

WHEREAS, in June 2010 the Trust for America's Health ranked North Carolina as the state with the 11th highest rate of overweight and obese children age 10 – 17 (35.5% of NC's children in this age group according to NC CHAMP 2007 survey) and the 10th highest rate of adult obesity in the nation¹; and

WHEREAS, a continued increase in childhood obesity will cause the current generation of children to be the first generation in American history to have a shorter lifespan than their parents²; and

WHEREAS, being overweight or obese increases an individual's risk for a range of serious diseases including type 2 diabetes, heart disease and stroke, and some forms of cancer^{3,4}, and North Carolina already struggles with high rates of heart disease, stroke (4th highest rate among all states)⁵ and diabetes (11th highest rate)⁶; and

WHEREAS, the health care costs of physical inactivity, excess weight and type II diabetes among NC youth exceeds \$105 million annually⁷;

WHEREAS, the average overweight NC child will accrue \$28,619 in direct medical expenses by the midpoint of his/her career and over \$250,000 in direct health care costs by his/her retirement⁸; and

WHEREAS, quality school physical education instruction can increase an individual's participation in moderate to vigorous physical activity and help develop the knowledge, attitudes and skills needed to engage in lifelong physical activity⁹, and which will decrease the risks of dying prematurely, suffering from heart disease, and developing diabetes, colon cancer, high blood pressure¹⁰; and

WHEREAS, participation in a structured physical education program helps build and maintain healthy bones and muscles, control weight, build lean muscle and reduce fat, reduces feelings of depression and anxiety, and promotes psychological well-being¹¹; and

WHEREAS, the indicator of academic performance includes grade point average, scores on standardized tests, and grades in specific courses; the addition of physical education to the curriculum does not compromise academic performance and has resulted in positive gains in academic performance^{12,13}; and

WHEREAS, the Basic Education Plan created by the NC Legislature in 1995 identifies both physical education and health education as standard programs of study for school children (General Statute 115c-81(e)), however only health education is defined in existing law;

BE IT THEREFORE RESOLVED that the undersigned endorses promoting the definition, creation and implementation of a comprehensive, quality physical education program in North Carolina's public schools;

BE IT FURTHER RESOLVED that the undersigned endorses defining quality physical education according to the standards for Quality Physical Education established by the National Association for Sport and Physical Education (NASPE) that include all of the following:

Opportunity to Learn:

- Appropriate instructional periods with well-designed lessons that facilitate student learning. Appropriate instruction periods include 150 minutes weekly physical education instruction in elementary schools, 225 minutes weekly "healthful living" instruction in middle schools, and 2 units of "healthful living" (1 semester of health, 3 semesters of PE) as a graduation requirement for high school;
- Certified/licensed physical education teacher providing a developmentally appropriate program who is required to earn regular continuing education credits of which at least 50% must be in physical education;
- Adequate equipment and facilities.
- Uses regular assessment of students to monitor and reinforce student learning,
 - Require passage of a Healthful Living End of Grade/Course exam as a high school graduation requirement
 - Require one unit of Healthful Living as a college entrance requirement for all University of North Carolina campuses.

(OVER)

Meaningful Content:

- Instruction in a variety of age appropriate motor skills that are designed to enhance the physical, mental and social/emotional development of every child;
- Physical education and assessment to help children understand, improve and/or maintain physical well-being, including end of grade testing;
- Development of cognitive concepts about motor skill and fitness;
- Opportunities to improve students emerging social and cooperative skills and gain a multi-cultural perspective;
- Promotion of regular amounts of appropriate physical activity now and throughout life.

Appropriate Instruction:

- Full inclusion of all students;
- Maximum practice opportunities for class activities (appropriate class size);
- Out of school assignments that support learning and practice;
- Physical activity cannot be taken away as punishment nor can severe physical activity be used as punishment (current State Board of Education policy);

Approved by Alliance membership April, 2008

I am signing as:

___ an individual:

Individual Signature _____ Date: _____

___ on behalf of my organization:

Signature of Authorized Representative: _____ Date: _____

Printed Contact Name: _____

Organization Name: _____

Address: _____ Phone: _____
(Individual Home Address OR Organization Business Address)

City: _____ State: _____ Zip Code: _____ E-mail: _____

Mail Signed Resolutions to:

NC Alliance for Health; 3131 RDU Center, Suite 100, Morrisville, NC 27560
Telephone: 919-463-8328 / ncalliance@heart.org / www.ncallianceforhealth.org

¹ The Trust for Americas Health (TFAH). (2010). F as in Fat: How Obesity Policies are Failing in America. Retrieved June 30, 2010 from <http://www.rwjf.org/files/research/20100629fasinfatmainreport.pdf>

² United States Senate. (2004). The Healthy Lifestyles and Prevention (HeLP) America Act of 2004.

³ US Department of Health and Human Services. National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK). (2004). Do You Know the Health Risks of Being Overweight? Retrieved 6 June 2005 from http://win.niddk.nih.gov/publications/health_risks.htm

⁴ Centers for Disease Control and Prevention. (2007) Overweight and Obesity Health Consequences. Retrieved 16 Dec 2007 from <http://www.cdc.gov/nccdphp/dnpa.obesity/consequences.htm>

⁵ Casper M.L, Barnett E, Williams G.I. Jr., Halverson J.A., Braham V.E., Greenlund K.J. (2003) Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States.

Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved 16 Dec 2007 from ftp://ftp.cdc.gov/pub/Publications/stoke_atlas/00-atlas-all.pdf.

⁶ The Trust for Americas Health (TFAH). (2009). F as in Fat: How Obesity Policies are Failing in America. Retrieved August 24, 2009 from <http://healthyamericans.org/reports/obesity2009/release.php?stateid=NC>

⁷ Be Active North Carolina. (2008). Tipping the Scales, How Obesity and Unhealthy Lifestyles Have Become a Weighty Problem for the NC Economy. Pg 13, http://www.beactivenc.org/threepencent/download/tipping_the_scales.pdf.

⁸ Be Active North Carolina. (2008). Tipping the Scales, How Obesity and Unhealthy Lifestyles Have Become a Weighty Problem for the NC Economy. Pg 13, http://www.beactivenc.org/threepencent/download/tipping_the_scales.pdf.

⁹ McKenzie T.L., Sallis J.F., Prochaska, J.J., Conway T.L., Marshall S.J., & Rosengard P. (2004). Evaluation of a 2-year middle school physical education intervention: M-SPAN. *Med Sci Sports Exerc.* 36: 1382-88.

¹⁰ Freedman D.S., Dietz W.H., Srinivasan S.R., Berenson G.S. (1999). The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa heart study. *Pediatrics*, 103: 1175-82.

¹¹ McKenzie T.L., Alcaraz J.E., Sallis J.F., Faucette F.N. (1998). Effects of a physical education program on children's manipulative skills. *J Teach Phys Ed*, 17: 327-41.

¹² Sallis J.F., McKenzie T.L., Kolody B., Lewis M., Marshall S., Rosengard P. (1999). Effects of health-related physical education on academic achievement: Project SPARK. *Res Q Exerc Sport*. 70: 127-34.

¹³ Strong W.B., Malina R.M., Bumkic C.J., Daniels S.R., Dishman R.K., Gutin B., et al. (2005). Evidence based physical activity for school-age youth. *J Pediatr*. 146: 732-37.