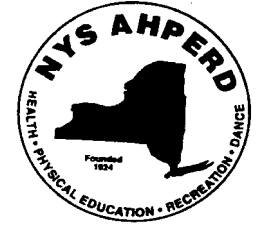




Nassau Zone Special Alert Bulletin



New York State Association for Health, Physical Education, Recreation and Dance

Spring 2003



President's Message

This newsletter on the possible impact of the Middle School Policy Review, and the State Budget Reductions in State Aid to schools is **not meant to cause panic! There will be no mandate changes of any kind this September 2003 (see time-line for middle school review on page 3). This newsletter will try to address mandate concerns in regards to the middle school review and state budget cuts.**

Districts Superintendents (B.O.C.E.S.) have been asking (see NYS AHPERD web site for report) for mandate relief in many areas to increase academic services on the middle school level. Many in the profession are concerned that if there is a philosophy change by the Regents, then mandates can be changed. This may be true, or it may be far from the truth. If Mandates are eliminated, what effects will this have on present day programs, and what are the health consequences for future generations? The question you need to ask yourself is the following: Do I sit back and hope the mandates are not changed? I for one say **NO!** If one mandated level is eliminated, how long before the other levels are eliminated or changed?

The other day I had a person tell me not to be concerned because I teach in an elementary school only district. This bothered me for two reasons: (1) the health of my children and others' are at stake; (2) The District Superintendents' Policy Recommendations for Middle Level Education (December 2003) has in its report the following: "Middle level standards to encompass grades 5 through 8. The instructional program should be described in respect to those standards." Will the inclusion of fifth

and six grades have a positive or negative effect on not just middle school, but on elementary schools as well?

State Budget Cuts and Tax Reassessments are having a devastating effect on schools. **The loss of State Aid in Nassau County averages 12.69% (state wide 8.77%).** Teacher Retirement System Contribution from school districts is projected to increase from 0.36% of payroll to 2.5% of payroll. Employee Retirement System (non- teachers) Contribution is projected to increase from 1.2% of payroll to 11% of payroll. There also may be a shift in property taxes. Commercial taxes may go down, and residential taxes may have to absorb the reduction in commercial taxes. Superintendents are being pushed to the max to cut cost in many districts. **In some districts, present day mandates may not be strong enough to stop the elimination of some programs.**

How do we stop the possible elimination of programs? **We get Pro-Active! You attend the Mandate Concern Meeting for All Teachers and Administrators on Long Island.** This meeting will offer strategies to address the situation we are facing. **We must not attack the Regents, State Education Department, Local Boards, and Local Superintendents.** The NYS Regents and SED have only been supportive of Health and Physical Education. Many Superintendents and Boards have also been supportive. What we need to do is address these groups about **WHY** Health and Physical Education is important!

Please make it a point to attend the mandate meeting on April 10, 2003. Informational guides, writing sample letters, and the latest information will be discussed at this meeting.

Tom Graham

**ATTEND THE MOST
IMPORTANT
MEETING OF YOUR
CAREER!**

**L.I. Meeting of
ALL
Health, Physical
Education
Teachers &
Administrators!**

**MANDATE
CONCERNS**

**Children's health, programs,
and the future of the profession
are on the line.**

April 10, 2003

8:00 PM - 9:00 PM

Half Hallow Hills East H.S.

Auditorium

50 Vanderbilt Parkway

Dix Hills , NY

***Get the latest information to
make informed decisions!***



What is Happening and Why?

The Board of Regents has policies pertaining to numerous areas under review. Every now and again when the time is right they will review policies. March of 1989 was the last time that the Board approved their **Regents Policy Statement on Middle Level Education and Schools with Middle Level Grades**. This was a time before standards, assessments, and interventions. Concerned with the performance on state tests of students in middle schools, the Board is once again looking at their policy as it relates to the middle level grades. Once the Board has approved a revised policy statement they will look at the current regulations to analyze whether the regulations are in line with the policy statement. The regulations that they will be looking at are 100.4 the regulations that govern the middle level grades. Included in these regulations are **CR.135.4 the Physical Education Regulation** and **135.3 the Health Education Regulation**.

