

# Advocacy in Action:

## TIPS & TECHNIQUES

# Physical Education IS Affordable Healthcare

*By Tony Moreno, Eastern Michigan University*

For many Americans, affordable healthcare is a challenging and complex issue as individuals, families, small businesses, and corporations all struggle with stressed local and state economies, unemployment, and increased under-employment. In an attempt to offer relief, but with unrelenting political scrutiny, the Patient Protection and Affordable Care Act of 2010 was established to help many Americans access affordable healthcare.

To aggressively address the issue of escalating healthcare costs, an idealistic approach would be to produce an effective and efficient socio-educational model that strives to help communities grasp and understand the multi-faceted importance of health, fitness, and movement literacy. Healthy and physically educated individuals demonstrate lifelong decisions and lifestyle choices strongly associated with the prevention of chronic illness and disease (Centers for Disease Control and Prevention and National Center for Chronic Disease Prevention and Health Promotion, 2009). Conversely, poor lifestyle habits and irregular physical activity are characteristics often linked to the incidence of coronary heart disease, hypertension, stroke, and type II diabetes (CDC, 2009; Hallal, Victoria, Azevedo & Wells, 2006; Tammelin, Nayha, Hills & Jarvelin, 2003). Unfortunately, the power of these associations only becomes problematic when individuals must alter

their healthcare benefit packages, or are at risk of losing their healthcare benefits altogether.

For a government entity to offer subsidized health insurance to the people, yet neglect to mandate the provision of health and physical education in the school setting, is comparable to catching water from a faucet with an open hand. It is difficult for any society to take responsibility for their health if they have no idea or mechanism as to how this can be accomplished. Although the government intent is altruistic, healthcare expenses will continue to escalate if nothing is done to positively change the attitudes, beliefs, and fitness parameters of the population. The very same parameters (e.g., cardio-respiratory fitness, body composition, muscular endurance, etc.) are known to be associated with the increasing and costly incidence of chronic illness and disease (CDC, 2009; Hallal et al., 2006; Tammelin et al., 2003). Without coordinated efforts, costs will continue to spiral upward, fewer quality healthcare options will exist, and opportunities for competitive pricing will decline. In essence, subsidized healthcare is an incomplete project and temporary bandage at best with regard to controlling medical costs in the United States.

Supporters of physical education argue that teaching opportunities have diminished due to curricular changes and/or distressed school budgets. Conversely,

counter-proponents argue that “activity” opportunities for youth exist during recess, after school, at community centers, or as members of a club sport. Although cost effective for local school districts, these “extracurricular” activities do not guarantee a quality movement learning experience is taking place.

### **Advocating Our Message**

One of the most effective messages realized from the scholastic experience is to encourage youth that they are ultimately responsible for, and caretakers of, their own health and well-being. We expect students to practice and apply mathematical and literary skills to better prepare them for the workplace or higher learning experiences. With math and literary skills our school districts don't strive for “awareness;” our federal and state governments demand through curricular mandates that students accomplish a specific number of educational credits and meet specific benchmarks through standardized testing (Wang, Beydoun, Liang, Caballero & Kumanyika, 2008). We should be educating the policymakers that physical education is affordable health insurance!

### ***How do we get this message out?***

1. Stop allowing policymakers to remove physical education from the

mandated curriculum in schools.

2. Re-educate the public that students are NOT physically educated due to the reduction in requirements for our profession. The belief that the vast majority of our youth are physically educated, movement literate, and have access to the resources necessary to help them achieve adequate health and fitness is extremely flawed.

3. Promote a school-wide health and physical literacy campaign. Limited or non-existent opportunities to learn how to competently and confidently move will accelerate “health and physical illiteracy” within the United States (Stodden, Goodway, Langendorfer, Robertson, Rudisill, Garcia & Garcia, 2008). We need to continue to advocate for more opportunities for students to move in school. This needs to be promoted throughout the school year.

First Lady Michelle Obama’s nationwide campaign “Let’s Move” is admirable but is it enough for us to expect our youth to play games or pick up a ball if they don’t have the movement background necessary to be physically competent and confident? Why do our youth need to be physically educated? Because physical education is affordable health care!

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