This was done so that one of the three days fell on a weekend. Such timing is encouraged, so that at least one day asked about is a

weekend day, but it is not required. If the 3DPAR is administered on a day other than a Wednesday, simply explain the discrepancy in the instructions to the students completing the record and explain that they are to record activity on the previous three days, regardless of the days of the week on which they fall. Students must put their name (or some other approved identifier) on the 3DPAR. This information will be important later because, as explained below, each student's 3DPAR will be matched with his or her pedometer log.

- **Count actual physical activity in the 3DPAR, not access to physical activity.** When collecting data for *GPRA* measure 1.1 through the 3DPAR, students should not tabulate how much access they have to physical activity in the previous three days, but rather actual physical activity. In other words, students should not simply note the minutes of gym class they had. If a student participates in physical activity in gym class, that activity should be counted. But merely attending gym class should not necessarily count as physical activity.

- **Count physical activity in a 30-minute block if it was the "main activity" of that time period.** Students do not need to be engaged in physical activity for 30 continuous minutes to be able to log a 30-minute block as one when physical activity occurred. Instead, they can label a 30-minute block as one with physical activity if that activity was the "main activity" of that block. Instruct students to reasonably interpret "main activity" themselves and to use it consistently throughout the 3DPAR.

- **Count both in-program and out-of-program physical activity in the 3DPAR.** Physical activity can take place at the program site or on the student's own time. Physical activity outside of the program site must count toward a student's goal. So, students completing the 3DPAR should record activities throughout the day, not just when at the program site.

- **Do not count the 20-m shuttle run in the 3DPAR.** The 3DPAR is designed to collect data on normal activity levels. Students completing this record should be instructed not to record as physical activity the 20-m shuttle run used to collect data on *GPRA* measure 1.2 (as explained later in this document). This rule ensures that students who participated in the 20-m shuttle run in the previous three days are not advantaged over students who might do the run after completing their 3DPAR.

- **After administering the 3DPAR, note the students with at least 60 minutes of daily physical activity.** On each completed 3DPAR, count the number of 30-minute blocks per day where a student noted moderate, hard, or very hard physical activity. If a student has two or more 30-minute blocks with moderate, hard, or very hard activity for a given day, put a check mark next to that day. If a student has at least two 30-minute blocks with moderate, hard, or very hard activity all three days (represented by three check marks on his or her 3DPAR), then he or she met the *GPRA* measure 1.1 goal.

- **Match all 3DPAR reports with pedometer logs.** Once students in grades 5–12 have both completed the 3DPAR and turned in pedometer logs, and after these instruments have been reviewed, pair both instruments for each student. This can be done by alphabetizing each stack of instruments by student name (or other identifier). Then,

for each pedometer log, find that student's 3DPAR and staple the two instruments together. Instruments from students who did not complete both should still be kept. They will still be used to calculate *GPRA* measure 1.1; they will just not be stapled to a second instrument.

- **Students in grades 5–12 may meet the *GPRA* measure 1.1 goal either through the pedometer log or the 3DPAR.** Students in grades 5–12 have two opportunities to indicate that they met the goal of at least 60 minutes of daily physical activity—one through the pedometer log and one through the 3DPAR. Because of this, data from both sources should be examined to see if a student who did not meet the goal on one form did meet it on the other.

  For each student in grades 5–12, if the pedometer log has seven checks (indicating 4,550 steps or more in all seven days) **or** if the 3DPAR has a check on all three days (indicating at least 60 minutes of moderate, hard, or very hard physical activity each day), then that student met the *GPRA* measure 1.1 goal. (If a student did not complete both instruments, use the one that he or she did complete to determine if he or she met the *GPRA* measure 1.1 goal.) The instruments of students who met the goal should be put in a pile labeled "Met *GPRA* measure 1.1 goal, 5–12." Students not meeting the goal should have their instruments put in a pile labeled "Did not meet *GPRA* measure 1.1 goal, 5–12."

  Note that the information from the data-collection tool used for this *GPRA* measure (pedometers and the 3DPAR) cannot be combined. A student must meet the goal on all days using the pedometer or all days using the 3DPAR. In other words, suppose a student using a pedometer had over 4,550 steps in six out of seven days, but on the day with fewer than 4,550 steps, she indicated on the 3DPAR that she engaged in at least 60 minutes of physical activity. This student would not be considered as having met the goal for *GPRA* measure 1.1, since neither data-collection tool, by itself, demonstrated that she met the goal. If such a situation occurs, however, grantees can note it in the Explanation of Progress for *GPRA* measure 1.1.

  Once that process is complete, count the number of students with instruments in the "Met *GPRA* measure 1.1 goal, 5–12" pile. Then, count the number of students with instruments in the "Did not meet *GPRA* measure 1.1 goal, 5–12" pile. These two numbers should then be recorded in a table. This process will be repeated for each data-collection window.

PEP GPRA Measure 1.2

1. **For elementary school students, the data-collection method is not specified.** Grantees that collect these data should choose a data-collection method that fits the needs of their program.

   Conduct a 20-m shuttle run with middle and high school students to determine if each student has met the age-appropriate cardiovascular fitness level. The 20-m shuttle run is a test that has been widely used in schools across the United States as part of physical education classes. It is designed to measure participants' cardiovascular health by asking them to repeatedly run a 20-meter distance at increasing speeds. Grantees may use the 20-m shuttle run test from a commercial package if they choose to do so. The shuttle run provides a measure of students' cardio-respiratory fitness, due to its predictive validity and correlation with maximal oxygen uptake, which indicates one's cardiovascular or aerobic capacity. The test measures aerobic capacity by having the student run back and forth over 20-meters at increasing rates of speed over specific periods of time.

   Additional information on one specific version of the 20-m shuttle run can be found here: http://www.cooperinstitute.org/youth/fitnessgram/fitnessgram10/aerobic-capacity. A general description is below:

   An audio recording is used with the run to signify, with a beep, when the next 20-meter lap is to begin. Participants run from the first side of the 20-meter distance when the first beep sounds. They begin to run back when the second one sounds. (If they reach the other side before the next beep sounds, runners wait at that side until they hear the beep.) As the test proceeds, the time between beeps shortens, giving the runners less time to complete each 20-meter lap. The first time a runner hears a beep before completing that 20-meter lap, he or she should turn around and begin running back to the other side. The second time this happens, the participant's shuttle run is over.

   Each runner should be paired with a partner who keeps track of the number of laps completed. The runner's 20-m shuttle run score is the number of the last lap successfully completed. The runner's partner will report that score to a record keeper, and the runner and partner will switch places for the next 20-m shuttle run.

2. **Compare each middle and high school participant's score to the goal for his or her age and gender.** The table below shows the minimum number of laps that must be completed, by age and gender, for a participant to be considered as having met the *GPRA* measure 1.2 goal. A record keeper should have a list of all students participating in the 20-m shuttle run, as well as their age and gender. As each runner's partner reports the runner's number of successful laps, that number should be recorded next to the runner's name. Then, the number should be compared against the goal number for someone of that age and gender. If the runner met or exceeded the goal number of completed laps, put a check next to that runner's name.

Table 1.   The minimum number of 20-meter laps that must be completed by middle and high school students to meet the *GPRA* measure 1.2 goal

Age	Girls	Boys
10	7	23
11	15	23
12	15	32
13	23	41
14	23	41
15	32	51
16	32	61
17	41	61
17+	41	72

3. **Count the number of students who met or exceeded the age-appropriate cardiovascular fitness level.** After all middle and high school students have completed the 20-m shuttle run, and all scores have been compared to the appropriate goal from Table 1, those who have met or exceeded the minimum number of completed laps should have a check next to their name. Then, if data on the cardiovascular health of elementary school students were collected, determine which of those students met or exceeded the goal specified in the data-collection method used, and put a check next to those students' names. Then count the number of students with a check and report that number in the *GPRA* measure 1.2 section of the Annual Performance Report (APR), ED 524B, Section A as the number of students in that data-collection window who reached age-appropriate cardiovascular health. This entire process will be completed during each data-collection window, and the results will be averaged.

4. **Pedometers and the 3DPAR should not capture activity during the 20-m shuttle run.** Students completing the 20-m shuttle run will also be wearing pedometers, and those in grades 5–12 will also be completing the 3DPAR. Because the 20-m shuttle run is not part of these students' regular physical activity, it should not be counted in either of those other data collection. So, students should be instructed to remove their pedometer during the 20-m shuttle run, and they should be instructed to not include the 20-m shuttle run in their 3DPAR.

PEP GPRA Measure 1.3

1. **Programs serving students who are younger than high school are not required to use the YRBS questions, but may if they want to do so.** Grantees serving elementary and middle school students who choose not to use the YRBS survey questions must choose an appropriate survey to obtain these data. Those survey questions must be approved by the grantee's Federal Project Officer (FPO) before they are used. <u>If using a survey other than YRBS, a description of the instruments, methods, and who records the data must be provided in the Annual Performance Report (APR).</u>

2. **Programs serving high school students must use questions from the 2011 Youth Risk Behavior Survey (YRBS) to collect data for this measure.** The 2011 YRBS survey is available here: http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011_hs_questionnaire.pdf. Survey questions 73–77 must be used.

3. **Survey items about fruit and vegetable consumption refer to instances of consumption, not specific serving sizes.** Grantees using the YRBS survey will notice that the survey questions do not ask about specific amounts of fruits and vegetables consumed. Instead, they ask about instances of fruit and vegetable consumption. This means that the interpretation of an instance is left up to the student; the portions within each instance are not specified by the questions.

4. Surve**y responses about fruit and vegetable consumption must be converted to a *GPRA*-friendly format.** The multiple-choice answers in each student's survey must be collapsed to note whether he or she met the goal of eating two daily fruits and three daily vegetables specified in *GPRA* measure 1.3

Appendix B:
Survey of 2010 Grant Recipients: Year 1 and Year 3

This appendix includes only survey items from the Year 1 and Year 3 surveys that were included in the report. The Year 1 Survey was administered between August–September of 2011, and the Year 3 Survey was administered between November 2012–January 2013. Separate surveys were sent to district (referred to in the survey as Local Education Agency) and CBO grantees. These surveys differed in the following ways:

1. References to "your LEA" versus "your CBO" in survey questions are dependent on the grantee type.

2. Slight wording differences exist in survey questions to reflect the unique roles of districts and CBOs. For example, item 3 of the Year 1 Survey asked district grantees "Does your PEP grant serve all schools in your school district?" For CBO grantees the corresponding question was, "Does your PEP grant serve the entire youth population affiliated with your CBO?"

3. The numbering of survey items in district and CBO surveys is slightly different. For example, district grantees were required to perform a needs assessment using the CDC's School Health Index, but CBO grantees had the option, if not partnered with a district, to complete an alternative needs assessment tool. To capture this information, an additional survey item was added to the CBO survey.

Data analysis combined corresponding questions across both surveys. This report identifies survey items based on the numbering of the district versions of the survey, which is included in this appendix.

Survey of 2010 PEP
Local Education Agency (LEA) Grant Recipients: Year 1

Introduction

The U.S. Department of Education's Policy and Program Studies Service (PPSS) is conducting an evaluation of the Carol M. White Physical Education Program (PEP). As part of this evaluation, this survey asks about the design and implementation of your PEP grant. Your input is critical to understanding the implementation of PEP projects.

Survey Instructions

The survey will take approximately 60 minutes to complete. Not all items in the survey may apply to your PEP grant. Please follow the skip patterns noted next to particular items as you complete the survey – they will tell you whether or not you should skip ahead to a later question. If there is not an arrow next to your response and there is no indication that you should skip ahead, then just continue to the next item.

While this survey is designed for Project Directors of PEP grants, if necessary, please share the survey with other staff members knowledgeable about the project to ensure that the most complete and accurate information is recorded.

Your participation in this survey is mandatory under ESEA, Sec. 9306(a)(4). Your responses will be aggregated when presenting findings to the U.S. Department of Education (ED) and for reporting purposes.

PEP Grant Target Population

3. Does your PEP grant serve all schools in your school district?

    a. Yes .... ❑ ➡ **Skip to 5**

    b. No .... ❑

4. Please indicate the reason(s) why your PEP grant does not serve all the schools in your LEA.

Reason not served	Check all that apply
a. Grant only targeted to reach certain groups of students (e.g., specific grades, students with special needs)	❑
b. Not enough funding	❑
c. Some schools did not agree to participate	❑
d. Other, please specify: _____	❑

5. Please indicate the number of schools and number of students your PEP grant has served at each education level to date. If your PEP grant does not target or serve a given level, indicate "0."

Education level	Number of Schools served to date	Number of Students served to date
a. Elementary	_____	_____
b. Middle	_____	_____
c. Secondary	_____	_____

7. Of the population your PEP grant serves, please indicate if your grant has activities specifically targeted at reaching or accommodating any of the following groups.

Group	Check all that apply
a. Students with physical disabilities	❏
b. Students with learning disabilities	❏
c. Boys	❏
d. Girls	❏
e. Hispanic/Latino students, of any race	❏
f. Black or African American students	❏
g. Native American students	❏
h. Students of other race/ethnicity, please specify: _____	❏
i. ELL/LEP students	❏
j. Students receiving free or reduced-price lunch	❏
k. Other, please specify: _____	❏

PEP Grant Design and Implementation

9. Please provide the **module score** from the overall score cards for the four modules of the School Health Index (SHI) self-assessment tool completed during the grant application process. In addition, please indicate those areas your PEP grant's School Health Improvement Plan addressed.