Timeline for Revision of Regents Policy Statement on Middle Level Education

October 2002 and December 2002: Preliminary policy discussions by Regents.

February 2003: The Regents discuss the first draft of the revised policy statement.

February-April 2003: Public engagement on the draft of the revised policy statement.

June 2003: The Regents review and discuss proposed policy statement.

July 2003: The Regents approve policy statement and discuss conceptual issues regarding Commissioner's Regulations related to middle grades.

September 2003: The Regents review preliminary draft of proposed regulatory changes.

September-November 2003: Public review of preliminary draft of proposed regulatory changes.

December 2003: The Regents review draft of proposed changes in Commissioner's Regulations

February 2004: The Regents approve changes in Commissioner's Regulations



Source: NYS AHPERD www.nysahperd.org

Guiding Principles for Successful Advocacy

- Celebrate your message
- Stay focused on the message
- Stay focused on what is best for children
- Know your issue inside and out
- Develop a plan but be flexible
- Develop relationships that keep on going-not just when we have a crisis
- Make no enemies
- Be able to concisely articulate your position and goals
- Be organized
- Be open to questions
- Take/create opportunities to proclaim your message
- Always be respectful of other peoples opinions
- Create a powerful district action coalition comprised of individuals who support our programs that includes, students, parents, American Heart Association Staff, pediatricians, teacher colleagues and administrators.



Source: NYS AHPERD www.nysahperd.org

How YOU can IMPACT the Decision Making Process

The Board of Regents has directed the State Education Department to develop an extensive and inclusive process for public review of the draft Regents policy statement on middle level education. The department proposes to engage in this review process not only the educational community but also relevant constituencies using a variety of approaches.

The target groups include:

- **LOCAL SCHOOL DISTRICT TEAMS**
- Students
- Organizations, agencies, and other groups
- Big four city school districts
- New York City
- Middle level teachers
- Statewide educational groups/organizations



LOCAL SCHOOL DISTRICT TEAMS

Each BOCES will convene local school district teams composed of the superintendent, board of education member, **TEACHER REPRESENTATIVES**, middle-level administrators, and if feasible, parents, community, and agency representatives.

You can impact the decision making process by representing our disciplines on your local school district team. The ultimate goal is to have a Health and or Physical Education teacher on every school district team. This person should be able to present the rational for every child's right to have an opportunity to participate in a quality Health Education and Physical Education program.

Source: NYS AHPERD www.nysahperd.org

A Public Relations Strategy

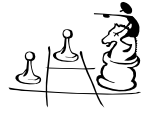
If you haven't done so already, now is the time to be proactive and sell your program.

- Showcase programs at the upcoming Mall Show by conducting demonstrations/workshops that highlight the quality of your program in action. Demonstrate what the students know, can do, and what the students value.
- Promote broad community understanding and support (This is important since more than 2/3 of taxpayers do not have children in school) by working through your district's public relations office to let local media know about upcoming activities and special events. Publish your P.E. and Health school or district goals on programs for the activities.
- Build trust and reduce competition among groups with similar missions by doing a presentation for faculty on integrating physical education into the other subject areas.
- Coordinate a Health Fair and invite faculty, families and community. Have booths with blood pressure screening, exhibits from outdoor clubs, cycling, and self defense demonstrations. Have students test their parents on the five health related fitness components.
- Design a unit on cooperation, communication, conflict resolution and character development. Coordinate with all subject areas to put on a presentation to the school using health and physical education as the central theme.
- Coordinate with the art teachers to have students' artwork depict physical activity, health, wellness and fitness themes.
- Design a nutrition unit and collaborate with the Food Services and classroom teachers.
- Invite your local representatives, school board members or other dignitaries to visit your programs.
- Develop a strong support system within your district PTA, shared decision making committees, union, alumni, Board of Education, community members, and local business leaders.
- Reduce potential for controversy through increased communication and involvement by sending a publicity packet to your principal, superintendent, Board of Education and offer to make a presentation.
- Create Bulletin Boards, websites, and newsletters demonstrating how health and physical education promotes youth development and builds the assets that all children need to be successful in life.
- Create excitement by advertising weeks ahead of time for all special event (Family Fitness Night, Physical Education Extravaganza, Jump Rope/Hoops for Heart Event, etc.)
- Strengthen efforts of individual support organizations by renewing your membership in NYS AHPERD and get a colleague to join.
- Directors need to do a status check to ensure their department has an up to date K-12 Physical Education and Health comprehensive curriculum that is aligned with the NYS Learning Standards and Assessments.





