Active Bodies
Active Minds

Getting Kids and Schools Active

Regular physical activity in schools can help to prevent childhood obesity. It’s especially important to encourage regular physical activity when children are young, as health-related behaviors acquired during childhood set the course for kids’ health into adulthood. Policymakers can support schools’ efforts to create an environment that provides physical activity programs and health education classes for students, families and communities. States have been grappling with rising concerns over childhood obesity and are now working to improve PE policies and education standards. They also are implementing incentives that encourage school districts to improve students’ physical fitness.

Rates of childhood obesity are increasing at an alarming pace. As a result, today’s youth are showing an unprecedented level of risk factors for chronic diseases such as diabetes, heart disease and cancer. If we do not act to reverse these trends, this could be the first generation of children in the United States to live shorter, less healthy lives than their parents.1

One way state legislators can help prevent childhood obesity is by addressing the need for regular physical activity in schools. It’s especially important to encourage regular physical activity when children are young, as health-related behaviors acquired during childhood set the course for kids’ health into adulthood. Policymakers can support schools’ efforts to create an environment that provides physical activity programs and health education classes for students, families and communities.

State legislators can:

- Provide resources, through public or private financing and partnerships, to create a school environment that enables and reinforces regular physical activity;
- Support physical education (PE) requirements that teach new skills and are vigorous enough to produce health benefits, and provide incentives for schools to adhere to those standards, while limiting exemptions from PE;
- Encourage state and local education agencies to adopt healthy school policies, develop physical activity programs and promote health education to students, staff and families; and
- Provide ongoing opportunities for teachers and physical educators to develop new skills and techniques to help students.
Physical Activity Contributes to Academic Performance

In addition to health benefits, physical activity and physical education (PE) also have proven academic benefits. There is a growing body of evidence demonstrating that children who are not physically active do not perform as well as they could academically, and that, as physical fitness levels increase, so does academic achievement. Schools provide an excellent environment for children to engage in and learn about the benefits of physical activity, yet many allocate too little time to physical activity and PE, or worse, have no PE requirement for students at all.

The President’s Council on Physical Fitness and Sports reports that time spent in physical education does not detract from learning in other areas of the curriculum. Evidence shows that even when physical education classes reduce the time spent in academic classes, children maintain or even improve their levels of academic performance. A recent study found that California schools with high percentages of students who did not routinely engage in physical activity and healthy eating habits had smaller gains in test scores than did other schools. Many studies have found similar results supporting the importance of integrating PE in the academic curricula. One such initiative is Brain Breaks, a program supported by the Michigan Department of Education that combines classroom-based physical activity with science, math, history and other subjects. In an exercise called “Hallway Jive,” for example, a playground ball is passed from student to student as the teacher asks review questions. These short breaks for physical activity have been shown to make students more focused, less disruptive and more receptive to learning.

Guidelines and Recommendations

The federal government recommends that children and adolescents engage in at least 60 minutes of moderately or vigorously intense physical activity most days of the week, preferably daily. The guidelines suggest that kids choose from a variety of activities, such as brisk walking, playing tag, jumping rope, or swimming, as long as it is adds up to at least one hour per day.
Regular physical activity is associated with many health benefits for children and adolescents, including:

- Maintaining a healthy weight
- Building muscular strength and endurance
- Improving cardio-respiratory (aerobic) fitness level
- Developing bone mass (through weight-bearing activities)
- Reducing blood pressure (for hypertensive youth)
- Reducing anxiety and stress levels
- Increasing self-esteem

Recent Physical Activity and PE Initiatives

Physical Education Policy

States have been grappling with rising concerns over childhood obesity and are now working to improve PE policies and education standards. They also are implementing incentives that encourage school districts to improve students’ physical fitness.

Texas Senate Bill 19, enacted in 2001, mandates that all elementary schools implement approved health programs by 2007. Senate Bill 42, enacted in 2005, expands physical activity and coordinated school health requirements into middle schools as well. One approved program is the Coordinated Approach to Child Health (CATCH) program. CATCH coordinates classroom health instruction, the school cafeteria and students’ families to help foster healthy habits and attitudes among students.

In California, the state’s superintendent of public instruction initiated the annual Superintendents’ Challenge during the 2003–2004 school year. Each participating school district that provides healthier meals, nutrition education, physical activity programs and quality PE receives recognition from the California Department of Education and the state Senate. Exemplary districts receive additional cash awards of up to $10,000. One goal is to improve on previous years’ results from fitness tests, which in 2006 indicated that less than one-third of students tested for physical fitness achieved established fitness goals.

Hawaii Senate Resolution 12, adopted in 2004, requests the Department of Education to develop and require an elementary school-level physical education program as part of the curriculum for public schools to promote health-related fitness. The program should include: instruction by PE specialists with baccalaureate degrees, 30 minutes of daily PE, classes that involve all children in activities, and instruction in healthy eating habits and good nutrition. The program should be designed to encourage self-monitoring of physical activity, provide exposure to a variety of physical activities, focus on teaching physical skills and promote activity outside the school environment.

