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Testimony on proposed rules re: Education Quality Standards

Thank you for the opportunity to comment on the proposed revisions to Vermont's Education Quality Standards. I am here today on behalf of the 400 members of the Vermont Association for Health, Physical Education, Recreation, and Dance. I would like to present a brief testimony specific to the proposed physical education, health education, and physical activity Education Quality Standards being discussed here today.

In our country, one in every 3 people is obese. That is 72 million adults! In Vermont, 58% of adults are either overweight or obese, and for our children the statewide average has risen to 29%.

Researchers have estimated that by 2030, if trends continue, obesity-related medical costs alone could rise by \$48 to \$66 billion a year in the United States. By 2030, obesity-related health care costs in Vermont could climb by 20.3 percent.

The limited time spent by Vermont students in physical activity has complicated efforts to address the childhood obesity epidemic and other serious health problems faced by young people. Results from Vermont's 2013 Youth Risk behavior Survey indicate that our middle school students are as likely to be in front of a screen for three hours a day, for non -school work, as they are to be physically active, for only one hour a day. Sixty percent of Vermont high school students report that they have not taken part in physical education classes during the previous week surveyed. Overall, only 1 in 4 Vermont high school students participated in 60 minutes of physical activity every day, per the U.S. Department of Health and Human Services Guidelines.

Health problems beyond obesity are also disconcerting. One in five Vermont high school students report having used tobacco products during the past month of being surveyed. The rate for marijuana use is even higher, with nearly one in four students reporting usage in the past month. One in five Vermont high school students report binge drinking (5 or more drinks) within the past month.

Consider, could quality health and physical education be a part of the answer to our state's health crisis? I am here to assure you, the answer is "yes".

Quality physical education programs help all students develop health-related fitness, physical competence, cognitive understanding, and positive attitudes about physical activity so that they can adopt healthy and physically active lifestyles.

More importantly, studies have shown that physical activity leads to better outcomes in other subjects during the school day. And the CDC notes that students who are physically active and do not engage in

unhealthy dietary behaviors receive higher grades than their classmates who are physically inactive and engage in unhealthy dietary behaviors. An active and healthy student is a better student.

One best of use of our limited health dollars is in preventive services. Research has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on their academic performance.

The American Association of Health Education (AAHE) recommends a minimum of 50 hours per school year of Health Education instruction in order to be effective. Vermont has no specified time requirements. Health Education, offered its current format to too many Vermont children, is far from adequate, and is often subject to meager resources such as limited and infrequent class time.

The National Association for Sports and Physical Education (NASPE) recommends that students in elementary school participate in at least 150 minutes of Physical Education weekly and students in middle and high school participate in at least 225 minutes weekly to ensure both regular participation in physical activity and education to promote healthy lifestyles. Judging from what I have heard from physical educators from around the state, many of our Vermont schools do not meet those minimum requirements. The new Education Quality Standards must assure a minimum time requirement that approaches these NASPE recommendations.

As a state-wide association, VTAHPERD is concerned about the lack of adequate time recommendations for both physical education and health education found within the Vermont Education Quality Standards. State statute 16 VSA 906 (1998) requires physical education, and, comprehensive health education. However the amount of health education instruction time is not specified, and the current proposals for physical education time and physical activity time are inadequate. Due to many interruptions throughout any school year, even schools that offer 90 minutes a week of physical education time can find it a challenge to get 45 minutes of physical education in. Additionally, let us not forget that cold weather school policies may keep students inside for recess for weeks at a time during the winter months.

And while organized sports participation and organized physical activity time is beneficial to some students, many children do not have the access or financial means to benefit from those types of programs.

As health insurance costs become a big part of Vermont's future, please help us with getting our next generation off to a good start. Research supports that hundreds of millions of dollars in health care savings can be achieved over the next twenty years by making this generation healthier.

Only quality physical education and quality health education, embedded as an academic subject into the school day, and taught by competent, caring professionals, can assure equitable opportunities for all students to become healthy Vermonters.

Thus, VTAHPERD asks the Legislative Committee on Administrative Rules to consider the following recommendations:

1. Offer physical education for every grade level, including for all 4 years for high school, with a minimum graduation requirement of no less than 1 ½ years. Provide physical education classes at least two days a week. For grades K-2 PE class time shall be no less than 30 minutes. For grades 3-12 class time shall be no less than 40 minutes. This content shall be taught by a physical education specialist, as required in 16 V.S.A § 165 and defined as educator with an up-to-date endorsement in physical education.

2. Establish guidelines for health education to be taught every year, grades K-12. This content shall be taught by a health education specialist, as required in 16 V.S.A § 165 and as defined as an educator with an up-to-date endorsement in health education.

Additionally, VTAHPERD seeks to remind the Committee that, under 16 V.S.A § 165 Education Quality Standards, section 2120.8.2 (Staff) it is indicated that "All professional staff shall be licensed and appropriately endorsed and shall have had adequate academic preparation and training to teach or provide services in the area to which they are assigned." Feedback from my colleagues indicate that this rule is not being equitably enforced within the content areas of physical education and health education. We ask that the Committee ensure that all students in Vermont public schools are afforded equitable educational opportunities to achieve or exceed the standards approved by the State Board of Education

Thank you for your time and attention.

References

http://healthvermont.gov/research/yrbs/2013/documents/2013_yrbs_full_report.pdf_retrieved February 10, 2014

http://www.cdc.gov/healthyyouth/cshp/components.htm

http://www.cdc.gov/healthyyouth/health_and_academics/pdf/physical_inactivity_unhealthy_weight.pd

Wang CY, McPherson K, Marsh T, Gortmaker S, Brown M. Health and economic burden of the projected obesity trends in the USA and the UK. Lancet. 2011; 378:815-25. Retrieved February 8, 2014.

http://www.aahperd.org/naspe/publications/teachingTools/QualityPE.cfm

http://everychildstronger.org/?page_id=242

http://apps.nccd.cdc.gov/youthonline/App/Default.aspx

For details on wellness-related information, including the percentage of schools in Vermont requiring health education or physical education, by grade level, and percentage of secondary schools that provided parents and families with health information on specific topics (physical activity, nutrition, etc..), designed to increase parent and family knowledge.

http://www.cdc.gov/healthyyouth/profiles/2012/profiles_report.pdf

For figures on potential health care savings, see the brief from the Robert Wood Johnson Foundation. <u>http://healthyamericans.org/assets/files/obesity2012/TFAHSept2012_VT_ObesityBrief02.pdf</u> and http://healthyamericans.org/reports/obesity2012/?stateid=VT