Question & Answer Strategy



Q. My child gets plenty of activity as a team member. Why can't he/she be exempt from Physical Education?

A. Commissioner's Regulations allow this for pupils in grades 10-12, but it is a poor choice. While many of the aims, goals, and objectives of athletic participation are similar to that of a physical education program, the answer lies in the different benefits of each, and what a child will miss out on by not experiencing a quality physical education program.

The focus of an athletic program should be educational, and clearly to prepare pupils to excel in a specific sport, to compete, and to win. Participation in team sports is very valuable and desirable. However, team sports present a singular narrow focus which is not reflective of a quality physical education program. Physical education programs deal with a wide variety of concepts with an overall goal of providing young adults with multiple activity alternatives once they graduate from high school.

The focus of a quality physical education program is educational, and to prepare each person with experiences in a wide range of sport, fitness, dance and self-challenging activities for a lifetime of participation in physical activities as a means of maintaining good health. As each person experiences the changes that occur throughout a life time, a person's fitness needs and interests change. A student athlete who takes advantage of a quality physical education program, that offers a diverse spectrum of activities, will be better prepared to more effectively live a healthy adult life.

Analogously, if a child is engaged in a school play production, clearly a literary endeavor, should the child be exempt from English class? Of course not! Then why even consider exempting a student who participates in athletics from a quality physical education program.

Q. All these "mandates" cost the tax payers in our community too much money. Why not begin by eliminating the physical education mandates?

A. Mandates are in place to ensure that children receive the educational services they are entitled to receive! Physical education mandates exist so that children will receive their educational entitlement to develop into healthy, productive, contributing members of the community. Appropriate time must be provided in the school day in order for children to successfully achieve the aims, goals, and objectives of a comprehensive, quality physical education program.

Too many school districts have failed to provide adequate, mandated instructional time for quality physical education instruction to occur. Consequently, children are denied the opportunity to successfully achieve the learning standards, necessary to pursue healthier adult lifestyles. They haven't learned or applied what they need to know, and do as an adult, because they haven't been provided with enough physical education instruction time. "Short-changing" Children's physical education has and will continue to result in paying out "big-change", to a failing healthcare system, unless children are provided with their entitled, mandated time and instruction.

Q. I can't afford to pay higher taxes. Why not save money by eliminating the physical education program?

A. A quality physical education program is the best means and is the least expensive method to reducing the health care costs that are ruining our economy. Children who learn in quality physical education programs how to apply the health-related concepts to lead a physically active lifestyle will be prepared to lead healthier adult lives.

The per pupil and taxpayer cost for 13 years (grades K-12) of physical education instruction is by far less than the billions of dollars spent on patient care for victims of cardiovascular diseases, cancers, and psychological counseling due to unmanaged stress. The risk of each would be reduced, through health-related promoting wellness programs that current physical education programs provide.

Physical inactivity has been identified as a major disease risk factor. Current programs teach about fitness concepts, weight control, nutrition, avoiding substance abuse, and stress management through physical activity. Additionally, when children are provided with instruction in a variety of physical activities, they have the opportunity to develop new skills and interests for leisure time use.