Kentucky enacted comprehensive school wellness legislation with Senate Bill 172. The March 2005 act charges all K–5 schools to develop and implement a wellness policy that promotes healthy lifestyle choices and 150 minutes per week of physical activity. The act also mandates the Kentucky Board of Education to develop an assessment tool concerning physical activity environments and requires local district boards of education to plan and hold public forums on improving school nutrition and physical activity. Findings must be reported to the Kentucky Board of Education.

Oklahoma Senate Bill 312, enacted in 2005, requires the state board of education to mandate, as a condition of accreditation, that public elementary schools provide instruction for students in full-day kindergarten and first through fifth grades that includes PE for a minimum of 90 minutes each week taught by a certified health and PE teacher, as well as health education for a minimum of 60 minutes taught by a classroom teacher, nurse or PE teacher. Health education topics include nutrition, wellness, tobacco-use prevention, injury prevention and others.
Missouri
House Bill 568, enacted in 2005, provides for the Model School Wellness Program. Under the Act, the Department of Elementary and Secondary Education would award one-year grants to districts that establish school-based pilot programs to encourage students to maintain healthy lifestyles. The programs would focus on maintaining a balanced diet, physical activity, chronic diseases associated with obesity and tobacco-use prevention. The programs would be evaluated based on the students’ increased knowledge of subject matter, changes in body mass index (BMI), and improved attitudes regarding nutrition, physical activity and tobacco use.

Maryland
Lawmakers enacted a bill in 2005 requiring the state Department of Education to employ a full-time PE director. Senate Bill 233 requires public schools to have a PE program that, with the assistance of the state director, includes standards and plans to meet those standards. In addition, Senate Bill 473, The Student Health Promotion Act of 2005, requires county boards of education to stress the importance of physical activity as part of the health education curriculum.

North Dakota
House Concurrent Resolution 3034, passed in 2005, encourages school districts to provide a mid-morning and mid-afternoon recess of at least 10 minutes to all K–6 students.

Illinois
Gov. Rod R. Blagojevich signed several bills in 2005 promoting physical activity and education in schools. House Bill 1540 and Senate Bill 211 are amendments to curriculum standards ensuring that PE is included and that all students are provided an opportunity for daily physical activity. Senate Bill 162 establishes a School Wellness Policy Task Force with nutrition and physical activity guidelines. House Bill 1541 requires the state board of education to establish a school health recognition program that publicly identifies schools that have implemented programs to increase students’ levels of physical activity and allows recognized schools to share best practices and serve as models for other schools in the state.

Delaware
Lawmakers created a 17-member Physical Activity and Education Task Force through House Concurrent Resolution 37, adopted in 2006, that is responsible for examining physical activity and PE policies throughout the state. The task force also evaluates programs in other states, develops recommendation for creating or improving high-quality PE programs, and identifies resources to fund physical activity and PE programs.

South Carolina
House Bill 3499, enacted in 2006, requires that elementary school students receive the equivalent of 30 minutes of daily physical activity. Beginning with the 2006–07 school year, K–5 students must be provided a minimum of 150 minutes per week of PE and physical activity, which must be planned by the PE activity director. The student-to-teacher ratio in a PE class may not exceed the average student-to-teacher ratio of 28-to-1. Additionally, individual student fitness status must be reported to parents or guardians as part of fifth grade, eighth grade and high school PE courses.

Pennsylvania
House Resolution 589, adopted in 2006, urged residents to observe National Physical Education and Sports Week (May 1–7, as designated by the National Association for Sport and Physical Education) and National Physical Fitness and Sports Month (May, as designated by the president). Additionally, it encouraged Pennsylvanians to participate in the May 3 event called ACES Day (All Children Exercising Simultaneously) by participating in a physical activity that day.

Health Education

Many states are implementing health education legislation to help address the childhood obesity epidemic. Health education classes help to illustrate how regular physical activity and proper nutrition contribute to a better quality of life. For example, in 2005 Maryland enacted Senate Bill 473, which requires county boards of education to highlight physical activity in the health education curriculum. In Rhode Island, Senate Bill 565 (2005) and House Bill 5563 (2005) establish health and wellness subcommittees to make recommendations concerning health education curriculum and instruction prac-
tices. South Carolina’s comprehensive House Bill 3499 (2005) sets physical and health education standards, includes a weekly nutrition component, and requires that the state Department of Education assess each district’s health education program.

Legislators in Maine adopted some of the recommendations offered by the Commission to Study Public Health when they enacted Senate Bill 263 in 2005. Four of the Commission’s recommendations concerning schools, children and nutrition received final approval from lawmakers. One recommended measure requires that the state Department of Education work with public schools to encourage the inclusion of nutrition education as part of the coordinated school health program. It also establishes a physical education consultant position within the Department of Education. In addition, it requires elementary and middle school students to participate in 150 minutes of physical activity per week outside of recess and high school students to participate in 220 minutes of physical activity per week.

