

Promotion of Jump Rope in an Elementary School

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Abstract

Addressing the problem of overweight and obesity in the adult population of Florida and other parts of the United States has become a serious challenge for public health practitioners. Obesity is associated with numerous chronic disease conditions that are responsible for premature morbidity and mortality. The antecedents of obesity often can be seen in youth, even children of elementary school age. One resourceful public health nurse assigned to the Sarasota County schools championed a pilot program to promote physical activity through participation in jump rope. This paper describes how this program developed and possible insights for replicating it in other venue are provided.

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Introduction

It began as a concern. As a public health nurse in the school health program in Sarasota County, Florida, I was aware of school children with health problems such as overweight or at risk for overweight. In addition, I was observing children with minimal physical activity during the school day. Physical activity in many school programs has diminished. In fact, this lack of activity, as identified by the National Institute of Child Health and Human Development (2003), may be due, in part, to the decline of regularly scheduled exercise through the school physical education (PE) program. According to the Centers for Disease Control and Prevention [CDC] (2003), physical inactivity has contributed to the 100% increase in the prevalence of childhood obesity in the U.S. since 1980. Recess is also an entity that is often no longer regularly scheduled. Lack of exercise is seen as the number one cause of the obesity epidemic in a *Time/ABC News* poll (Wallis, 2004). The CDC (2003) specifies that overweight and obesity result from an energy imbalance, eating too many calories and not getting enough physical activity. *Healthy People 2010* (U.S. Department of Health and Human Services, 2000) identifies the two leading health indicators affecting the public's health: physical activity and overweight/obesity.

The obesity epidemic in Florida is a serious health threat (State of Florida, Report of the Governor's Task Force, 2003). The Florida Department of Health (FDOH) states that the prevalence of obesity and overweight in the state is due to changes in nutrition and physical activity among Floridians (FDOH, 2001). FDOH advocates that measurements of student height and weight in specific grades be used as the basis for estimating body mass index (BMI). Consequently, students who are at risk for overweight (above the 85th percentile)

and those who meet the criterion for being defined as overweight (above the 95th percentile) are identified and have letters mailed to their parents to suggest a follow-up with a medical practitioner.

Anecdotal data and casual observation suggested that one Sarasota County elementary school located in a predominantly African-American community (Newtown) had an excess of health disparities. This community had significantly higher death rates from cancer, heart disease and diabetes (Sarasota Memorial Health Care Foundation 2003). The Surgeon General's call to action (Office of the Surgeon General, 2001) lists problems of overweight in children and adolescents, and identifies them as risks for later life heart disease, high cholesterol, hypertension, type 2 diabetes, social discrimination, poor self-esteem and depression. Many children in this Sarasota elementary school were also displaying negative behaviors such as anger, defiance, lack of cooperation, and other anti-social behaviors. These behaviors resulted in challenges for the teachers, and other school staff. In addition, many children were receiving mood-altering drugs to help manage behaviors such as Attention Deficit Disorder (ADD), childhood depression, and other symptoms that some authorities think may be related, at least in part, to the decline in formal physical education classes and other programs that promote physical activity (Ludwig, 2004)

In schools, students constitute a large captive audience. Moreover, there is a link between health status and learning (Marx, Wooley, & Northrup, 1998). Promoting students physical well-being should be part of the schools' educational mission (Ludwig, 2004).

All of these factors combined led me to consider an intervention that might promote healthier student behavior. It occurred to me that the challenge was to promote health through the introduction of an exercise program. Physical education is an

indispensable component of school programs that can improve public health (Marx, et al., 1998). A low-cost intervention that seemed to offer a multitude of benefits was jump rope. The American Heart Association (2003) specifies that jumping rope is an excellent exercise for cardiovascular fitness, muscular endurance and coordination as well as preparing the brain for optimal learning.

In the guidelines to promote physical activity of the Florida Report there is a point made to provide school time for recess, and unstructured physical activity (e.g., jump rope). The suggestion to incorporate jump rope was voiced to the elementary school principal, who enthusiastically replied: "Go for it." Thus, with the principal's sanction and encouragement, the opportunity to proceed with a jump rope intervention began. What follows is the process and steps that were taken to implement this jump rope program, presented here with the hope that it is a recipe that can be adopted easily by persons who wish to champion this activity in other Florida schools.

Phase One

First, a meeting took place with the principal and the physical education coach to discuss a plan to implement a jump rope program. It was agreed that because there were only two months until the end of the formal school year in the spring of 2003, an initiative would be to test the students' interest in the jump rope activity -- a trial run so to speak.

The plan was to introduce twenty minutes of jump rope twice weekly before classes commenced in the early morning. Jump ropes were loaned from the physical education department and water bottles were donated from a community group, the Newtown Wellness Program. An announcement was made on the school media to invite students to participate and school staff members were invited to assist.

The introduction of a new jump rope event was met with a positive response.

Once the students observed me (the public health nurse) carrying the jump ropes and heard the music, they gathered around as soon as they arrived on the school campus. With each event the participation and interest grew. A teacher suggested the use of a whistle to seek students' attention when there was a need to give directions. The enthusiastic response demonstrated that the activity of jump rope was indeed popular. It was then time to plan for the next school year, seek support and resources, research content, implementation and varieties of jump rope activities, and design the structure of a jump rope program for the 2003-04 school year.