Our community and society will be better served by children who are physically active in positive leisure/recreational pursuits than choosing negative activities such as substance abuse and vandalism or crime because "there is nothing to do." Physical education provides them with the skills to be able "to do." It costs considerable less to provide quality physical education, recreation, and athletic programs than to pay for additional police protection, prison, time and health care.

You are right! We can't afford higher taxes! However, if we appropriately fund quality physical education programs the future savings will be incredible.

Q. The elimination of positions held by physical education teachers could save the taxpayers money. Why not let the classroom teacher teach gym?

A. A physical educator must complete in-depth training in anatomy, exercise physiology, kinesiology, educational psychology, sport, fitness, dance, and adapted physical activity, plus courses in First Aid and CPR training. This foundation provides the tools needed to plan and provide a safe, sequential, progressive instruction that is meaningful. Children also deserve the specific expertise of the trained physical educator so that the lessons learned during "play" align with the New York State Learning Standards. One should question how a classroom teacher with minimal content knowledge and motivation could effectively teach curriculum based around physical activity. Analogously, a dentist and cardiologist are both doctors. If you are suffering from a heart attack, do you want to be treated by the dentist?

Athletics and Physical Education provide a wealth of opportunities for students, but they arise from very different fundamental bases and travel different paths. Neither should be considered as a replacement for the other, in the same way that no extracurricular program can effectively substitute for a core educational program. As you compare the two lists, you will gain a better understanding of the differences, and be able to clarify your own perception about each program and its goals. Adapted from article by L.Debel

Athletics:	Physical Education:
<p>May choose a coach who has the bare minimum of qualifications (first aid, CPR and no coaching classes completed) lacking a physical education teaching certificate.</p>	<p>Requires duly certified and qualified physical education teachers, who hold a bachelor's degree and later must obtain master's degree, to be hired as teachers.</p>
<p>Focuses on the finer participation points of a specific sport, lacking a carefully planned sequential curriculum.</p>	<p>Is a comprehensive program of carefully planned and sequential curriculum aiding instruction that exposes students to a broad range of activities: team and individual sports, fitness, dance, and adventure education.</p>
<p>Provides opportunity for in-depth learning in a maximum of only three sport activities, acquiring sport-related knowledge.</p>	<p>Provides students with the necessary knowledge and life skills to develop and maintain personal fitness and wellness so students can improve their quality of life.</p>
<p>Provides higher-level experiences for student-athletes, who cannot choose their sport to test for competency and/or proficiency. They must show proficiency and competency at the recreational level in other activity/skill areas.</p>	<p>Has initiated a State Education Department sponsored and field lead state-wide assessment program, for the purpose of standardizing state-wide rubric assessment. While suggesting students demonstrate proficiency in three activities and competency in six activities before commencement.</p>
<p>Caters to the narrow interests of students.</p>	<p>Meets the different needs, interests and abilities of ALL students.</p>
<p>Fosters competitiveness, winning and sportsmanship only attitudes among and between participants, coaches and fans.</p>	<p>Focuses on developing the whole child: physical, mental, emotional and social health.</p>
<p>Is limited to the more able students.</p>	<p>Is designed to include all children recognizing different abilities and adapting activities so all children are able to practice a physically active lifestyle.</p>
<p>Practices an exclusionary custom, as cuts are made, eliminating some students from desired participation.</p>	<p>Provides opportunities for children to interact with others of different and varied levels of abilities learning to be tolerant.</p>
<p>Is recognized by the New York State Public High School Athletic Association and State Education Department as an "extra curricular" program.</p>	<p>Is recognized by the State Education Department in part 100 and 134.5 Commissioner's Regulations as a core subject necessary to meet graduation requirements.</p>
<p>May exempt grade 10-12 students during the sport season only according to Commissioner's Regulation 135.4, expanding elitism and segregation.</p>	<p>Provides student-athletes with opportunities to take leadership roles and assist less developed peers in class. While learning to participate at a Recreational Level in other sport/activities, otherwise not exposed to.</p>
<p>Does little to modify activity, equipment, rules and/or game play seeking a winner/loser outcome.</p>	<p>Modifies activities, equipment, rules, facilities and instruction ensuring widespread successes.</p>
<p>Reinforces instruction provided in physical education. Knowledge gained in physical education can improve an athlete's knowledge of self and improve athletic performance.</p>	<p>Addresses instruction about physical activity and fitness concepts such as cardiovascular endurance, flexibility, muscle strength & endurance, body composition & weight control, nutrition and stress management. While also addressing the issues of preventing chronic/degenerative diseases, substance abuse and community resources.</p>
<p>Has Educational Frameworks focusing on four qualities: competence, character, civility and citizenship.</p>	<p>Supports the New York State Learning Standards and the goals of the National Association for Sport and Physical Education.</p>