Area	Module Score	Addressed in School Health Improvement Plan—Check all that apply
a. School health and safety policies and environment	_____	❑
b. Health education	_____	❑
c. Physical education and other physical activity programs	_____	❑
d. Nutrition services	_____	❑

12. Please indicate the **healthy eating habits and good nutrition** activities your LEA engaged in **before** receiving your current PEP grant, as well as those your PEP project has engaged in **since** receiving the grant.

Healthy eating habits and good nutrition activity	Before—Check all that apply	Since—Check all that apply
a. Promote nutrition awareness to parents and communities (e.g., seminars, nutrition information flyers)	❑	❑
b. Integrate nutrition education and nutritional themes into subject areas	❑	❑
c. Develop new curricula for nutrition education	❑	❑
d. Revise/expand existing curricula for nutrition education	❑	❑
e. Integrate school food service and nutrition education	❑	❑
f. Provide nutrition education pre-service and ongoing in-service training to teachers and staff	❑	❑
g. Involve parents and the community in supporting nutrition education	❑	❑
h. Improve instruction on nutrition education	❑	❑
i. Provide training for school staff to identify unhealthy eating behaviors in students and make referrals to appropriate services	❑	❑
j. Facilitate coordination between food service and classroom instruction	❑	❑
k. Encourage healthy eating habits in after-school programs	❑	❑
l. Establish a district-wide nutrition education committee	❑	❑
m. Other, please specify: _____	❑	❑

13. Has your PEP grant proposed to develop, revise, or enhance physical education and/or nutrition education curricula?

a. Yes .... ❏

b. No .... ❏ ➡ **Skip to 16**

14. Please select the best response related to your PEP grant's use of the Physical Education Curriculum Analysis Tool (PECAT) or the healthy eating module of the Health Education Curriculum Analysis Tool (HECAT) to inform curricula development or revision.

Use	PECAT— Select one per column	HECAT— Select one per column	
a. Did not use as part of the grant application and do not plan to use over the course of the PEP grant period	❏	❏	➡ **Skip to 16**
b. Have not used, but plan to use during the PEP grant period	❏	❏	➡ **Skip to 16**
c. Did not use as part of the grant application but have used during the period since the PEP grant was awarded	❏	❏	
d. Used and submitted results as part of the PEP grant application	❏	❏	

15. Please indicate how your PEP grant used the PECAT and/or HECAT to inform any curricula development or revision.

Use	PECAT—Check all that apply	HECAT—Check all that apply
a. Assessed the accuracy of the health, medical, and scientific information in written curriculum	❏	❏
b. Determined whether the curriculum content matches national standards	❏	❏
c. Determined whether there are protocols matched with each national standard to guide the assessments of student skills and abilities	❏	❏
d. Analyzed curriculum alignment with social norms among students, families, and community members	❏	❏
e. Assessed affordability of curriculum	❏	❏
f. Determined if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment	❏	❏
g. Created a PE curriculum revision or development committee	❏	❏
h. Developed new lessons, lesson plans, or learning activities	❏	❏
i. Developed new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities	❏	❏
j. Developed a scope and sequence	❏	❏
k. Other, please specify: _____	❏	❏

16. Please indicate how your PEP grant intends to develop, revise, or enhance **physical activity** policies and **food- and nutrition-related** policies.

Policy action	Physical activity—Check all that apply	Nutrition—Check all that apply
a. Develop new policies	❏	❏
b. Revise or expand covered areas in current policies	❏	❏
c. Update mandates of the current policies according to state/federal standards	❏	❏
d. Improve implementation of physical education policies	❏	❏
e. Strengthen policy review	❏	❏
f. Strengthen policy monitoring	❏	❏

Policy action	Physical activity—Check all that apply	Nutrition—Check all that apply
g. Other, please specify: _____	❏	❏

17. Using the scale below, please indicate the extent to which your LEA's **physical activity policy elements** have changed as a result of your PEP grant.

1 No changes	**2** Minor changes	**3** Moderate changes	**4** Significant Changes

Physical activity policy element	Select one per row			
a. Require the use of a standards-based sequential physical education (PE) curriculum	1	2	3	4
b. Require daily PE classes	1	2	3	4
c. Require that students are physically active for at least 50% of PE class time	1	2	3	4
d. Require that all PE classes are taught by credentialed, certified, and/or licensed PE instructors	1	2	3	4
e. Require daily recess periods	1	2	3	4
f. Recommend or offer physical activity through before- and/or after-school programs (e.g., clubs, intramurals)	1	2	3	4
g. Require the establishment of safer routes to school through coordination with the community	1	2	3	4
h. Require annual professional development and/or training for PE teachers	1	2	3	4
i. Require and provide training to classroom teachers on how to incorporate physical activity into the classroom	1	2	3	4
j. Other, please specify: _____	1	2	3	4

18. Using the scale below, please indicate the extent to which your LEA's **food- and nutrition-related policy elements** have changed as a result of your PEP grant.

1	2	3	4
No changes	Minor changes	Moderate changes	Significant Changes

Food- and nutrition-related policy element	Select one per row			
a. Require the use and integration of a standards-based nutrition education curriculum into exiting health education	1	2	3	4
b. Increase consistent access to free, potable water for students	1	2	3	4
c. Require the integration of nutrition/healthy eating concepts into other academic subjects (e.g., science, language arts)	1	2	3	4
d. Require annual professional development and/or training for teachers/staff who provide nutrition education	1	2	3	4
e. Require annual professional development and/or training for nutrition services staff	1	2	3	4
f. Require the adoption and implementation of strong nutrition standards for all foods sold and served in schools (e.g., vending machines, school stores, fundraisers, classroom parties)	1	2	3	4
g. Reduce availability of foods of minimal nutritional value (FMNV)	1	2	3	4
h. Restrict the marketing of unhealthy foods on school campuses	1	2	3	4
i. Other, please specify: _____	1	2	3	4

Involvement Partnerships and Collaborations

34. Did your PEP grant application include an **official partner agreement**?

    a. Yes .... ❑

    b. No .... ❑ ➡ **Skip to 40**

35. Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement**. In addition, using the scale provided, please indicate the average level of involvement each has had in implementing your PEP grant project to date.

1	2	3	4
Not involved at all	Minor involvement	Moderate involvement	Significant involvement

Community entity	Official partner—Check all that apply	Involvement—Select one per row			
a. College or university	❑	1	2	3	4
b. CBO	❑	1	2	3	4
c. External evaluation/monitoring agency	❑	1	2	3	4
d. Hospital or clinic	❑	1	2	3	4
e. LEA's food service or child nutrition director	❑	1	2	3	4
f. Local or State public health department/board of public health	❑	1	2	3	4
g. Public park or recreational authority	❑	1	2	3	4
h. Other LEA(s)	❑	1	2	3	4
i. Other State or local government department	❑	1	2	3	4
j. Other, please specify: _____	❑	1	2	3	4

36. Please indicate the average level of involvement your PEP grant partners have had in the following areas.

1	2	3	4
No involvement	Minor involvement	Moderate involvement	Significant involvement

Area	Select one per row			
a. Fitness education and assessment	1	2	3	4
b. Instruction in healthy eating habits and good nutrition	1	2	3	4
c. Instruction in motor skills and physical activities	1	2	3	4
d. Instruction in cognitive concepts about motor skills and physical fitness	1	2	3	4
e. Policy development	1	2	3	4
f. Providing nutrition services	1	2	3	4
g. Providing opportunities for students to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing teachers with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

37. Please indicate any benefits related to your PEP grant's partnerships.

Benefit	Check all that apply
a. Allows personnel to focus on specific areas of expertise	☐
b. Builds upon knowledge base	☐
c. Capability of reaching more of the targeted population	☐
d. Contributes additional personnel	☐
e. Offers access to additional resources	☐
f. Provides additional funding, either directly or through funding opportunities	☐
g. Other, please specify: _____	☐

38. Please describe any factors that have facilitated your PEP grant's partnership relationship(s).

_____

_____

_____

39. Please indicate the extent to which the following have been challenges in maintaining your PEP grant's partnerships to date.

1	2	3	4
Not a challenge	Minor challenge	Moderate challenge	Significant challenge

Challenge	Select one per row			
a. Difficulty coordinating meetings and activities	1	2	3	4
b. Diversion of time and resources away from other priorities or obligations of the PEP grant	1	2	3	4
c. Entities are not knowledgeable of project goals	1	2	3	4
d. Difficulty communicating efficiently and in a timely manner	1	2	3	4
e. Diminished interest in project goals and activities	1	2	3	4
f. Lack of established effective communication channels	1	2	3	4
g. The governance structure of the partnerships does not function effectively	1	2	3	4
h. Lack of commitment	1	2	3	4
i. Different or conflicting perspectives	1	2	3	4
j. Dissimilarity in partners' expectations on project activities	1	2	3	4
k. Interruption due to personnel turnover within community entities	1	2	3	4
l. Not perceived as mutually beneficial	1	2	3	4
m. Inadequate staff support	1	2	3	4
n. Interruption due to personnel turnover in the primary PEP LEA	1	2	3	4
o. Other, please specify: _____	1	2	3	4

PEP Grant Budget

45. What was the total amount of your PEP award for the entire grant period?

    $ _____

46. Please provide the following information regarding your PEP grant budget.

    i) Indicate the percent of your **proposed** PEP grant year 1 budget that was allocated to the following categories; these should total to 100%.

    ii) Using the scale below, please indicate the option that best describes how much the **proposed** budget has needed to be revised to date for each of the categories.

1 No revision	**2** Minor revision	**3** Moderate revision	**4** Significant revision

Budget categories	% Allocated	Select one per row			
a. Personnel	_____%	1	2	3	4
b. Fringe benefits	_____%	1	2	3	4
c. Travel	_____%	1	2	3	4
d. Equipment	_____%	1	2	3	4
e. Supplies	_____%	1	2	3	4
f. Contractual	_____%	1	2	3	4
g. Training stipends	_____%	1	2	3	4
h. Indirect costs	_____%	1	2	3	4
i. Other, please specify: _____	_____%	1	2	3	4
TOTAL FUNDS:	**100%**				

PEP Grant Measures and Outcomes

48. Please indicate if your LEA collected Body Mass Index (BMI) data **prior** to being awarded the current PEP grant.

a. Yes .... ❑

b. No .... ❑

49. Please select from the following options related to BMI data collection those that apply to your PEP grant.

BMI measures	Check all that apply	
a. BMI data collection **was not proposed** as part of the PEP grant and there currently are no plans to collect BMI data	❑	**Skip to 52**
b. BMI data collection was included as part of the PEP grant proposal	❑	
c. BMI data collection was implemented after the PEP grant was awarded	❑	
d. BMI data were collected at the start of the 2010–2011 school year (i.e., baseline/start of PEP project)	❑	

51. Please indicate how your PEP grant plans to use BMI measurements.

BMI use	Check all that apply
a. To assess the weight status of the student population across time	❑
b. To calculate percentage of students of different weight statuses among the population	❑
c. To assess outcomes related to PEP grant activities	❑
d. To compare the population trends at different sites/schools	❑
e. To assess the weight status of individual students to identify those at risk for weight-related health problems	❑
f. To provide parents with information about their children's BMI to help them take appropriate action	❑
g. To guide physical activity program development	❑
h. To guide nutrition-related program development	❑
i. To provide the data to school administrator(s)/board(s) to inform policy change	❑
j. Other, please specify: _____	❑

The following series of questions asks about your PEP grant's plans and experiences regarding data collection of **Government Performance and Results Act (GPRA)** performance measures based on the following:

Measure 1.1   The percentage of students served by the grant who engage in 60 minutes of daily physical activity.

Measure 1.2   The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels.

Measure 1.3   The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day.

54. Please indicate which of the uniform data collection methods your PEP grant used. If the method was used, please indicate how difficult it was to collect the required GPRA performance measures using the scale provided.

1	2	3	4
Not difficult	Slightly difficult	Moderate difficult	Extremely difficult

Data collection method	Check all that apply	Select one per row			
a. Pedometer data for Measure 1.1	☐	1	2	3	4
b. 3-Day Physical Activity Recall (3DPAR) data for Measure 1.1	☐	1	2	3	4
c. 20-meter shuttle run data for Measure 1.2	☐	1	2	3	4
d. Nutrition-related questions from the Youth Risk Behavior Survey Measure 1.3	☐	1	2	3	4

PEP Grant Implementation and Challenges

64. Please indicate any challenges you have encountered **to date** while implementing the first year of your PEP grant.

Implementation challenge	Check all that apply
a. Budget-related obstacles (e.g., dry-up of matching funds)	❏
b. Challenge(s) collecting GPRA measures	❏

     ↳ Please specify type of challenge(s):

Challenge collecting measures	Check all that apply
1. Coordinating data collection across sites	❏
2. Failure to return requested information	❏
3. Lack of personnel/staff	❏
4. Lack of preparation time	❏
5. Loss or theft of equipment	❏
6. Malfunctioning/faulty equipment	❏
7. Lack of proper data collection/reporting by personnel/staff	❏
8. Lack of proper data collection/reporting by students	❏
9. Problems with sampling	❏
10. Requirements not clear	❏
11. Other, please specify: _____	❏

