Increasing and Improving Physical Education and Physical Activity in Schools

Physical inactivity has now been described as a pandemic with far-reaching health, economic, environmental, and social consequences.[6] According to the World Health Organization, rising levels of physical inactivity have led to adverse health

physical education in schools, and tailoring programming and interventions to meet the needs of students.[67]

Quality and Quantity of Physical Education

Physical education should be a cornerstone for a total of 60 minutes of physical activity before, during and after the school day. Physical education is the only physical activity-related policy or program that can reach and benefit all students – including students with disabilities. Under the Individuals with Disabilities Education Act (IDEA) and Rehabilitation Act regulations, schools must generally provide a free and appropriate public education that enables students to participate in physical education in the least restrictive environment. Adapted physical education must be provided when a student's Individualized Education Plan or Section 504 Plan includes it.

Physical education policy should prioritize a quality, standards-based approach while, simultaneously

on how to conduct them.[75]

Conclusion

The American Heart Association, the American Cancer Society Cancer Action Network, and the American Diabetes Association will continue to support standards-based, robust, more frequent physical education and physical activity in schools. By addressing physical education across the country—the educational component as well as the amount of activity and time spent—policymakers, decision makers, and teachers will maximize children's potential for a lifetime of physical activity, health, and wellness.

Approaches in Legislation for Improving Student Physical Fitness in Schools through Physical Education and Physical Activity

2. Services DoHaH. 2008 Physical Activity Guidelines for Americans. 2008.
3. Kushi LH, Doyle C, McCullough M, Rock CL, Demark-Wahnefried W, Bandera EV, Gapstur S, Patel AV, Andrews K, Gansler T, American Cancer Society N and Physical Activity Guidelines Advisory C. American Cancer Society Guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity. CA: a cancer journal for clinicians 2012;62:30-67.
4. Pate RR, Davis MG, Robinson TN, Stone EJ, McKenzie TL, Young JC, American Heart Association Council on Nutri-4.9 (H)2.4 (,-0.7 (a)7.6 (va)-6.1 (L)-7al a4.5 (R)-4.w -38-0.7 (i)-4.w -3.9 (r)-7.8-0.7 (n)-0.8 (c)r).7 (a)73J.-0.

mortality and cardiovascular events in healthy men and women: a meta-analysis. JAMA : the journal of the American Medical Association. 2009;301:2024-35.
20. Bouchard C, Shephard, R. Physical activity, fitness and health: the model and key concepts. In: C. Bouchard, Shephard, R., Stephens, T., ed. Physical activity, fitness and health: International proceedings and consensus statement: Human Kinetics; 1994: 77-78.
21. Chiriqui J, Schneider, L., Chaloupka, F. School district wellness policies: evaluating progress and potential for improving children's health three years after the federal mandate, school years 2006-07, 2007-08, 2008-09. 2010;2.
22. International ORC. Public attitudes toward physical education: Are schools providing what the public wants? 2003.
23. LeMasurier G, Corbin, CB. Top 10 reasons for quality physical education. Journal of Physical Education, Recreation, and Dance. 2006;77:-10.9a-0.007 Tc 0..M1.6 (s.: (n)2.3954 (:)6.1 (A)1.9 (re)-3 (s)9.6 (c)-1.9 (h)2.2 9

36. Meyer AA, Kundt G, Lenschow U, Schuff-Werner P and Kienast W. Improvement of early vascular changes and cardiovascular risk factors in obese children after a six-month exercise program. Journal of the American College of Cardiology. 2006;48:1865-70.
37. Group HS, Foster GD, Linder B, Baranowski T, Cooper DM, Goldberg L, Harrell JS, Kaufman F, Marcus MD, Trevino RP and Hirst K. A school-based intervention for diabetes risk reduction. The New England journal of medicine. 2010;363:443-53.
38. Datar A and Sturm R. Physical education in elementary school and body mass index: evidence from the early childhood longitudinal study. American journal of public health. 2004;94:1501-6.
39. Shuler F, Lycans, D., Gill, T., Oliashirazi, A. Physical education in West Virginia Schools: Are we doing enough to generate peak bone mass and promote skeletal health? West Virginia Medical Journal. 2013;109:66-70.
40. Prevention CfDCa. Whole School, Whole Community, Whole Child. 2014.
41. Lisha NE and Sussman S. Relationship of high school and college sports participation with alcohol, tobacco, and illicit drug use: a review. Addictive behaviors. 2010;35:399-407.
42. Shore SM, Sachs ML, Lidicker JR, Brett SN, Wright AR and Libonati JR. Decreased scholastic achievement in overweight middle school students. Obesity (Silver Spring). 2008;16:1535-8.
43. Geier AB, Foster GD, Womble LG, McLaughlin J, Borradaile KE, Nachmani J, Sherman S, Kuif.3 (s)-1ree62.3 rhnE andcddnts(u)-0.8 (d)- 2.4 (80.8 (d)-l(m)-9.a (d)-0.6 (610i (e62..7 (o)1. (a)-3.9 (i)-3.3 (s)-4.478 0 Td

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