

Testimony of Dr. Russell Pate

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On

**"The Benefits of Physical and Health Education for Our
Nation's Children"**

on behalf of the

American Heart Association

before the

House Committee of Education and Labor

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Chairman Miller, Ranking Member McKeon and Members of the Committee on Education and Labor, my name is Russell Pate and I am an exercise physiologist at the University of South Carolina. My research focuses on physical activity and physical fitness in children, and the health implications of physical activity. I am also a volunteer for the American Heart Association (AHA), I have authored several AHA scientific statements and I am currently on the Department of Health and Human Services' Physical Activity Guidelines Advisory Committee having been nominated by the AHA. I want to thank you for inviting me to testify before the Committee today on "The Benefits of Physical Education and Health Education for Our Nation's Children" and I hope that my remarks will help in the consideration of new and innovative ways to address childhood obesity and physical activity within our nation's schools.

THE CHILDHOOD OBESITY EPIDEMIC AND PHYSICAL INACTIVITY

The childhood obesity crisis in the United States cannot be overstated. More than 9 million American children and adolescents are overweight and the Department of Health and Human Services estimates that by 2010 one in five children in the U.S. will be obese.^{1,2} Unfortunately, overweight adolescents have a 70% chance of becoming overweight or obese adults.³ Although recent data from the National Health and Nutrition Examination Survey showed that U.S. childhood obesity rates may be leveling off, it is still alarming that nearly 32 percent of children are considered overweight, nearly 16 percent are considered obese, and approximately 11 percent are considered extremely obese.⁴ It is premature to celebrate a possible plateau since we need further confirmation of these

data. Moreover, childhood obesity rates remain more than triple the rates recorded in the 1960s and 1970s, and are of particular concern among children in racial and ethnic minorities.⁵

Obesity is not just about fat and appearance. It is a major risk factor for cardiovascular disease, cancer, diabetes, and early death. We are already seeing diseases like diabetes and high cholesterol in children that in previous generations were only observed in adults. The epidemic is so severe that some experts predict that this generation of America's children may be the first to have shorter lives than their parents. We must not – we cannot let that happen. We owe it to our children to take action.

The decline in physical activity, in combination with adverse dietary trends, is one of the most significant contributors to obesity among our children and youth. Recent findings from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development confirmed that physical activity levels decline as children approach adolescence. At the age of 9, children engaged in moderate-vigorous physical activity approximately 3 hours per day on both weekends and weekdays but, by age 15, they were only engaging in moderate-vigorous physical activity for 49 minutes on week days and 35 minutes on weekend days.⁶

The Texas Education Agency also recently reported that as children in Texas moved from elementary to high school, their fitness levels slipped significantly. Texas used data collected by Fitnessgram assessments in the state's schools. Fitnessgram is a

youth fitness testing protocol and data were aggregated from all Texas school districts on students' body mass, aerobic capacity, strength, endurance and flexibility. The report found that 32 percent of third-grade girls and 28 percent of third-grade boys reached the "Healthy Fitness Zone," meaning that they exhibited competency across all six fitness tests. By seventh grade, the percentage of students achieving the healthy zone fell to 21 percent of girls and 17 percent of boys; it slipped even further by 12th grade to just 8 percent of girls and 9 percent of boys.⁷ The data clearly show that many kids are living a sedentary lifestyle as they spend more time in front of computer, television, and other screens, their neighborhoods are less walkable, they have less "down time" to pursue fitness-related activities, and physical education and physical activity opportunities are reduced in our nation's schools.

SCHOOL LEADERSHIP IN PROMOTING PHYSICAL ACTIVITY

Children and youth spend more time in schools than any other setting except their homes. To stem the rise in obesity, it is imperative that children and youth become physically active during the school day. In the past, schools played a central role in providing physical activity. Physical education (PE) has been an institution in American schools since the late 1800s, and school sports have been a growing component of the educational enterprise since the early 1900s. In addition, students engaged in physical activity during recess breaks in the school day and by walking or riding bicycles to and from school.