	Check all that apply
c. Delays	❏

     ↳ Please specify type of delay(s):

Delay	Check all that apply
1. Administrative approval/requirements	❏
2. Arrival of ordered equipment/materials	❏
3. Hiring personnel/staff	❏
4. Other, please specify: _____	❏

	Check all that apply
d. Difficulty coordinating across sites	❏
e. Difficulty with partners and/or external collaborators	❏
f. Equipment installation and/or set-up problems	❏

Implementation challenge	Check all that apply
g. Federal grant monitors or other federal administrative obstacles (e.g., accessing funds)	❏
h. Lack of time to prepare for the start of the PEP grant following award notification	❏
i. Staff turnover	❏
j. Training obstacles (e.g., low attendance, longer than planned)	❏
k. Competing academic priorities or pressures	❏
l. Lack of facilities	❏
m. Other, please specify: _____	❏
n. No challenges	❏

65. Please describe the greatest difficulties your PEP grant has encountered in implementing the project as designed.

_____

_____

_____

68. Please provide any additional information you found important related to your efforts in implementing the PEP grant as designed to date.

_____

_____

_____

_____

_____

_____

Thank you very much for completing this survey!

Survey of 2010 PEP
Local Education Agency (LEA) Grant Recipients: Year 3

Introduction

The U.S. Department of Education's Policy and Program Studies Service (PPSS) is conducting an evaluation of the Carol M. White Physical Education Program (PEP). As part of this evaluation, this survey asks about the design and implementation of your PEP grant. Your input is critical to understanding the implementation of PEP projects.

Survey Instructions

The survey will take approximately 60 minutes to complete. Not all items in the survey may apply to your PEP grant. Please follow the skip patterns noted next to particular items as you complete the survey – they will tell you whether or not you should skip ahead to a later question. If there is not an arrow next to your response and there is no indication that you should skip ahead, then just continue to the next item.

While this survey is designed for Project Directors of PEP grants, if necessary, please share the survey with other staff members knowledgeable about the project to ensure that the most complete and accurate information is recorded.

Your participation in this survey is mandatory under ESEA, Sec. 9306(a)(4). Your responses will be aggregated when presenting findings to the U.S. Department of Education (ED) and for reporting purposes.

PEP Grant Target Population

7. How many youth has your PEP grant served to date?

    Total number of youth: _____

8. Please indicate the number of schools and number of students your PEP grant has been able to serve at each education level to date. If your PEP grant did not target or serve a given level, indicate "0."

Education level	Number of Schools	Number of Students
a. Elementary	_____	_____
b. Middle	_____	_____
c. Secondary	_____	_____

9. Was there a particular segment of your PEP grant population that was more difficult to serve than others?

    a. Yes .... ❑

    b. No .... ❑ ➡ **Skip to 11**

10. Please describe the segment of your PEP grant population that has been more difficult to serve and why.

    _____

    _____

    _____

PEP Grant Design and Implementation

The following series of questions asks about the implementation of your PEP grant's activities. As this survey is designed for the entire group of PEP grant recipients, it is likely that your particular PEP grant did not implement or plan to implement some of the listed activities. For these items, please indicate the appropriate response (e.g., "not addressed," "not implemented").

11. Using the scale below, please indicate the extent to which your PEP grant has addressed your LEA's policies and practices areas that were in need of improvement, as identified by the School Health Index (SHI) self-assessment tool. If an area was not identified as an area in need of improvement, indicate "0."

0	**1**	**2**	**3**	**4**
Not identified as an area in need of improvement	Not addressed	Partially addressed	Mostly addressed	Fully addressed

Area	Select one per row
a. School health and safety policies and environment	0 1 2 3 4
b. Health education	0 1 2 3 4
c. Physical education and other physical activity programs	0 1 2 3 4
d. Nutrition services	0 1 2 3 4

14. Using the scale below, please indicate the extent to which your PEP grant has focused on the following **physical fitness** components.

1	**2**	**3**	**4**
No focus	Minimal focus	Moderate focus	Significant focus

Physical fitness component	Select one per row
a. Fitness education and assessment to help students understand, improve, or maintain their physical well-being	1 2 3 4
b. Instruction in a variety of motor skills and physical activities designed to enhance the physical, mental, and social or emotional development of every student	1 2 3 4
c. Development of, and instruction in, cognitive concepts about motor skills and physical fitness that support a lifelong healthy lifestyle	1 2 3 4
d. Opportunities to develop positive social and cooperative skills through physical activity participation	1 2 3 4
e. Opportunities for professional development for teachers of physical education to stay abreast of the latest research, issues, and trends in the field of physical education	1 2 3 4

15. Using the scale below, please indicate the extent to which your PEP grant has implemented various **physical** activities.

1 Not implemented	**2** Partially implemented	**3** Mostly implemented	**4** Fully implemented

Physical activity	Select one per row			
a. Develop or redesign physical education policies	1	2	3	4
b. Create a new physical education program	1	2	3	4
c. Improve an existing physical education program	1	2	3	4
d. Improve physical education instruction related to physical fitness	1	2	3	4
e. Improve physical education instruction specific to physical activity	1	2	3	4
f. Improve physical education instruction related to cognitive concepts	1	2	3	4
g. Improve personnel/staff capacity to provide physical education instruction (e.g., professional development)	1	2	3	4
h. Improve student engagement in physical activities external to school-based curricula	1	2	3	4
i. Increase family involvement in student physical fitness	1	2	3	4
j. Promote social and cooperative skills in physical fitness	1	2	3	4
k. Other, please specify: _____	1	2	3	4

16. Using the scale below, please indicate the extent to which your PEP grant has implemented various **healthy eating habits and good nutrition** activities.

