

FACTS

Learning For Life

Physical Education in Public Schools

OVERVIEW

Nearly one third of children ages 2 to 19 are overweight or obese.^{1,2} Higher body mass index in childhood is associated with greater risk of cardiovascular disease, type 2 diabetes, and premature death.^{3,4} One important way to address the obesity problem in our children is by establishing lifelong healthy habits with strong physical education programs and regular physical activity opportunities throughout the day in our nation's schools.

Physical education has been an important tool for providing physical activity in American schools for over a century. It teaches students the basics of physical literacy and how to integrate exercise into their lives in order to establish a lifetime of healthy living.⁵ Regular physical activity is associated lower risk of CVD, weight problems, and hypertension.^{1,6,7,8,9} If the lessons of lifetime physical activity are modeled at both school and home, children will have a good foundation for healthy living.¹⁰ Children who are more active learn more effectively and achieve more academically.¹¹ Unfortunately, many schools are cutting back on traditional physical education programs because of competing academic demands.¹¹

Beyond the impact on chronic disease, physical inactivity and obesity place a significant burden on our society. Over a lifetime, the estimated medical costs are nearly \$20,000 higher for an obese child than a child who maintains normal weight through adulthood.¹² The total excess cost related to adolescent overweight and obesity is estimated to be \$254 billion in lost productivity and direct medical costs.^{1,13} And if current obesity trends continue, the resulting total costs could reach \$861 to \$957 billion by 2030.¹ Obesity and lack of physical fitness in America's youth also affect our national security. A recent study showed that 25% of young Americans are too overweight to serve in the military.¹⁴ Nearly 23 million young adults do not meet the US Army's weight standards for enlistment.¹⁵

A GROWING SEDENTARY LIFESTYLE: SERIOUS HEALTH CONSEQUENCES

- 15% of adolescents report that they were inactive during the previous week.¹⁶
- Obese preschoolers and elementary students are showing some of the biomarkers related to cardiovascular risk.¹⁷
- Along with rising obesity rates, the rate of prescription drug use by children for diabetes, high blood pressure and high cholesterol is increasing.¹⁸
- Physical Inactivity is linked to 5.3 million deaths per year in the U.S. and is responsible for 12% of the global burden of myocardial infarction.^{19,20}
- Schools hold a realistic and evidence-based opportunity to increase physical activity among youth and should be a key part of a national strategy to increase physical activity.²¹
- Children are more likely to get the recommended amount of recess and physical education if they live in states or districts with policies that mandate such activities.^{22,23}
- Physical education class participation declines significantly from 9th through 12th grades.²⁴
- Only 48.0% of high school students attend at least some physical education classes in any of their grades and 29% percent of those students have daily physical education.²⁴

ACTIVE CHILDREN THRIVE

Physically active children are more likely to thrive academically.²⁵ Physical education is an integral part of developing the "whole" child for success in social settings and the learning environment.

- Physical activity has a positive impact on cognitive ability, reducing or avoiding tobacco use, insomnia, depression, and anxiety.^{26,27,28,29,30} Physically fit children have higher scholastic achievement and less absenteeism than their unfit counterparts.^{25,31}
- Many schools are still offering junk foods and sodas and not providing adequate time for physical activity.³²

QUANTITY AND QUALITY

- The Physical Activity Guidelines for Americans recommend that children engage in at least 60 minutes of moderate to vigorous physical activity each day.³³

- The quality of the physical education program is also paramount. Adopting evidence-based physical education programming is hindered by the number of physical education specialists, budget limitations, unwillingness to allocate time for physical education, and a low priority for physical education.³⁴

THE ASSOCIATION ADVOCATES

The American Heart Association advocates for daily, quality physical education in our nation's schools, together with other healthy lifestyle choices. We support:

- Require states to adopt physical education curriculum standards that are aligned with national standards and are systematically reviewed and updated.
- Require all school districts to develop and implement a planned, K-12 sequential physical education curriculum that adheres to national and state standards for physical education and includes a comprehensive student assessment program.
- Require all physical education teachers to be certified, licensed and endorsed to teach physical education and provide grants to districts to assure their physical education teachers receive adequate professional development specific to their field on an annual basis, especially districts serving at-risk students and minority populations.
- Integrate public health into professional development, educating members of the profession on their role within the public health model.
- Require teachers to keep current on emerging technologies, model programs, and improved teaching methods. Incorporate physical education as a core academic subject.
- Require school districts and schools provide all students with 150 minutes per week of physical education in elementary schools and 225 minutes per week in middle schools and high schools.
- Provide adequate physical education and other physical activity opportunities to facilitate school-age children accumulating at least 60 minutes of physical activity before, during and after school and avoiding prolonged periods of inactivity.
- Require physical education credit(s) for graduation from high school with appropriate accommodations and considerations for children with disabilities and medical conditions.
- Hire a physical education coordinator at the state level to provide resources and offer support to school districts across the state.
- Hire a physical education administrator in the school district to provide support to physical educators in the school district.
- Assure that physical education programs have appropriate equipment and adequate facilities and appropriate student-teacher ratios since research shows that increasing access to human and material resources during class enhances the opportunity for students to engage in the recommended amount and intensity of physical activity.
- Disallow automatic waivers or substitutions for physical education.

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