The Dietary Guidelines for Americans and the AHA recommend that children engage in physical activity for at least an hour most days of the week. The AHA is joined by the Centers for Disease Control and Prevention, the National Association for Sports and Physical Education and other leading authorities in recommending that elementary school students receive 150 minutes of PE per week and that middle and high school students receive 225 minutes per week. Yet the most recent School Health Policies and Programs Study (2006) found that only 3.8 percent of elementary, 7.9 percent of middle, and 2.1 percent of high schools are meeting this standard. More than one in five schools do not require students to take any physical education at all.

The decline in physical education in schools over the last few decades has been precipitous. Additionally, only 45% of schools offered opportunities for students to participate in intramural activities or physical activity clubs.⁸ Only one third of trips to school under one mile, and less than three percent of trips under two miles are made by walking or biking. Even recess has been reduced or eliminated in some elementary schools.⁹

The reduction in physical education in schools has occurred for a variety of reasons, including budget constraints, lack of availability of outdoor space and adequate facilities, and an increased emphasis on meeting academic objectives such as the No Child Left Behind Act (NCLB). Instructional time for physical education as part of total instructional time during the school day has dropped by 35% since NCLB enactment, although there are likely many reasons for the decline.¹⁰ But ironically, reducing

physical education and physical activity during the school day may actually undermine a schools ability to meet academic standards. A new field of research is providing encouraging evidence that physical activity may help with brain function and activity, and other recent studies have found a positive correlation between aerobic fitness and academic performance.^{11,12,13} Normal-weight children also have lower rates of school absenteeism than obese children and may also have reduced rates of tobacco use, insomnia, depression, and anxiety.¹⁴

There are many opportunities – in addition to the traditional PE curriculum – for schools to encourage students to be active before, during and after school. For example, schools can promote walking and biking to and from school; link to community outdoor recreational opportunities, integrate technology into physical activity opportunities, partner with families to promote physical activity at home, provide recess for young children; and promote the creation of clubs, intramural sports, and interscholastic sports programs that meet the physical activity needs and interests of all students. Some schools are even allowing students to burn off calories in the classroom using innovative programs that have been designed to incorporate physical activity into the delivery of the academic curriculum.

THE AMERICAN HEART ASSOCIATION SUPPORTS THE FIT KIDS ACT

Although parents, community agencies and healthcare providers share the responsibility for ensuring that young people are physically active, schools are uniquely positioned to address this critical public health concern. In order for children to obtain

adequate amounts of physical activity, schools must be more aggressive in providing these opportunities. However, we also know that schools face multiple challenges, and there is no “one size fits all” solution. That’s why the AHA, the National Association for Sport and Physical Education, the Afterschool Alliance, Blue Cross Blue Shield, First Focus, and many other organizations support the Fitness Integrated into Teaching Kids Act, or FIT Kids Act. This important legislation, which has been introduced in the House by Representatives Ron Kind, Zach Wamp and Jay Inslee and by Senator Harkin in the Senate, would require schools to report to parents on the quantity and quality of physical education that children receive during the school year, as part of the reporting that is currently required on other elements of school performance.

Information is power. When parents know how active their children are during the school day, they can use that information to determine whether they need to work more closely with their schools to increase physical education or recess; support the development of after-school programs that provide opportunities for physical activity; or adjust their own children’s schedule outside of school to incorporate more time for exercise and play. Each school and community can create a physical activity blueprint for success to keep their children – our children – healthy and fit for life.

The legislation also has other provisions aimed at ensuring that children and parents can obtain the information and support they need to live a healthy life. It supports professional development to help all teachers convey this information effectively, and

funds more research into effective ways to combat childhood obesity in the school environment.

I want to close by thanking you again for inviting me to testify before the Committee today and for the opportunity to voice the AHA's strong support for the FIT Kids Act. I would be pleased to answer any questions you may have.

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