Texas signed Senate Bill 42 into law in June 2005. It requires that the state Department of Education emphasize proper nutrition and exercise for middle and junior high school students through a coordinated health program. Proper nutrition and exercise also must be included as part of the core curricula offered to all public school students. The bill also adds reporting requirements for statistics and data related to student health and physical activity.

New Mexico House Bill 84 requires health education that meets the state Department of Education’s approved curriculum for first through eighth grades.

Pennsylvania House Bill 191, amended in 2005, requires district superintendents to help plan, develop and implement a health and wellness plan. It also requires the advisory health council to include the additional constituents of physical education, health education and school counseling.

Minnesota created specific graduation standards designed by teachers, parents and community members to ensure that all graduates master educational basics and develop the skills necessary to succeed in the future—including an understanding of health-related concepts. The state requires competency in PE classes and individual and community health as part of its academic standards. Students are required to demonstrate understanding of physical fitness and training by designing and implementing a health-enhancing fitness plan that includes:

- Establishing current levels of cardiovascular fitness, muscular endurance and flexibility;
• Setting cardiovascular, muscular and flexibility goals to improve total body fitness;
• Selecting measurement strategies and identifying the frequency, intensity, time and types of activities required to meet goals;
• Analyzing the impact of goals on the cardiovascular system and affected muscle groups; and
• Evaluating the reasonableness of maintaining the fitness plan over an extended period of time, as well as the plan’s effect on total body fitness.

**Body Mass Index (BMI) Reporting**

States also are beginning to collect and analyze BMI data in schools to help assess the childhood obesity epidemic and increase parents’ awareness of the health risks associated with overweight and obesity among children.

In 2003, the **Arkansas** legislature passed Act 1220, creating the Child Health Advisory Committee, which is responsible for recommending ways to reduce childhood obesity statewide. The act also calls for yearly assessment and confidential reporting of BMI for all children enrolled in Arkansas’ public school system. In December 2003, Act 1220 was amended by Act 29, requiring BMI results to be sent to parents in a separate health report instead of on a student’s report card. In 2006, researchers analyzed the results of three consecutive years of BMI screenings and found that, while childhood obesity is still a major threat, Arkansas has halted the progression of the epidemic among its public school students.

**Illinois** Public Act 093-0966, enacted in 2004, adds a health exam provision to the existing law that requires schools to collect information on students before they enter schools. The provision requires that health exams include additional obesity-related data, such as height, weight and blood pressure. This information is then de-identified and aggregated to prevent disclosure of personally identifying data.

**West Virginia** House Bill 261, enacted in 2005, establishes physical activity requirements in public schools and uses BMI as an indicator of progress. BMI measurement is included among kindergarten screening procedures, and is a required part of fitness testing for students in fourth through eighth grades.
and high school students enrolled in PE classes. BMI data are reported in aggregate to state officials while protecting student confidentiality.

Establishing Commissions and Studying Physical Education and Costs

Legislators have established commissions to study obesity, PE and the costs associated with implementing PE or physical activity programs and with modifying state PE and academic standards.

In 2003 Maine Legislative Document 0471 established the Commission to Study Public Health to research and report on obesity and health care costs related to obesity. The study examined nutrition standards for meals, food and drink at schools; analysis of PE standards; restricting advertising targeted at students; labeling fats on all packaged foods; healthy food promotion; food restrictions to families on public assistance; research on discrimination based on size; savings in health care costs and decreases in lost work time from the creation of fitness centers in major centers of state employment; and an analysis of the benefits and costs of providing insurance coverage for obesity prevention and nutrition counseling.

New Mexico House Memorial 28, adopted in 2004, requested that the Legislative Education Study Committee create a working group of local school board members, school administrators, nutrition experts, physical education instructors and representatives from industries with vending machines in public schools to study whether a lack of PE and nutrition programs and the sale of low-nutrition foods and beverages in public schools are contributing to childhood obesity. In addition, the group examined the feasibility of increasing funding for nutrition and PE programs in public schools by creating a contractual agreement between New Mexico public schools and the vendors on public school property, as well as the feasibility of creating a fund for nutrition and PE programs with matching contributions from federal grants and private-sector funding. As an outgrowth of this group’s work, passage of House Bill 61 in 2005 required the promulgation of rules governing foods and beverages sold or distributed in public schools. The bill specified that rules be developed through a collaborative process with school districts, the Department of Health, the New Mexico Action for Healthy Kids Coalition and the food and beverage industry.

Conclusion

Many state legislators have taken important steps to ensure that students receive physical education as part of their school experience. Some policymakers, including those in Minnesota, have even begun to establish physical fitness and health knowledge as a norm for graduating high school seniors.

While there may be no single solution that works for every state, legislators have a variety of tools at their disposal to help students become more physically active—and research shows that this can help maintain or even boost academic achievement at the same time. There are many examples of progress through initiatives that strengthen PE and health education requirements, require BMI assessments, and support relevant research, but there is still much work to be done. State legislators have an important role to play—by working with schools to provide a healthy environment that offers physical activity and physical education, policymakers can help the current generation of children become healthy adults.

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Sources