Why is Health and Physical Education Important?

Quality Physical Education Programs:

- Emphasize enjoyable participation in physical activities that help students develop the knowledge, attitudes, motor skills, behavioral skills and confidence needed to embrace and maintain physically active lifestyles.
- Provide opportunities for students to develop personal living skills, including respect for others, cooperation, collaboration, trust, communication, honesty and fair play, decision making, problem solving, conflict resolution and goal setting.
- Provide opportunities to learn and apply skills and knowledge in a wide range of sports and lifetime activities.



Physical Education Talking Points

- Physical inactivity is recognized as a risk factor for cardiovascular disease, cancer, Type II diabetes, stroke, high blood pressure and high cholesterol levels.
- Physical Education reinforces knowledge learned across the curriculum in area such as science, health, math, social studies, and reading.
- There is a growing body of evidence within brain research literature that indicates there is a relationship between physical activity, brain development and cognitive performance.
- Benefits of physical activity include:
 - Improved strength and endurance
 - Increased bones and muscle mass
 - Reduced anxiety and stress
 - Increased self esteem
- Convincing data continues to emerge which provide considerable evidence that the academic achievement of students can be substantially improved by encouraging schools to actively promote programs that address nutrition, exercise, and stress related behaviors.
- The physical well being of students has a direct impact on their ability to achieve academically.
- Healthy students are more likely to be academically motivated, alert and self-assured; this is the contribution that both Health Education and Physical Education programs make to the holistic educational philosophy.
- Literature focusing on positive youth development has identified five basic competencies areas that range in behaviors and skills needed for adult success:
 - Health/physical competence
 - Personal/social competence
 - Cognitive/creative competence
 - Vocational competence
 - Citizenship (ethics and appreciation)
- The NYS Learning Standards approved by the Board of Regents in 1996 clearly address four out of the five competency areas.

- In NYS we have over 300,000 students who are overweight and an additional 456,000 who are at risk of being overweight. The current economic cost of sedentary lifestyles in NYS exceeds three billion dollars annually.
- Inactivity and poor nutrition causes 300,000 deaths per year in the U.S. Only tobacco use causes more preventable deaths.

Quality Health Education Programs:

- Enable individuals to use knowledge in ways that transform aimless habits into intelligently directed actions.
- Provide learners with the skills to judge messages received in terms of their potential benefits to self and society.
- Provide criticism of mixed message in public forums.
- Equip students to cope with the inescapable elements of change cultivating the ability to resolve the problems that change inevitably will produce through knowledge and skills-based learning.



