

Task Force on Student Physical Fitness in Maryland Public Schools

*Final Report of the Task Force to Study Student Fitness in Maryland Public Schools
Submitted to the Maryland General Assembly and Governor
November 20, 2008*



Task Force Membership

APPOINTED BY THE GOVERNOR

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Ms. Elaine Lindsay, Maryland Association of Health Physical Education Recreation and Dance

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Recommendations

Childhood obesity has become an urgent and expensive health problem in Maryland and the public schools have a significant role to play in its mitigation along with other partners in the community. The Task Force believes that adherence to the following recommendations, developed by the three subcommittees, will improve the health of Maryland's children and reduce the cost to the state for treating obesity-related illness.

Physical Education

1. **Time:** Require a minimum 90 minutes of physical education per week, of which at least 50% of the time, students should be engaged in moderate to vigorous physical activity.

Other Physical Activity

2. **Recess:** Recess should provide a minimum of 20 minutes of daily physical activity for all elementary students.
 - a. This policy should be mandated in each system's Wellness Policy.
 - b. The policy requirements should prohibit withholding recess as a punishment.
 - c. During inclement weather students should be provided opportunities for physical activity in the classroom.
 - d. Ideas for indoor and outdoor physical activities should be developed by a physical activity team, with the physical education teacher as one member of this team.
3. **Classroom:** Physical activity should be provided throughout the school day. Activity ideas should be developed and provided to classroom teachers so that physical activity opportunities can be included across the curriculum.

Fitness and Wellness

4. **Fitness Measurement:** Require schools to perform fitness measurement on students with differentiated instruction provided for students not meeting standards for fitness.

Fitness measurement is directly referenced in Content Standard 5, Physical Activity, of the Physical Education Voluntary State Curriculum. The indicator designates a fitness measurement of students for the health related components of fitness each year in grade four through high school. These fitness measurements should be used to develop personal fitness goals and select activities for the improvement or maintenance of healthy levels of fitness.

5. **Body Mass Index (BMI):** Investigate BMI assessment in schools for the purpose of surveillance and to determine the efficacy of obesity prevention and intervention programs.

BMI is the ratio of weight to height squared. It is often used to assess weight status because it is relatively easy to measure and correlates with body fat. The American Academy of Pediatrics (AAP) recommends that BMI should be calculated and plotted

annually on all youth as part of normal health supervision within the child's medical home.

School-based BMI assessment programs used for individual health screening purposes are not recommended unless there is careful consideration of privacy issues, adequate training, measurement techniques, parental notification, adequate evaluation, and the importance of linking families/caregivers with resources in the community.

- 6. Local School Wellness Policies:** Wellness policies must be developed, implemented and monitored and must include physical education, physical activity, and recess requirements.

Wellness Policies are a vehicle for addressing the issue of increasing physical activity and physical education time in the schools through local decision-making. Local school systems shall work through wellness policies to gather base line student fitness data to determine the merit for increased physical education and physical activity. Wellness improvement plans will be a part of local school improvement planning and/or included in local school system master plans with progress and challenges reported out to the local boards of education. Local schools will address physical activity time and develop local school improvement plans.

MSDE has designed a Wellness Policy implementation and monitoring guide. The guide will provide school systems with a model framework to follow as they implement and monitor Wellness Policies. The guide will provide sample key goals for wellness policies with associated implementation and monitoring strategies. The guide is designed as a template for school systems to insert their specific policy language and support their policy implementation plan.

Support Systems

- 7. Health and Physical Education Advisory Council:** Establish a Statewide Advisory Council for Health and Physical Education.

The State Superintendent of Schools should establish a health and physical education advisory council to assess on going progress on the recommendations of this report, provide direction for improving comprehensive health and physical education programs in the State, and revisit after three and five years the status of these programs. In particular the advisory council needs to examine and recommend policy on the monitoring of student fitness and wellness. This task force has recommended that the membership include parents, health organizations, including a member of the State Department of Health and Mental Hygiene, classroom and supervisory representatives from local school systems, and members of the medical profession who will broaden the perspective of this group and provide links to other legislative and government agencies.

- 8. Funding for a Permanent Physical Education Specialist Position:** Create a regular full-time State position and associated funding for a Maryland State Department of Education Physical Education Specialist Position.

The Maryland State Department of Education should be provided funding and a position identification number (PIN) for a permanent position of Specialist for Physical Education to guide the implementation of these recommendations.

- 9. Separate Gymnasium Facilities:** Future legislation on construction should include wording that requires a designated gymnasium for physical education rather than a designated space for physical education.

A designated space allows for continued construction of a multipurpose room or cafeteria that does not satisfy the spatial and safety needs of children in physical education. The Interagency Committee on School Construction should establish regulations requiring all new elementary schools to include a designated gymnasium for physical education instruction.

