

A CASE FOR MANDATORY  
PHYSICAL EDUCATION

By  
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Presented to  
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Ladies and gentlemen, while we may come from various backgrounds, I suspect that we nevertheless share the common goal of making a positive contribution to our children's lives by strongly supporting their education and this school.

Today, I would like to address the recent proposal to eliminate the Physical Education Program at our school. My sincerest hope is that I will be able to convey to you the need for the program, the loss of which would sadly be to the detriment of the children that we have chosen to serve.

According to the National Center for Health Statistics, heart disease is the leading cause of death in North America at 33.3%. High blood pressure, stroke and coronary artery disease including heart attack afflict millions each year (Corbin & Lindsey, 1994, p.22).

Additionally, based upon NHANES III data, an estimated 60 million American adults are 20 percent or ore above their desirable weight. In fact, the estimated prevalence of overweight persons in the U.S. has increased 26.7 percent from 1960-62 to 1988-91 according to the National Center for Health Statistics (American Heart Association, January 1995).

What do these statistics have to do with our school's physical education program? Everything.

Cardiovascular disease, which was once considered a geriatric problem, is now largely becoming recognized as a pediatric problem (Fixler & Pennock, 1983; Gabbard & Crouse, 1987). And, overall, younger children weigh more and

have more body fat than they did 20 years ago (Ross, Pate, Corbin, Depley, and Gold, 1987). Whether health problems become clinically manifested during childhood or not, they are lifelong processes with origins in the pediatric years (Berenson, 1986).

But, we can make a difference. Physical activity and physical fitness have been shown to reduce the risk of illnesses such as heart disease; hypertension, adult-onset diabetes, osteoporosis, obesity, mental health problems and chronic musculoskeletal problems such as back pain (Corbin & Lindsey, 1994, p. 5). We must prepare children for a lifetime of physical activity.

According to the American Heart Association, coronary heart disease is 1.9 times more likely to develop in physically inactive people than in active ones, independent of other risk factors. Physical inactivity also contributes to other risk factors including obesity and low levels of HDL cholesterol. The risk of developing high blood pressure is associated with physical activity or fitness levels; less active and less fit persons have a 30% to 50% greater risk of developing high blood pressure (American Heart Association, January 1995).

Yet, despite the well-publicized benefits of physical activity, current data on physical activity patterns among Americans have shown little improvement over the past 20 years. More than one in four Americans age 18 or older report no leisure time physical activity. And, numerous studies have shown a significant decrease in the fitness and activity levels of children (American Heart Association, January, 1995).

As noted in U.S. government reports, it is estimated that “2.1 million deaths occur annually and are examples of the impact of personal lifestyle choices on the health destiny” (U.S. Department of Health and Human Services, 1990).

If optimal health is to be achieved, personal control of life-styles is necessary. And yet, a recent poll indicates that 91% of adults would like to change their lifestyles, but feel that they do not have personal control over good health and wellness (Corbin & Lindsey, 1994, p.5).

As noted in *Healthy People 2000*, “it is the schools that offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks.” It also points out that “the American Public Health Association noted that the school, as a social structure, provides an educational setting in which the total health of the child during the impressionable years is a priority concern...Thus it seems that the school should be regarded as a...focal point to which health planning for all other community settings should relate” (McGinnis, J.M. & DeGraw, C., 1991).

In August, 1994, the American Heart Association’s Children’s Heart Health Conference met to identify strategies for promoting cardiovascular health in children, particularly with regard to public health. Their recommendations regarding children’s physical activity were developed to conform with the goals of *Health People 2000* as well as the recommendations from the American Heart Association Task Force on Physical Activity. They are the guidelines for our physical education program, and are as follows:

1. Provide enjoyable experiences that enhance students' confidence in their ability to engage in physical activity.
2. Provide a significant percentage of students' recommended weekly amount of physical activity.
3. Develop participation competence in developmentally appropriate physical activities.
4. Impart knowledge about the health benefits of physical activity
5. Promote master of behavioral skills needed for maintenance of an active lifestyle.
6. Promote students' participation in physical activity in other school, community, and home settings (Gidding, S.S., Deckelbaum, R.J., Strong, W., & Moller, J.H., 1995).

Once again, we can make a difference. And now, knowledgeable of the consequences and national recommendations to overt them, we must. Formal physical education is the only discipline, which will teach our children fitness...for life. It is the only discipline, which will teach our children physical activity skills...for life. And, it is the only discipline which will teach them the importance of why they must exercise...for the rest of their lives. Let us remember our commitment to these children – to work for their best interests and contribute positively to their lives.

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