1 Not implemented	**2** Partially implemented	**3** Mostly implemented	**4** Fully implemented

Healthy eating habits and good nutrition activity	Select one per row			
a. Promote nutrition awareness to parents and communities (e.g., seminars, nutrition information flyers)	1	2	3	4
b. Integrate nutrition education and nutritional themes into subject areas	1	2	3	4
c. Develop new curricula for nutrition education	1	2	3	4
d. Revise/expand existing curricula for nutrition education	1	2	3	4
e. Integrate school food service and nutrition education	1	2	3	4
f. Provide nutrition education pre-service and ongoing in-service training to teachers and staff	1	2	3	4

Healthy eating habits and good nutrition activity	Select one per row			
g. Involve parents and the community in supporting nutrition education	1	2	3	4
h. Improve instruction on nutrition education	1	2	3	4
i. Provide training for school staff to identify unhealthy eating behaviors in students and make referrals to appropriate services	1	2	3	4
j. Facilitate coordination between food service and classroom instruction	1	2	3	4
k. Encourage healthy eating habits in after-school programs	1	2	3	4
l. Establish a district-wide nutrition education committee	1	2	3	4
m. Other, please specify: _____	1	2	3	4

17. Has your PEP grant project developed, revised, or enhanced physical education and/or nutrition education curricula?

a. Yes .... ☐

b. No .... ☐ ➡ **Skip to 22**

18. Has your PEP grant project used the Physical Education Curriculum Analysis Tool (PECAT) to inform curricula development and/or changes?

a. Yes .... ☐

b. No .... ☐ ➡ **Skip to 20**

19. Please indicate how useful the PECAT was in revising, enhancing, or developing **physical education curricula**. If your PEP grant has not addressed a specific area of curricula development, indicate "0."

0 Not used	**1** Not useful	**2** Slightly useful	**3** Moderately useful	**4** Extremely useful

Curricula development area	Select one per row
a. Assessing the accuracy of the health, medical, and scientific information in written curriculum	0 1 2 3 4
b. Determining whether the curriculum content matches national standards	0 1 2 3 4
c. Determining whether there are protocols matched with each national standard to guide the assessments of student skills and abilities	0 1 2 3 4
d. Analyzing curriculum alignment with social norms among students, families, and community members	0 1 2 3 4
e. Assessing affordability of curriculum	0 1 2 3 4
f. Determining if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment	0 1 2 3 4

Curricula development area	Select one per row
g. Creating a PE curriculum revision or development committee	0 1 2 3 4
h. Developing new lessons, lesson plans, or learning activities	0 1 2 3 4
i. Developing new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities	0 1 2 3 4
j. Developing a scope and sequence	0 1 2 3 4
k. Informing and/or changing PE policy, funding, or staffing	0 1 2 3 4
l. Other, please specify: _____	0 1 2 3 4

20. Has your PEP grant project used the healthy eating module of the Health Education Curriculum Analysis Tool (HECAT) to inform curricula development and/or changes?

a. Yes .... ❑

b. No .... ❑ ➡ **Skip to 22**

21. Please indicate how useful the HECAT was in revising, enhancing, or developing **nutrition-related education curricula**. If your PEP grant has not addressed a specific area of curricula development, indicate "0."

0	1	2	3	4
Not used	Not useful	Slightly useful	Moderately useful	Extremely useful

Curricula development area	Select one per row
a. Assessing the accuracy of the health, medical, and scientific information in written curriculum	0 1 2 3 4
b. Determining whether the curriculum content matches national standards	0 1 2 3 4
c. Determining whether there are protocols matched with each national standard to guide the assessments of student skills and abilities	0 1 2 3 4
d. Analyzing curriculum alignment with social norms among students, families, and community members	0 1 2 3 4
e. Assessing affordability of curriculum	0 1 2 3 4
f. Determining if curriculum content, materials, and instructional strategies can be successfully implemented by teachers within available time and with existing facilities and equipment	0 1 2 3 4
g. Creating a nutrition-related curriculum revision or development committee	0 1 2 3 4
h. Developing new lessons, lesson plans, or learning activities	0 1 2 3 4
i. Developing new student assessment protocols to align with existing or new lessons, lesson plans, or learning activities	0 1 2 3 4
j. Developing a scope and sequence	0 1 2 3 4

Curricula development area	Select one per row
k. Informing and/or changing nutrition-related policy, funding, or staffing	0 1 2 3 4
l. Other, please specify: _____	0 1 2 3 4

22. Using the scale below, please indicate the extent to which your PEP grant has implemented any of the following actions related to **physical activity policies**.

1 Not implemented	**2** Partially implemented	**3** Mostly implemented	**4** Fully implemented

Policy action	Select one per row			
a. Developed new policies	1	2	3	4
b. Revised or expanded covered areas in current policies	1	2	3	4
c. Updated mandates of the current policies according to state/federal standards	1	2	3	4
d. Improved implementation of physical education policies	1	2	3	4
e. Strengthened policy review	1	2	3	4
f. Strengthened policy monitoring	1	2	3	4
g. Other, please specify: _____	1	2	3	4

23. Using the scale below, please indicate the extent to which your LEA's **physical activity policy elements** have changed as a result of your PEP grant.

1 No changes	**2** Minor changes	**3** Moderate changes	**4** Significant changes

Physical activity policy element	Select one per row			
a. Require the use of a standards-based sequential physical education (PE) curriculum	1	2	3	4
b. Require daily PE classes	1	2	3	4
c. Require that students are physically active for at least 50% of PE class time	1	2	3	4
d. Require that all PE classes are taught by credentialed, certified, and/or licensed PE instructors	1	2	3	4
e. Require daily recess periods	1	2	3	4
f. Recommend or offer physical activity through before- and/or after-school programs (e.g., clubs, intramurals)	1	2	3	4

Physical activity policy element	Select one per row			
g. Require the establishment of safer routes to school through coordination with the community	1	2	3	4
h. Require annual professional development and/or training for PE teachers	1	2	3	4
i. Require and provide training to classroom teachers on how to incorporate physical activity into the classroom	1	2	3	4
j. Other, please specify: _____	1	2	3	4

24. Using the scale below, please indicate the extent to which your PEP grant has implemented any of the following actions related to **food- and nutrition-related policies**.

1 Not implemented	**2** Partially implemented	**3** Mostly implemented	**4** Fully implemented

Policy action	Select one per row			
a. Developed new policies	1	2	3	4
b. Revised or expanded covered areas in current policies	1	2	3	4
c. Updated mandates of the current policies according to state/federal standards	1	2	3	4
d. Improved implementation of physical education policies	1	2	3	4
e. Strengthened policy review	1	2	3	4
f. Strengthened policy monitoring	1	2	3	4
g. Other, please specify: _____	1	2	3	4

25. Using the scale below, please indicate the extent to which your LEA's **food- and nutrition-related policy elements** have changed as a result of your PEP grant.