Health Education Talking Points

- Health educators help learners use knowledge in making their choices, which in turn will cause them to engage in experimentation and evaluation through their life span.
- Health Education provides knowledge and skills to maintain and improve health, prevent disease and avoid or reduce health risk behaviors.
- Health Education motivates students to adopt lifelong healthy habits and behaviors.
- Health Education focuses on key skills related to student learning:
 - Accessing information
 - Goal setting
 - Decision Making
 - Communication
 - Stress Management
 - Academic Performance
- Health Education helps individuals seek that which moves them towards an optimal stage of wellness.
- Health Education aids individuals and families in avoiding the debilitating effects of economic deprivation, the lack of balance, disease and accidents.
- Health Education is concerned with exploration and growth, re-evaluation and reconstruction of values.

Making a Case for Physical Education

By Ronald S. Feingold, Ph.D.

The adoption of an active lifestyle does not occur without some organized effort within the schools, communities and governmental agencies. The Be Active America initiative promoted by the New York State Coalition on Physical Activity (NYSPAC) provides for such an organized framework, utilizing schools, teachers, parents, communities and governmental agencies in a collective framework to enhance the quality of life and health initiatives. Thus given that:

- modern technological developments in labor and transportation have generally resulted in physically less active lifestyles;
- youngsters have become less physically active as a result of the advance of television, computer games and internet and the decrease of safe outdoor playing grounds;
- societies have become more complex and stressful and juvenile delinquency and deviant behavior is becoming more plentiful due to the weakening of social units, such as the family;
- the increased level of inactivity has devastating effects on the costs of health care and the general economy, and
- a physically active lifestyle contributes to physical and mental health, well-being and social responsibility;

It is recommended that those official with responsibility for the health and well-being of its citizens, should strongly propagate and stimulate the adoption by youngsters, adults and the elderly a physically active lifestyle.

An obvious important relationship must occur in order to make a case for physical activity and physical education in the schools. Specifically what is the relationship between activity while young and activity in adulthood. There is increased evidence that what positive experiences and habits of the mind occur while young will have increased tendency to participate in those activities as an adult. It is also obvious that negative experiences while young will reduce

those experiences later in life. Therefore, it is not only necessary to have activity while young, but equally important is to have positive experiences, develop skills in a caring and open environment and develop knowledge about the body and program develop through a conceptual approach in supportive and fun activities.

With this in mind, not only does the conceptualization of the physical education program becomes essential but also the expertise of the instructor.

Feingold, R.S (1994), "Making Connections: An Agenda for the Future", *Quest*, 46(3), 356-366
 CDC (2000), "Promoting Better Health for Young People through Physical Activity and Sports", Wash, DC. P.1

There are increasing studies comparing the effects of various supportive programs that focus on the development of fitness education concepts (Corbin), and the development of social skills (Hellison).

An obvious question has been related to tracking or what if any relationship exists between activities when young and activity as adults. Also what risk factors that show up when young continue into adulthood. To answer this question is critical to the disease prevention argument for children's activity, i.e., those risk factors when young due to inactivity persist in adulthood.

Marshall, et al (1998) looked at the health related fitness components of 414 children over a period of time and found that HRF parameters generally remain the same. Those at risk in elementary school will be at greater risk in high school and at high risk in adulthood.

Although physical activity as an adult is important, so is the activity levels and

attitudes and habits found when young.

Marshall, S., Sankin, J, Sallis, J "Tracking of health-related fitness components in youth, ages 9 to 12" *MSSE* 30(6), June, 98 pp 910-916.

There is substantial evidence that participation in activity as an adult often depends upon the attitudinal developments and an individual's past experiences.

Godin, G and RJ Shepard "Use of attitude behavior models in exercise promotion" *Sports Med.* 10:103-121, 1990.

There is abundant evidence that the variety of threats to one's health, such as obesity and atherosclerosis begin early in one's childhood and even if one who is sedentary as an adult decides to become active, the individual may have already significant cardio vascular damage that is difficult to reverse. Such findings reinforce the need for increased physical activity and fitness is essential during childhood.

Sallis, JF, TL Patterson, MJ Boone, PR Nader. "Relation of cardiovascular fitness to cardiovascular risk factors in children and adults". *Am J Epidemiology* 127:933-941, 1988.

