



American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Dr., Reston, VA 20191
Phone: (703) 476-3400, Toll Free: 1-800-213-7193
Web: www.aahperd.org

AAHPERD POLICY “ASKS” for 2011

Include physical education and health education as core subjects in the Elementary and Secondary Education Act (ESEA) reauthorization

Under the ESEA statute, the term "core academic subjects" means English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography. Any subject that is not listed as a core subject within ESEA is at risk of being marginalized and eventually eliminated as public school principals and administrators struggle to meet requirements for core subjects to maintain federal funding. To achieve the Administration's goal of educating students for the 21st Century, both physical and health education must be included.

- The First Lady's *Let's Move* task force recommends that students participate in a quality physical education program as a key and foundational component of a comprehensive school physical activity program.
- Quality physical education and health education programs in all K-12 schools provide the foundation for healthy, active lifestyles and contribute to college and career readiness.
- Research suggests that physical education contributes to students' academic performance and cognitive ability and provides them with skills they need to be fit and active.
- Health education that meets national standards can improve students' health literacy, as well as their communication and decision-making, stress management, peer pressure resistance, and goal-setting skills.
- Neither physical education nor health education are given adequate time in schools: only 5 states require daily physical education in all grades K-12 and no state requires health education on a routine basis K-12.
- The federal *Physical Activity Guidelines for Americans* recommend that youths ages 6-17 participate in at least 60 minutes of physical activity each day.
- The Institute of Medicine recommends that health knowledge and skills be incorporated into the existing curricula for students in grades K-12.
- As core subjects, physical education and health education would require highly qualified teachers, thus providing qualified professionals trained in teaching methods to engage and motivate students in these critical subjects.

Schools are uniquely positioned to provide physical education and health education instruction and a supportive environment so students can become physically educated and health literate individuals.

AAHPERD urges inclusion of physical education and health education as core subjects within the ESEA.

Support \$100 million in FY 2011 funding for the Carol M. White Physical Education Program (PEP)

The PEP program is critical in the effort to improve and strengthen school-based physical education and reduce childhood obesity. Through the U.S. Department of Education, PEP grants provide funding to local education agencies and community-based organizations to support the initiation, expansion and improvement of physical education (PE) programs (including after-school programs). PEP allows schools to purchase programs, equipment and technology that help make PE more relevant, enjoyable and accessible for all students. However, only about 10% of applicants are able to receive grants because of limited funding.

The Obama Administration has proposed significant changes to the PEP Grant program for FY11, virtually eliminating it as a stand-alone program. The median expenditure for PE programs nationwide is a mere \$764. At a time when state budgets are growing tighter, now is not the time to eliminate PEP and thus reduce spending on PE programs.

AAHPERD urges Members of Congress to support PEP as a stand-alone program to fund physical education program improvements with increased funding in FY11.

Establish a grant program to support direct funding of schools wishing to positively enhance their delivery of health education programming

The case for well-designed, well-resourced, and sustained health education in the nation's schools is compelling. School health education programs can reduce health-risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress, risk of injury, and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

According to the CDC's *School Health Policies and Programs Study, 2006*, only 6.4% of elementary schools, 20.6% of middle schools, and 35.8% of high schools required health instruction. Creation of a grant program for health education funding is key to providing students with the knowledge and support they need to learn relevant skills and prepare them for success in their adult lives.

AAHPERD urges Members of Congress to create and fund a grant program for health education programming.