1 No changes	**2** Minor changes	**3** Moderate changes	**4** Significant changes

Food- and nutrition-related policy element	Select one per row			
a. Require the use and integration of a standards-based nutrition education curriculum into existing health education	1	2	3	4
b. Increase consistent access to free, potable water for students	1	2	3	4
c. Require the integration of nutrition/healthy eating concepts into other academic subjects (e.g., science, language arts)	1	2	3	4
d. Require annual professional development and/or training for teachers/staff who provide nutrition education	1	2	3	4

Food- and nutrition-related policy element	Select one per row			
e. Require annual professional development and/or training for nutrition services staff	1	2	3	4
f. Require the adoption and implementation of strong nutrition standards for all foods sold and served in schools (e.g., vending machines, school stores, fundraisers, classroom parties)	1	2	3	4
g. Reduce availability of foods of minimal nutritional value (FMNV)	1	2	3	4
h. Restrict the marketing of unhealthy foods on school campuses	1	2	3	4
i. Other, please specify: _____	1	2	3	4

Collaborations and Partnerships

32. Did your PEP grant application include an **official partner agreement**?

   a. Yes .... ☐

   b. No .... ☐ ➡ **Skip to 40**

33. Please identify the type of community entities that your PEP project partnered with **as part of an official partner agreement** and indicate if they did not continue the partnership to date. In addition, using the scale provided, please specify the average level of involvement each had in implementing your PEP grant project.

1	2	3	4
No involvement	Minor involvement	Moderate involvement	Significant involvement

Community entity	Official partner—Check all that apply	Left partnership—Check all that apply	Involvement—Select one per row
a. College or university	☐	☐	1 2 3 4
b. CBO	☐	☐	1 2 3 4
c. External evaluation/monitoring agency	☐	☐	1 2 3 4
d. Hospital or clinic	☐	☐	1 2 3 4
e. LEA's food service or child nutrition director	☐	☐	1 2 3 4
f. Local or State public health department/board of public health	☐	☐	1 2 3 4
g. Public park or recreational authority	☐	☐	1 2 3 4
h. Other LEA(s)	☐	☐	1 2 3 4
i. Other State or local government department	☐	☐	1 2 3 4
j. Other, please specify: _____	☐	☐	1 2 3 4

34. Using the scale below, please indicate the average level of involvement your PEP grant partners have had in the following areas over the course of your PEP grant.

1	2	3	4
No involvement	Minor involvement	Moderate involvement	Significant involvement

Area	Select one per row			
a. Fitness education and assessment	1	2	3	4
b. Instruction in healthy eating habits and good nutrition	1	2	3	4
c. Instruction in motor skills and physical activities	1	2	3	4
d. Instruction in cognitive concepts about motor skills and physical fitness	1	2	3	4
e. Policy development	1	2	3	4
f. Providing nutrition services	1	2	3	4
g. Providing opportunities for students to develop positive social and cooperative skills through physical activity participation	1	2	3	4
h. Providing teachers with professional development opportunities related to nutrition or physical fitness	1	2	3	4
i. Other, please specify: _____	1	2	3	4

35. Please indicate any benefits related to your PEP grant's partnerships.

Benefit	Check all that apply
a. Allowed personnel to focus on specific areas of expertise	❑
b. Built upon knowledge base	❑
c. Provided capability to reach more of the targeted population	❑
d. Contributed additional personnel	❑
e. Offered access to additional resources	❑
f. Provided additional funding, either directly or through funding opportunities	❑
g. Interested in collaborating to sustain PEP activities after the grant cycle ends	❑
h. Other, please specify: _____	❑

36. Please describe any factors that have facilitated your PEP grant's partnership relationship(s).

_____

_____

_____

37. Using the scale below, please indicate the extent to which the following have been challenges in maintaining PEP grant partnerships.

1 Not a challenge	**2** Minor challenge	**3** Moderate challenge	**4** Significant challenge

Challenge	Select one per row
a. Difficulty coordinating meetings and activities	1 2 3 4
b. Diversion of time and resources away from other priorities or obligations of the PEP grant	1 2 3 4
c. Entities are not knowledgeable of project goals	1 2 3 4
d. Difficulty communicating efficiently and in a timely manner	1 2 3 4
e. Diminished interest in project goals and activities	1 2 3 4
f. Lack of established effective communication channels	1 2 3 4
g. The governance structure of the partnership(s) has not functioned effectively	1 2 3 4
h. Lack of commitment	1 2 3 4
i. Different or conflicting perspectives	1 2 3 4
j. Dissimilarity in expectations by different partners on project activities	1 2 3 4
k. Interruptions due to personnel turnover within community entities	1 2 3 4
l. Not perceived as mutually beneficial	1 2 3 4
m. Inadequate staff support	1 2 3 4
n. Interruptions due to personnel turnover in the primary PEP LEA	1 2 3 4
o. Other, please specify: _____	1 2 3 4

38. Using the scale below, please indicate to what extent it is expected your PEP grant partnerships will continue after the grant period ends.

1 Will not continue collaboration	**2** Minimal collaboration	**3** Moderate collaboration	**4** Significant collaboration

39. Using the scale below, please select the option that **best** describes how valuable the partnerships have been to your PEP grant.

1 Not valuable	**2** Minimally valuable	**3** Moderately valuable	**4** Extremely valuable

PEP Grant Budget

47. Please provide the following information regarding your PEP grant budget.

   i) Indicate the percent of your **proposed** PEP grant total budget that was allocated to the following categories; these should total to 100%.

   ii) Using the scale below, please indicate the option that best describes how much the **proposed** budget has needed to be revised to date for each of the categories.

1	2	3	4
No revision	Minor revision	Moderate revision	Significant revision

Budget categories	% Allocated	Select one per row			
a. Personnel	_____%	1	2	3	4
b. Fringe benefits	_____%	1	2	3	4
c. Travel	_____%	1	2	3	4
d. Equipment	_____%	1	2	3	4
e. Supplies	_____%	1	2	3	4
f. Contractual	_____%	1	2	3	4
g. Training stipends	_____%	1	2	3	4
h. Indirect costs	_____%	1	2	3	4
i. Other, please specify: _____	_____%	1	2	3	4
TOTAL FUNDS:	**100%**				

PEP Grant Measures and Outcomes

51. Please indicate if Body Mass Index (BMI) data have been collected during your PEP grant.

a. Yes .... ❑

b. No .... ❑ ➡ **Skip to 54**

53. Please indicate how your PEP grant has used and/or plans to use BMI measurements.

BMI use	Check all that apply
a. To assess the weight status of the student population across time	❑
b. To calculate percentage of students of different weight statuses among the population	❑
c. To assess outcomes related to PEP grant activities	❑
d. To compare the population trends at different sites/schools	❑
e. To assess the weight status of individual students to identify those at risk for weight-related health problems	❑
f. To provide parents with information about their children's BMI to help them take appropriate action	❑
g. To guide physical activity program development	❑
h. To guide nutrition-related program development	❑
i. To provide the data to school administrator(s)/board(s) to inform policy change	❑
j. Other, please specify: _____	❑

The following series of questions asks about your PEP grant's plans and experiences regarding data collection of **Government Performance and Results Act (GPRA)** performance measures based on the following:

Measure 1.1 The percentage of students served by the grant who engage in 60 minutes of daily physical activity.