Jeffrey Koplan, director of the CDC in the *J Am Med Assoc*, Oct 27, 1999 states, "overweight and physical inactivity account for more than 300,000 premature deaths each year in the US, second only to tobacco-related deaths. Obesity is an epidemic and should be taken seriously as an infectious disease epidemic."

Koplan, J. *JAMA*, Oct 27, 1999 "The spread of obesity in the US"

Koplan also noted that the American lifestyle of convenience and inactivity has had a devastating effect on every segment of society ... research shows that 60% of overweight 5-10 year olds already have at least one risk factor for heart disease, including elevated blood pressure or insulin levels."

According to Powell and Blair, quantitative estimates indicate that sedentary living and inactivity is responsible for about 1/3 of deaths due to coronary heart disease, colon cancer and type II diabetes.

KE Powell and SN Blair. The public health burdens of sedentary living habits: theoretical but realistic estimates. *MSSE* 26:851-856, 1994.



IMPROVED HEALTH & WELL-BEING

By Ronald S. Feingold, Ph.D.



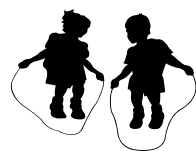
It has been a common understanding that physical activity can provide life-long benefits directly related to preventing disease and to maintaining a high quality of life. Physical activity has direct effects upon the various systems of the body, including cardiovascular, pulmonary, neural and muscular among others. It reduces the risks associated with obesity, high blood pressure, colon cancer, diabetes II, osteoporosis, coronary heart disease and physical ailments associated with a sedentary lifestyle. In addition, it has recently been shown to reduce stress, anxiety, depression as well as enhancement of self-esteem.

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Health Benefits of Children (Activity)

It has been found that obese children are less active, while activity not only may reduce obesity, but also reduce blood pressure, enhance blood lipid profile, and build bone tissue.

Bar-Or (Dec, 95), "Health benefits of physical activity during childhood and adolescents", President' Council on Physical Fitness.



An active lifestyle during childhood was found to be a direct benefit to one's health in later years. In other words, it was found that an active child becomes an active adult.

Blair, et al., (89), "Exercise and fitness in childhood: Implications for a lifetime of health", in Gisolfi and Lamb, *Perspectives in Exercise Science*.

"New scientific studies indicate that fitness may contribute more to a long, healthy life than any other factor, including quitting smoking. Moderate regular activity reduces the likelihood of high blood pressure, heart disease, colon cancer and depression".

Koop, C. Everett, former US Surgeon General, June 9, 1999, press release

Disease Prevention and Childhood

It has been known for sometime that clinical manifestations of CHD (Coronary Heart Disease) can appear as early as the school-aged population, and that many of the risk factors associated with coronary heart disease are largely a result of behavioral patterns established in childhood.

World Health Organization. Prevention in childhood and youth of adult cardiovascular disease: time for action. Report of the World Health Organization, Expert Committee, Geneva, Technical report Series, 1990, 792.

Others studies support reduced CHD risk factors in childhood as a result of physical activity.

Al-Hazzaa, H.M., et al., "Cardiovascular fitness, physical activity patterns, and coronary risk factors in preadolescent boys," *Int. J. Sp. Med.* 15:267-272, 94.

Raitakari, O.T., et al., "Effects of persistent physical activity and inactivity on coronary risk factors in children and young adults," *Am. J. Epidemiology*, 140:195-205, 1994

Activity and Breast Cancer

Physical activity has been shown to reduce the onset of breast cancer.

Thune, I, Brenn, T., Lund, E. et al., "Physical activity and the risks of breast cancer", *N.Engl J Medicine*, 1997, 336(18):1269-1275.

Obesity

"Enhanced physical activity is a major component in weight management of obese children and adolescents. Reduction in body fat is only one objective. Other benefits include improved self-esteem, increased aerobic fitness, a decrease in resting blood pressure, and an improved plasma lipid profile."

