**Problem:** One-third of students in New York State (NYS) are overweight or obese, and three-quarters do not participate in physical activity every day. The prevalence of these risk factors is even higher among low-income and minority populations. Regular physical activity promotes wellness by aiding weight loss, preventing weight gain, strengthening muscle and bones, and improving mental health and academic performance. It also reduces the risk of chronic diseases such as heart disease, stroke, type 2 diabetes, and certain types of cancer.

**Intervention:** In 2013, the Department of Health (DOH) received funding from Centers for Disease Control and Prevention to increase physical activity opportunities for students in NYS. Local grantees partnered with school staff to strengthen wellness policies and implement state physical education (PE) regulations and best practices for physical activity (PA), and develop and implement Comprehensive School Physical Activity Programs (CSPAP). Strategies included conducting the School Health Index (SHI) and school environmental assessments, providing professional development training, technical assistance, and materials or supplies for PE classes, active recess, classroom PA, before or after school PA opportunities, staff wellness, and community support.

**Impact:** NYSDOH worked with local grantees to measure the impact of program activities. During the funded period, 121 school districts adopted physical activity policies and 440 school buildings implemented physical activity strategies. Altogether, these accomplishments increased physical activity opportunities for 442,856 students—17% of all students in NYS.

During the first phase of the program, NYSDOH used WellSAT 1.0 to measure the strength of physical activity policies in targeted school districts. Results demonstrate significant improvements were achieved (see Figure 1). The percent of district policies that exceed expectations for physical education curriculum increased from 18% to 40% and the percent for structured physical activity outside of physical education and recess increased from 35% to 45%. For elementary students, the percent of district policies that exceed expectations for daily recess increased from 30% to 49% and the percent for regular physical activity breaks increased from 12% to 24%. When WellSAT 2.0 was released, NYSDOH used it to determine that 56% of district policies promote joint use agreements at all schools, although only 18% of the policies use strong language for this strategy.

During the second phase of the program, NYSDOH adapted the WellSAT-i and used it to measure implementation of physical activity strategies in targeted school buildings. Results demonstrate most buildings are implementing key physical activity strategies (see Figure 2). For example, 86% of school buildings have a formal written physical education curriculum for every grade, 60% promote before and after school physical activity for all students, and 77% provide daily recess for elementary school students.

NYSDOH uses multiple surveillance systems to monitor student health indicators including Student Weight Status Category Reporting System, Fitnessgram, and Youth Risk Behavior Survey. During the funded period, the prevalence of obesity declined slightly in NYS. Among students in targeted elementary schools, the prevalence decreased from 20.4% to 19.7% (see Figure 3). But students continue to report high levels of physical inactivity: only 23.3% are physically active every day, and only 18.4% attend physical education classes every school day. Now that district wellness policies have been strengthened, it is time for public health programs to focus on increasing building-level implementation.

*WellSAT is the Wellness School Assessment Tool. It measures the quality of school district wellness policies. WellSAT-i measures policy implementation.*