Other Funding Sources:

- 10. Snack Tax:** Propose legislation that would provide a sustainable revenue source to support increased physical activity and physical education initiatives through the imposition of a tax levy such as a tax on snack foods.

Seventeen states and D.C. currently have laws that tax foods of low nutritional value. “Some public health officials view the positive impact on taxing tobacco products in reducing smoking as a model for taxing snack foods and sodas to promote healthier behavior.” *F as in Fat 2007*

Slots legislation was passed by popular vote on November 4, 2008. This along with other funding opportunities might provide additional sustainable revenues for physical activity and physical education initiatives. See pages 57-62 in the report for information on additional funding sources and grants.

American Heart Association Perspective

Michaeline R. Fedder, Director of Government Relations in Maryland
American Heart Association

- ♥ The Task Force was asked to study the advisability of requiring all public schools in Maryland to provide a minimum amount of PE or PA to students each week.

The American Heart Association believes that it is definitely advisable because Childhood Obesity has become an urgent and expensive health problem in Maryland and the public schools have a large role to play in its mitigation.

- ♥ The Health Reasons

1. Heart disease and stroke are the #1 and #3 causes of death and disability in Maryland. Obesity is a major controllable CVD risk factor. Physical inactivity and unhealthy diet are risk factors for obesity.
2. Childhood obesity has reached epidemic proportions and adversely affects low SES children and certain ethnic and racial minorities.
3. Obese children are at high risk of becoming obese adults.
4. Although genetic factors play a role in 20-30% of obesity, the major determinant is behavior, behavior that is learned early in life and practiced throughout life; one's "lifestyle." Children who, early in life, learn poor habits related to diet and physical activity and, early in life become overweight or obese, are very likely to become overweight or obese adults.
5. For those of us who live in the REAL WORLD, schools are the most logical venues for addressing the prevention of obesity, particularly in light of the disparities issues. All children have access to public schools starting at an early age, at an age when habits are forming. Schools are places in which to learn...and learning healthy behaviors is as important as learning reading and math.
6. For those who live in an IDEAL WORLD, the home is where healthy behaviors should be learned; "parents should be role models." But 25% of Maryland adults are overweight or obese rather than role models and some children just don't have conducive home-learning situations at all. And besides, we don't expect parents to teach children math or reading, so why should it be any different with health behaviors?
7. Enhanced Physical Education in schools is an evidence-based solution to increasing physical activity among children and contributing to the management and prevention of childhood overweight and obesity (as well as many other serious health problems.)

♥ The Economic Reasons

Obesity is "an economic drain." In Maryland, adult obesity costs an estimated **\$1.5 billion per year**, with \$368 million paid for by Medicare and \$391 million paid for by Medicaid.

The cost of doing nothing about childhood obesity far exceeds the cost of implementing the "Perfect Physical Education Program."

1. As noted above, the annual medical costs related to obesity-related conditions among Maryland adults is now **\$1.5 billion**.
2. To implement the "Perfect Physical Education Program," the combined costs of staff; gym renovations; and design, construction and equipment for new gyms is **\$415 million**, of which a considerable amount is "one-time."

Political Will Costs Nothing

One of the most wonderful experiences I had during the life of our Task Force was the site visit to two elementary schools in Prince George's County. One of the schools has no...(zero)...gym, is in session 6 hours and 10 minutes per day, (20 minutes less than in most other counties) and yet every child has recess for 30 minutes a day, every single day. Additionally, each child has 30 minutes of Physical Education (PE) 3 times a week every other week and on the alternate week, has PE for 30 minutes a day on 2 days. We observed a creative PE teacher conduct a wonderful session with a Pre-K class and then, when we met and spoke with the school's principal we understood why it all works. **THE PRINCIPAL BELIEVES THAT PE IS IMPORTANT AND HAS THE POLITICAL WILL TO MAKE IT WORK!!!** And by the way, the school ranks 6th highest in the county in its cognitive test scores. He finds the time for PE by requiring that there be no wasted minutes in the day. And space is found, as needed, in a variety of alcoves, hallways etc.

The Moral/Ethical Reasons

According to Sir Michael Marmott of the Royal Society for Public Health in England, "IF WE KNOW WHAT TO DO AND DON'T DO IT, IT'S SINFUL."

We know what to do and we must do it.

Again, Childhood obesity has become an urgent and expensive health problem in Maryland and the public schools have a large role to play in its mitigation.

There is a connection between PE and the health of children. It is advisable for the public schools to provide a minimum amount of physical activity and physical education to students each week because it will make them healthier and reduce the cost to the state for treating obesity-related illness.

