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March 3, 2020
The Honorable Paul G. Pinsky, Chair
Senate Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401-1991

## RE: SB 542 - Public School Students - Daily Physical Activity (Student Health and Fitness Act) - Letter of Support

Chair Pinsky:

The Maryland State Advisory Council on Health and Wellness (the Council) is submitting this letter of support for Senate Bill 542 (SB 542), titled: "Public School Students - Daily Physical Activity (Student Health and Fitness Act)." SB 542 proposes adding at least 150 minutes of moderate-to-vigorous physical activity each week in public elementary schools, with a minimum of 90 minutes dedicated to physical education and the remaining time to recess. In addition to this requirement, the bill proposes accountability and compliance oversight from the Maryland State Department of Education (MSDE), prohibition of student removal from recess for disciplinary reasons, development of inclement weather recess plans that include physical activity, and the development and dissemination of resources integrating physical activity into areas other than Physical Education.

The Council extends its support for SB 542, as it seeks to promote health and wellness through physical activity. Data indicate that today's youth are less physically active, with only $24 \%$ of children aged 6 to 17 participating in 60 minutes of physical activity every day. ${ }^{1}$ This trend is compounded in considering the higher rates of obesity among youth aged 6-11 years (18.4\%) and adolescents aged $12-19$ years ( $20.6 \%$ ) compared with children aged $2-5$ years $(13.9 \%) .{ }^{2}$ This rapid increase in the prevalence of youth obesity has occurred simultaneously with other alarming trends, including decreased enrollment in daily physical education classes and the reduction or elimination of recess in some schools. ${ }^{3}$

Over the years, many public health, medical, and educational authorities have called on schools to give greater attention to the provision of physical activity for students, recommending that physical education and physical activity programs be expanded. So too have professional organizations maintained that "quality, daily physical education" should be a standard to which schools aspire. ${ }^{4}$ Unfortunately, few Maryland schools meet such a standard, with little indication of progress being made toward attaining that goal. ${ }^{5}$ Recent rapid growth of childhood obesity rates suggest a reconsideration of the role of schools in addressing this problem is both necessary and appropriate.

The Council agrees with the following statements regarding the benefits of regular physical activity as they relate to the passage of SB 542:

- Improves academic achievement, including grades and standardized test scores. ${ }^{6}$
- Reduces the risk of overweight, diabetes, and other chronic diseases.
- Helps children feel better about themselves.
- Reduces the risk for depression and the effects of stress.
- Helps children prepare to be productive, healthy members of society.
- Improves overall quality of life. ${ }^{7}$

The Council respectfully urges this Committee to approve SB 542 as a critical public health measure to reverse alarming trends in physical inactivity and obesity in youth. SB 542 merits consideration and approval as it seeks to increase the amount of opportunities for physical activity in Maryland's elementary school students.

Sincerely,


Jessica Kiel, R.D., Chair, State Advisory Council on Health and Wellness

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[^0]:    ${ }^{1}$ The Child \& Adolescent Health Measurement Initiative (CAHMI). 2016 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health; 2016.
    ${ }^{2}$ Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015-2016. NCHS data brief, no 288. Hyattsville, MD: National Center for Health Statistics. 2017.
    ${ }^{3}$ Johnson D. Many schools putting an end to child's play. New York Times. April 7, 1998:A1.
    ${ }^{4}$ American Heart Association. Exercise (physical activity) and children: American Heart Association scientific position. Available at: www.americanheart.org/presenter.jhtml?identifier=4596. Accessed August 1, 2006. American Academy of Pediatrics. Physical fitness and activity in schools. Pediatrics. 2000; 105: 1156-1157. Fletcher GF, Balady G, Blair SN, Blumenthal J, Caspersen C, Chaitman B, Epstein S, Sivarajan Froelicher ES, Froelicher VF, Pina IL, Pollock ML; Committee on Exercise and Cardiac Rehabilitation of the Council on Clinical Cardiology, American Heart Association. Statement on exercise: benefits and recommendations for physical activity programs for all Americans. Circulation. 1996; 94: 857-862. National Association for Sport and Physical Education. Physical Education Is Critical to a Complete Education. Reston, VA: National Association for Sport and Physical Education; 2001.
    ${ }^{5}$ Maryland State Department of Education (MSDE) Exhibit 1 Minimum and Maximum Minutes per Week in Physical Education in Public Elementary Schools As of February; 2015. Maryland State Department of Education (MSDE) Exhibit 1 Minimum and Maximum Minutes per Week in Physical Education in Public Elementary Schools As of February; 2016. Maryland State Department of Education (MSDE) Exhibit 1 Minimum and Maximum Minutes per Week in Physical Education in Public Elementary Schools As of January 2019; 2019. Maryland State Department of Education (MSDE) Exhibit 1 Minimum and Maximum Minutes per Week in Physical Education in Public Elementary Schools As of January 2020; 2020.
    ${ }^{6}$ Centers for Disease Control and Prevention. The association between school based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services; 2010
    ${ }^{7}$ Ballard K, Caldwell D, Dunn C, Hardison A, Newkirk, J, Sanderson M, Thaxton Vodicka S, Thomas C Move More, NC's Recommended Standards For Physical Activity In School. North Carolina DHHS, NC Division of Public Health, Raleigh, NC; 2005.