Measure 1.2 The percentage of students served by the grant who achieve age-appropriate cardiovascular fitness levels.

Measure 1.3 The percentage of students served by the grant who consume fruit two or more times per day and vegetables three or more times per day.

---

54. Please indicate which of the uniform data collection methods your PEP grant has used. If the method has been used, please indicate how difficult it was to collect the required GPRA performance measures using the scale provided.

1 Not difficult	**2** Slightly difficult	**3** Moderately difficult	**4** Extremely difficult

Data collection method	Check all that apply	Select one per row			
a. Pedometer data for Measure 1.1	☐	1	2	3	4
b. 3-Day Physical Activity Recall (3DPAR) data for Measure 1.1	☐	1	2	3	4
c. 20-meter shuttle run data for Measure 1.2	☐	1	2	3	4
d. Nutrition-related questions from the Youth Risk Behavior Survey Measure 1.3	☐	1	2	3	4

PEP Grant Challenges

61. Please indicate any challenges encountered while implementing your PEP grant.

Implementation challenge	Check all that apply
a. Budget-related obstacles (e.g., dry-up of matching funds)	❑
b. Challenge(s) collecting GPRA measures	❑

> ↳ Please specify type of challenge(s):

Challenge collecting measures	Check all that apply
1. Coordinating data collection across sites	❑
2. Failure to return requested information	❑
3. Lack of personnel/staff	❑
4. Lack of preparation time	❑
5. Loss or theft of equipment	❑
6. Malfunctioning/faulty equipment	❑
7. Lack of proper data collection/reporting by personnel/staff	❑
8. Lack of proper data collection/reporting by students	❑
9. Problems with sampling	❑
10. Requirements not clear	❑
11. Other, please specify: _____	❑

	Check all that apply
c. Delays	❑

> ↳ Please specify type of delay(s):

Delay	Check all that apply
1. Administrative approval/requirements	❑
2. Arrival of ordered equipment/materials	❑
3. Hiring personnel/staff	❑
4. Other, please specify: _____	❑

	Check all that apply
d. Difficulty coordinating across sites	❑
e. Difficulty with partners and/or external collaborators	❑
f. Equipment installation and/or set-up problems	❑
g. Federal grant monitors or other federal administrative obstacles (e.g., accessing funds)	❑

Implementation challenge	Check all that apply
h. Lack of time to prepare for the start of the PEP grant following award notification	❑
i. Staff turnover	❑
j. Training obstacles (e.g., low attendance, longer than planned)	❑
k. Competing academic priorities or pressures	❑
l. Lack of facilities	❑
m. Other, please specify: _____	❑
n. No challenges	❑

62. Please describe the greatest difficulties your PEP grant has encountered to date in implementing the project as designed.

_____

_____

_____

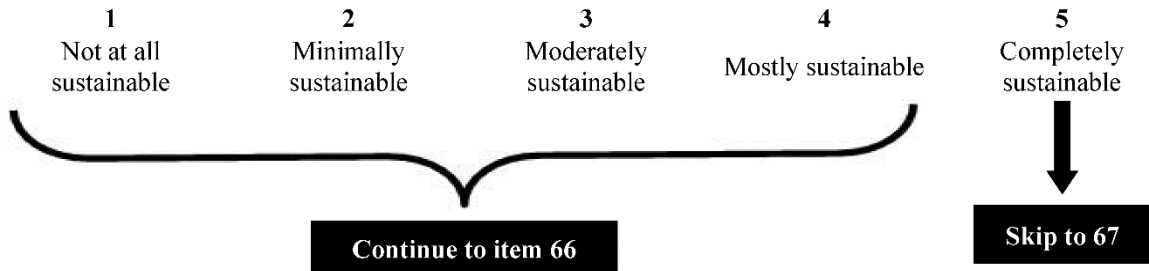63. Has your PEP grant implemented any changes and/or strategies to address challenges?

a. Yes ....❑

b. No ....❑ ➡ **Skip to 65**

PEP Grant Sustainability

65. Overall, how sustainable do you expect your project will be at the end of the PEP grant period?

1	2	3	4	5
Not at all sustainable	Minimally sustainable	Moderately sustainable	Mostly sustainable	Completely sustainable

Continue to item 66

Skip to 67

67. Please describe how your project plans to obtain complete sustainability post the PEP grant period.

_____

_____

_____

_____

68. Has your project implemented any plans to maintain its activities after the PEP grant cycle ends?

a. Yes .... ☐

b. No .... ☐

69. Please identify what you see as the primary strengths of your PEP grant project.

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70. What lessons have been learned that could be carried forward when implementing future activities related to your project or future PEP projects?

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71. Please provide any additional information you found important related to your efforts in implementing the PEP grant as designed.

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72. Please provide any additional suggestions you have to improve the PEP grant process (e.g., application, project design, performance measures).

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Appendix C:
Partnership Data Limitations

The partnership findings presented in this report reflect PEP grantees' responses to survey questions regarding official partners. Official partners were community entities with which grantees were required to establish collaborations to receive priority points. As a part of their applications, grantees had to submit a partnership agreement that detailed the participation of these required partners in order to receive the points. Unofficial partners were community entities with which grantees established collaborations that were not part of an official partner agreement.

An analysis of the partnership data revealed the following limitations in grantees' reporting of official partners.

1. Fifty-nine of the 76 grantees indicated, on both surveys, that they formed official partnerships. Although 72 grantees reported forming official partnerships in Year 1, only 61 of those grantees reported such partnerships in Year 3. In addition, two grantees reported forming official partnerships in Year 3 but not Year 1.

2. Sixty-seven grantees received competitive preference points, which was less than the number of grantees who reported establishing official partnerships on the Year 1 Survey and more than what was reported during Year 3.

3. Case study data suggest that, in practice, grantees did not differentiate between official and unofficial partnerships.

4. The surveys asked identical questions about grantees' experiences with official and unofficial partnerships, but the survey design did not allow us to combine data on official and unofficial partnerships. The survey asked grantees to select the types of community entities with which they established partnerships (e.g., college or university, hospital or clinic), but did not ask grantees to indicate the number of partnerships they established as part of their PEP grant. In addition, the survey asked partnership-related questions at an aggregate level (i.e., grantees were asked to report on the average level of involvement for all official partners [and unofficial partners] combined, rather than by partner type). It is likely that grantees did not have an equal number of official and unofficial partners. Because we do not have data on the exact number of official and unofficial partnerships formed by each grantee, we cannot accurately weight the data to obtain valid ratings.

A comparison of aggregated responses between official and unofficial partnerships did not demonstrate major differences that necessitated discussion in the final report. Because of this result and the aforementioned limitations, the section on partnerships reports information about official partnerships and only includes grantees who reported forming official partnerships on both surveys.

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