Phase Two

Support was requested from the coordinator of Newtown Wellness Program, a grant program of the Sarasota Memorial Health Care Foundation. Support consisted of 500 donated jump ropes and water bottles for the elementary school.

Input was sought from resources such as other school health and student services personnel, a leisure consultant, and the American Heart Association *Jump Rope for Heart* program. Resources were shared and advice was given to delegate some responsibilities for the program to teachers and support staff.

To involve and seek support and cooperation from the community and parents, a presentation was made to the PTA. A decision was made to allocate funds for jump rope prizes.

Two additional resources were used to assist the effort: (1) an Internet site (<http://www.jumprope.com>) and (2) *The Jump Rope Book* by Glen Vecchione (1996). Both resources examined venues, structure, and content of jump rope programs. A PowerPoint® presentation was created to introduce school staff members to the jump rope program at the beginning of the school year.

Phase Three

A second meeting took place with the principal, vice-principal and the physical education coach to discuss the jump rope program for the 2003-04 school year. The available resources were identified and ideas were shared between me and school administrators. We agreed that jump rope would take place formally twice a week before school for twenty minutes, and that school staff members would assist the activities. It was suggested that I meet with the teaching staff and school team leaders from time-to-time to discuss nuances about the program.

A meeting took place with all the school grade team leaders to provide and discuss the jump rope program. It was explained that jump rope skills could be applied to learning with math, science, English and other language arts, technology, health and physical education, music, and art. Performance objectives were identified (e.g., Students will demonstrate pleasure, agility, and strength from jump rope activity). At this meeting teachers also were encouraged to invite me to their class for demonstrations regarding jump rope skills and an example of a workout. Finally, the teachers were informed they would receive 10 jump ropes for each class.

Announcements were made on the school public address system, the school board intranet, and through a flyer that was created to be posted or sent home to parents.

With the help of the Division of Health Promotion of the Sarasota County Health Department, a media release was prepared for the community to publicize the jump rope program.

Phase Four

With the commencement of the new school year the jump rope program began. Intercom announcements and e-mails alerted the school that jump roping would be a regular school program. Twice a week, before the start of morning school classes, I wheeled out a cart containing jump ropes, a water cooler, a radio, and a jump rope sign-up list. The sign-up list was advantageous to document attendance and to identify participation from specific grades. Each week, as students saw the “jump rope lady “ arrive at the school, they followed me to the back of the school campus to a paved terrain. Students and volunteer school staff members helped with the sign-up and distribution of the ropes to students. Accompanied by music, the fun began. Each week I demonstrated jump rope skills, observed the students, and monitored their safety. Each week the attendance and enthusiasm grew.

During many school days the teachers were seen around the campus with their class of “jumpers.” Teachers informed me that they utilized the jump rope activities to assist delivery of lessons (e.g., spelling games to accompany the jump rope activity, constructing math problems, and studying the effects on the body). The guidance department was encouraged to utilize and promote jump rope as an activity to assist with and alleviate negative school behaviors.

The students were recognized with their new jump rope skills and participation, often times with praise, other times with prizes. At the end of the school year the class with the most and consistent participation was awarded a trophy. The jump rope trophy could then be shared with other classes in the following school years.

Phase Five

This phase reflected on the jump rope program through analysis and evaluation. The documentation of students who participated each week showed evidence of increasing numbers, and increasing consistency of repeat attendees. The students also revealed enthusiasm and growth in physical fitness abilities. Students of all body shapes and sizes participated. Many students with obvious

weight problems were involved either in physical activity or assisting as volunteers. Creativity was evident with their jump rope games and rhymes. Camaraderie across grade level, age, gender, and culture could be seen. Many students and school staff members showed their generosity through assistance with and support of jump rope activities. Some parents expressed comments about the fun and excitement the children were having with the jump rope program. A total of 70 students participated in the *Step-Up Florida* event in Sarasota County to demonstrate their jump rope skills.

Conclusion

The American Obesity Association describes today’s youth as the most inactive generation in history (AOA, 2003). In fact, sedentary lifestyle in young people can have negative health consequences both now and later. If higher levels of activity can be promoted early in life, the results may be habit-forming, thus resulting in life-long health benefits. The school physical activity intervention of jump rope captures both student and family interest in a positive way. The jump rope program is not only fun; it can provide physical and emotional benefits such as a lower risk of obesity heart disease, diabetes, cancer, osteoporosis, asthma, and depression. As introduced in one Sarasota County elementary school, it involved a modest level of planning, and support from school administration, staff members, parents and the public health nurse. The jump rope program in this elementary school changed not only the school environment, but also promoted student healthy behavior that may stretch well into the future.

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Marilyn Jane Wilson was a public health nurse for the Sarasota County Health Department and is responsible for the development of the jump rope program described herein. She is now retired and residing in her native Canada. This paper was submitted to the *FPHR* on August 5, 2004, reviewed and revised, and accepted for publication on November 2, 2004. Copyright 2004 by the *Florida Public Health Review*.