

PHYSICAL EDUCATION AND HEALTH EDUCATION IN ESEA

Elevate physical education and health education to “core academic subjects” within the current statute; alternately, assure that physical education and health education are included in any definition of “well-rounded” education, particularly as associated with Title I and Title II funding.

The Problem:

- Health and physical education are not considered “core academic subjects” in the current law—they are ineligible for funding and are viewed as ancillary subjects.
- Evidence shows that physically active students have better learning readiness, attention, fewer behavior issues, and ultimately better academic outcomes.¹
- Evidence shows that students who are provided with instruction in personal and social skills have improved decision-making, reducing health risk behaviors; and programs linking instruction with health, education, social services and health services in schools reduces absenteeism.²
- One in three children ages 10-17 is overweight or obese, and 27 percent of young adults ages 17-24 are too heavy to join the military. Every month hundreds of potential recruits fail the physical entrance exam because they are too overweight.³
- Only six states require daily physical education in all grades K-12⁴; no state requires comprehensive health education in all of CDC’s recommended health topics routinely in grades K-12.⁵ Most students receive only about 4 hours per year of health education (far short of the minimum of 50 hours/year of health education found by the School Health Education Evaluation study to be scientifically necessary to achieve changes in children’s health knowledge, attitudes and behaviors).
- There are national standards for physical education⁶ and health education⁷, but no federal requirement to meet them.
- Academic subjects that are not considered “core” are at risk of being marginalized and eventually eliminated as public school principals and administrators struggle to meet adequate yearly progress (AYP) for core subjects in order to maintain federal funding, especially when state budgets are fiscally challenging to balance.

¹ CDC. *The association between school based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. Department of Health and Human Services; 2010.

² Journal of School Health. *Health Education: Results from the School Health Policies and Programs Study 2006*. October 2007, Vol. 77, No. 8.

³ Mission readiness: *Too Fat to Fight*. http://cdn.missionreadiness.org/MR_Too_Fat_to_Fight-1.pdf. April, 2010.

⁴ National Association for Sport and Physical Education & American Heart Association. (2010). 2010 Shape of the nation report: Status of physical education in the USA. Reston, VA: National Association for Sport and Physical Education.

⁵ CDC. *State-Level School Health Policies and Practices: A State-by-State Summary from the School Health Policies and Programs Study 2006*. Atlanta: U.S. DHHS; 2007.

⁶ NASPE. (2004). *Moving into the Future: National standards for physical education* (2nd ed.). Reston, VA: Author.

⁷ American Cancer Society (2007). *National Health Education Standards* (2nd ed.). Athens, GA: Joint Committee on National Health Education Standards.

The Justification:

- Physical education and health education meet all of the characteristics of other subject areas—required in most states (although not enforced); taught according to academic content standards, using textbooks and curricular programming and resources; students are assessed in their mastery of the material taught; teachers are prepared by institutions of higher education and receive accreditation in their field and state certification.
- Limiting or eliminating physical education and health education in schools has complicated efforts to address the childhood obesity problem and other serious health and behavior related problems faced by youth.

The Pushback:

- Core subject language is a federal mandate:
 - Inclusion of physical education and health education as core subjects is not a federal mandate for schools, nor is it a mandate for adoption of specific standards or curriculum.
- Adding more subjects to the “core” list will burden schools already struggling to find time in the day for all of the requirements:
 - Adding more physical education has no negative impact on student performance, and may have a positive impact on cognitive skills and attitudes.⁸
 - Research shows that school health education also has a positive impact on students’ academic performance, as well as improving their sense of self-worth, thereby reducing health risk behaviors, sickness and absenteeism.⁹
 - Parents believe that additional amounts of physical education could make a positive impact on childhood obesity; that regular, daily physical activity helps children perform better academically; and that physical education is at least as important as other subjects.¹⁰
- Elevating health education and physical education to core subject status would mean schools have to hire more teachers and they can’t afford it:
 - Schools may have to hire additional employees. However, as a core subject, professional development in these subject areas would be made available to existing faculty members, as determined by the school. Professional development opportunities are available through online courses.
 - While there may be an initial investment required at the school/district level, evidence shows that children who are provided with health education and physical education are healthier and more active outside of school and into adulthood, thus reducing future health care costs.¹¹
 - If obesity rates continue unabated, health care costs attributable to obesity are expected to rise in every state. The U.S. total will rise from \$79 billion in 2008 to \$344 billion in 2018.¹²
- There aren’t enough physical education and health education teachers available to fill the need.
 - In some cases, there are more graduates from university/college health and physical education schools than there are jobs (e.g., Ohio).

⁸ CDC Ibid.

⁹ Journal of School Health (2007).

¹⁰ NASPE (2003). *Parents’ views of children’s health and fitness: A summary of results*. Reston, VA: Author.

¹¹ SGMA *State of the Industry Report 2010*.

¹² Future Costs of Obesity. *National and State Estimates of the Impact of Obesity on Direct Health Care Expenses*. Nov. 2009: <http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf>