



February 5, 2021

**TO:** The Honorable Anne R. Kaiser, Chair  
The Honorable Alonzo T. Washington, Vice-Chair  
Members of the House Ways and Means Committee  
6 Bladen St., Room 131  
Annapolis, MD 21401

**FROM:** Jocelyn Collins, Maryland & Washington, D.C. Government Relations Director  
American Cancer Society Cancer Action Network, Inc.  
555 11<sup>th</sup> St. NW, Suite 300  
Washington, DC 20004  
jocelyn.collins@cancer.org  
(301)254-0072 (cell)

**SUBJECT:** HB 621 Prince George's County— Elementary School Students—Daily Physical Activity (Student Health and Fitness Act) PG 504-21

**Position:** FAVORABLE W/AMENDMENTS

To improve the health outcomes of Maryland's youth the American Cancer Society Cancer Action Network supports HB 621 (PG 504-21), however, ACS CAN would like to see the bill amended to require 150 per week of quality physical education in Prince George's County, Maryland elementary schools with additional opportunities for physical activity.

**Physical Activity Helps Prevent Serious Diseases including Cancer**

The connections between physical inactivity and diseases like heart disease and diabetes are well known, but many of us are surprised to learn that physical inactivity, along with poor diet and excess weight, are second only to tobacco use as major cancer risk factors.<sup>1</sup> In fact, these risk factors are responsible for approximately 20 percent of annual U.S. cancer cases.<sup>2</sup> Being overweight or obese is also linked to an increased risk of cancer recurrence, decreased quality of life, and a lower chance of survival for many cancers.<sup>3,4</sup>

The research is clear - maintaining a healthy weight and staying physically active throughout life are among the best ways to reduce the risk of developing and dying from cancer.<sup>5</sup> There is a clear link between being overweight or obese and increased risk of cancers of the breast in postmenopausal women, colon and rectum, endometrium, kidney, and pancreas, and adenocarcinoma of the esophagus. Excess weight may also be associated with risk for cancers of the liver, cervix, and ovary; non-Hodgkin lymphoma; multiple myeloma; and aggressive prostate cancer.<sup>6</sup>

Fortunately, research also shows that physical activity appears to have a direct effect on reducing risk of cancers of the breast, colon, and endometrium, as well as advanced prostate cancer, and possibly, pancreatic cancer.<sup>7</sup>

Unfortunately, many school-aged children are not at a healthy weight or are not physically active. About 1 in 6, or 17 percent, of children ages 2-19 are obese. When combined with those who are overweight, that figure jumps to 32 percent.<sup>8,9</sup> To make matters worse, daily physical activity among youth has been declining for the past several decades.<sup>10</sup> While experts across the country have highlighted the importance of both quality physical education as well as physical activity among youth, many school-age children do not meet national recommendations for either.<sup>11,12</sup> The high prevalence of overweight and obese children and adolescents, coupled with inactivity, puts too many of them at risk. We know that children who are overweight and obese are more likely to be overweight and obese adults, increasing their risk for developing cancer and a host of other chronic diseases.<sup>13, 14, 15, 16</sup> For these reasons, we support HB 621, but encourage this physical activity to take place in addition to 30 minutes of daily physical education or 150 minutes per week for elementary students.

### **The Broad, Positives Impacts of Physical Activity and Physical Education**

The benefits of quality physical education and physical activity for youth extend far beyond the classroom. In addition to decreased long-term cancer risk, other positive health outcomes associated with being physically active include less body fat, improved muscular strength and heart health, reduced anxiety and depression symptoms, and enhanced self-esteem.<sup>17</sup>

Children who are more active have also demonstrated higher scholastic achievement, better classroom behavior, greater ability to focus, and less absenteeism compare to their unfit peers.<sup>18, 19, 20, 21, 22</sup> ACS CAN advocates for public policies that help children and adolescents meet evidence-based physical activity recommendations. Helping children to establish healthy habits when they are young, including at least an hour of daily physical activity, is one of the best ways to set them on a path toward lifelong health and lower cancer risk.

### **Laying the Groundwork for a Healthy Life**

Quality physical education is the best way for children and adolescents to reach their activity goals and gain the knowledge and skills they need to be physically active for the rest of their lives. A quality program should be standards-based, sequential, and available to all students in grades K-12 as part of the yearly curriculum. To be effective, these programs engage students in moderate to vigorous physical activity for at least half of the physical education class time. Trained, licensed, and certified physical educators should be responsible for teaching physical education; like teachers in other disciplines, they must receive regular, field-specific professional development. Quality physical education programs must have adequate facilities and equipment and a student-to-teacher ratio that is comparable to other subjects. General waivers, substitutions for other courses or activities, or exemptions for test prep or other assignments should not be allowed.

Ideally, physical education should be provided for 150 minutes per week in elementary schools and 225 minutes per week in middle and high school students. Unfortunately, many schools fall far short of these recommendations. Only 3.6 percent of elementary, 3.4 percent of middle, and 4.0 percent of high schools required any daily physical education or its equivalent for the entire school year.<sup>23</sup> In nearly one-quarter of schools, students are not required to take any physical education.<sup>24</sup>

A quality physical education program should encompass accountability mechanisms that provide for the collection and reporting of information. Specifically, student progress in meeting intended academic and

activity goals as well as outcomes data on fitness should be collected and regularly reported to district and state agencies, parents, and the community. These accountability mechanisms hold districts and schools responsible for implementing high-quality physical education in the same way that districts and schools are held accountable for other courses of study. Reporting on these measures allows parents and the broader community to fully understand how schools are meeting the needs of the child and provides a mechanism to track activity levels and make improvements along the way. School districts should also use aggregate student and program assessment results to improve their future physical education and physical activity programs and policies.

In addition to quality physical education, supplemental opportunities for physical activity should be part of every school day. Such activities can include physical activity breaks, active learning, intramurals and other sports, walk-and bike-to-school and after-school activities, and recess. These activities should be an integral part of a students' daily experience with the goal of supplementing and complementing, not replacing, a high-quality physical education curriculum delivered by qualified teachers.

Not only do health experts support quality physical education and regular physical activity, parents also overwhelmingly support it. In fact, a parent survey found that nearly all parents agreed that physical education should be part of a school curriculum for students in grades K-12.<sup>25</sup> Another survey found that parents believe physical education is as important as other academic subjects.<sup>26</sup> And because the benefits of regular, quality physical education are realized across diverse racial, ethnic, and socioeconomic groups, among boys and girls, elementary- and high-school students, and in urban and rural settings,<sup>27</sup> quality physical education programs in schools have the potential to help tackle health disparities, and provide equitable physical activity and skills-building opportunities for all, bridging the achievement gap.<sup>28,29,30,31,32,33,34,35,36,37,38</sup>

We look to our leaders to support and help promote efforts that improve our children's health and simultaneously help boost academic achievement. Ensuring every child in Maryland has access to quality physical education and opportunities for additional regular physical activity will afford our children the opportunity to lead happier, healthier, and more productive lives.

This is why ACS CAN supports HB 621 but encourages this physical activity requirement to be in addition to 150 minutes per week of quality physical education.

I look forward to working with you as you continue your efforts to support the health and education of students across Maryland, including Prince George's County, Maryland. Please feel free to contact me directly if I can provide any additional information or if you have any questions.

Sincerely,

**Jocelyn Collins, Maryland and Washington, D.C. Government Relations Director  
American Cancer Society Cancer Action Network, Inc.**

---

<sup>1</sup>Kushi LH, Doyle C, McCullough M, et al, and the American Cancer Society 2010 Nutrition and Physical Activity Guidelines Advisory Committee. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention. *CA Cancer J Clin* 2012; 62:30-67.

<sup>2</sup> World Cancer Research Fund International. *Cancer preventability estimates for diet, nutrition, body fatness, and physical activity*. London: World Cancer Research Fund International; 2015. Available at <http://www.wcrf.org/int/cancer-facts-figures/preventability-estimates/cancer-preventability-estimates-diet-nutrition>.

<sup>3</sup> Kushi et al, 2012.

- 
- <sup>4</sup> Rock CL, Doyle C, Demark-Wahnefried W. Nutrition and Physical Activity Guidelines for Cancer Survivors. *CA Cancer J Clin* 2012;62:242-274.
- <sup>5</sup> Kushi et al, 2012.
- <sup>6</sup> Ibid.
- <sup>7</sup> Ibid.
- <sup>8</sup> Ogden CL, Carroll MD, Fryar CD, et al. *Prevalence of obesity among adults and youth: United States, 2011–2014*. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics; 2015. Available at <http://www.cdc.gov/nchs/data/databriefs/db219.pdf>.
- <sup>9</sup> Ogden CL, Carroll MD, Kit BK, et al. Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association* 2014; 311(8):806–814.
- <sup>10</sup> Institute of Medicine. *Educating the student body: Taking physical activity and physical education to school*. Washington, DC: The National Academies Press; 2013.
- <sup>11</sup> U.S. Government Accountability Office. *K-12 Education: School-based physical education and sports programs*. GAO report 12-350. Washington, DC: GAO; 2012.
- <sup>12</sup> U.S. Department of Health and Human Resources. *Strategies to increase physical activity among youth: Physical Activity Guidelines for Americans: Midcourse report*. Washington, DC: HHS; 2012. Available at <http://health.gov/paguidelines/midcourse/>.
- <sup>13</sup> Guo SS and Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *American Journal of Clinical Nutrition* 1999; 70:S145–148.
- <sup>14</sup> Freedman DS, Kettel L, Serdula MK, et al. The relation of childhood BMI to adult adiposity: the Bogalusa Heart Study. *Pediatrics* 2005; 115:22–27.
- <sup>15</sup> Freedman D, Wang J, Thornton JC, et al. Classification of body fatness by body mass index-for-age categories among children. *Archives of Pediatric and Adolescent Medicine* 2009; 163:801–811.
- <sup>16</sup> Freedman DS, Khan LK, Dietz WH, et al. Relationship of childhood obesity to coronary heart disease risk factors in adulthood: The Bogalusa Heart Study. *Pediatrics* 2001; 108:712–718
- <sup>17</sup> Institute of Medicine. *Educating the student body: Taking physical activity and physical education to school*. Washington, DC: National Academies Press; 2013.
- <sup>18</sup> Shore SM, Sachs ML, Lidicker JR, et al. Decreased scholastic achievement in overweight middle school students. *Obesity* 2008; 16(7):1535–1538.
- <sup>19</sup> Geier AB, Foster GD, Womble LG, et al. The relationship between relative weight and school attendance. *Obesity* 2007; 15(8):2157–2161.
- <sup>20</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: Centers for Disease Control and Prevention; 2010.
- <sup>21</sup> Roberts CK, Freed B, McCarthy WJ. Low aerobic fitness and obesity are associated with lower standardized test scores in children. *The Journal of Pediatrics* 2010; 156:711-8, 718 e1.
- <sup>22</sup> Van Dusen DP, Kelder SH, Kohl HW, et al. Associations of physical fitness and academic performance among schoolchildren. *The Journal of School Health* 2011; 81:733-40.
- <sup>23</sup> Centers for Disease Control and Prevention, Division of Adolescent and School Health. *Results from the School Health Policies and Practices Study 2014*. Atlanta, GA: Centers for Disease Control and Prevention; 2015. Available at [http://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-508-final\\_101315.pdf](http://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-508-final_101315.pdf).
- <sup>24</sup> U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans*. Washington, DC: HHS; 2008.
- <sup>25</sup> KidsHealth in the Classroom. Parents, Teachers Want More Health, PE Classes. 2013. Available at: [http://kidshealth.org/parent/kh\\_misc/health-pe-survey.html#](http://kidshealth.org/parent/kh_misc/health-pe-survey.html#).
- <sup>26</sup> Centers for Disease Control and Prevention, 2010.
- <sup>27</sup> McKenzie T, Sallis, JF, Rosengard, P. Beyond the stucco tower: Design, development, and dissemination of the SPARK physical education programs. *Quest* 2009; 61:114-127.
- <sup>28</sup> Singh A, Uijtdewilligen L, Twisk JW, et al. Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment. *Archives of Pediatrics & Adolescent Medicine* 2012; 166:49-55.
- <sup>29</sup> Coe DP, Pivarnik JM, Womack CJ, et al. Effect of physical education and activity levels on academic achievement in children. *Medicine and Science in Sports and Exercise* 2006; 38:1515-9.
- <sup>30</sup> Castelli DM, Hillman CH, Buck SM, et al. Physical fitness and academic achievement in third- and fifth-grade students. *Journal of Sport & Exercise Psychology* 2007; 29:239-52.
- <sup>31</sup> Mahar, MT. Impact of short bouts of physical activity on attention-to-task in elementary school children. *Preventive Medicine* 2011; 52(Suppl 1):S60-4.
- <sup>32</sup> Donnelly JE and Lambourne K. Classroom-based physical activity, cognition, and academic achievement. *Preventive Medicine* 2011; 52(Suppl 1):S36-42.

- 
- <sup>33</sup> Efrat M. The relationship between low-income and minority children's physical activity and academic-related outcomes: a review of the literature. *Health Education & Behavior: the official publication of the Society for Public Health Education* 2011; 38:441-51.
- <sup>34</sup> Rasberry CN, Lee SM, Robin L, et al. The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature. *Preventive Medicine* 2011; 52(Suppl 1):S10-20.
- <sup>35</sup> Basch CE. Physical activity and the achievement gap among urban minority youth. *The Journal of School Health* 2011; 81:626-34.
- <sup>36</sup> Ickovics JR, Carroll-Scott A, Peters SM, et al. Health and academic achievement: Cumulative effects of health assets on standardized test scores among urban youth in the United States. *The Journal of School Health* 2014; 84:40-8.
- <sup>37</sup> Donnelly JE, Greene JL, Gibson CA, et al. Physical activity and academic achievement across the curriculum (A + PAAC): rationale and design of a 3-year, cluster-randomized trial. *BMC Public Health* 2013; 13:307.
- <sup>38</sup> Hillman CH, Erickson KI, Kramer AF. Be smart, exercise your heart: exercise effects on brain and cognition. *Nature Reviews Neuroscience* 2008; 9:58-65.