Bar-Or, O., et al., "Physical activity, genetics and nutritional considerations in childhood weight management", *Medicine and Science in Exercise and Sport*, 30(1), Jan, 1998.



Becque and Katch, et al., found that obese children also tend to have high levels of serum triglyceride, VLDL, LDL and high blood pressure. The authors noted that if these behaviors were to be continued into adult years, one will exhibit a decrease in health. "If obesity is maintained to adult years, obesity is associated with several diseases, such as hypertension, cardiovascular disease, and diabetes."

Becque, M.D., Katch, V., et al., "Coronary risk incidence of obese adolescents: reduction by exercise plus diet intervention". *Pediatrics*, 1988, 81(5), 605-12.

Osteoporosis

Osteoporosis or fragility of bones has likewise been linked to a lack of physical activity. Although an active adult may prevent some levels of osteoporosis, it has been found that the most critical time in laying down bone tissue and thus prevent osteoporosis is during one's adolescence. In other words, it is the activity one has when young that is essential in the development of strong bones and the reduction of adult osteoporosis.



The physical history of 204 women aged 18-31 was examined and it was found that high school activity over a five year period significantly correlated with bone mineral density in the hip. The investigators concluded that since research suggests that bone growth in the hip may reach its peak by age 16, high school activity may represent the best line of defense against osteoporosis.

Teegarden, Proulx, et al (1996) Previous PA relates to bone mineral measures in young women. *MSSE* 28, 105-113

Health Behaviors, Smoking and Physical Activity

Comparing 1015 school children between 12-15 yrs of age, Boreham, et al., found that the level of physical activity was positively associated with blood pressure, lipid profile, and cardiovascular fitness. Girls were also associated with reduced fatness. An interesting finding of this study found that boys who participated in 4 or more sessions of activity/week, only 12% admitted smoking, while those who participated in activity 1 day or less per week, 34% admitted to smoking. In other words children who were more active smoked less than those who were less active. The authors found this to be important since smoking patterns usually began at this age.

Boreham, L.A., et al., "Physical activity, sports participation, and risk factors in adolescents," *Medicine and Science in Sport and Physical Activity*, June, 97, 29(6) 788-793.



IMPROVED MENTAL HEALTH

By Ronald S. Feingold, Ph.D.

Besides the physical health and well-being of persons who participate in physical activity, less well-known are many of the positive effects upon the mental health of the person. Increased stress, increased disconnection from one self, increased lack of control regarding one's life-style and more recently decreased safety and stability in society have all resulted in increased need for something in one's life that can bring meaning, can bring enhanced self-concept and self-determination. For many research evidence have supported the role of physical activity in the reduction of stress, depression and enhanced self-esteem.

Activity and Mental Health

Activity has been shown to have favorable effects on anxiety, depression, mood, self-esteem and some measures of cognition. Biddle, S. (95). "Exercise and psychosocial health", *Research Quarterly* 66(4), 292-297.

Twenty-seven studies showed that activity reduces anxiety and has been used to treat depression. Landers notes that "research literature suggest ... there is ample evidence that a definite relationship exists between activity and mental health."

Landers, D (97). "Influence of exercise on mental health", President's Council on Physical Fitness.

Psychological Benefits

A general health questionnaire was given to 16,500 and a follow-up given to 2223 boys and 2838 girls. The general health questionnaire assessed emotional well-being. The conclusion indicated that for adolescents and adults, emotional well-being is positively associated with regular physical activity. The authors encourage active lifestyles among adolescents as a way to contribute to their improved mental health.

Sheptoe, A. and Butler, N. Sports participation and emotional well being in adolescents. *Lancet* 347:1789-1792, 1996

Psychology

Following a 12 wk aerobic fitness program, 82 adults completed the Beck Depression Inventory, Profile of Mood States, State-Trait Anxiety inventory, and the Tenn Self-concept scale. Physiological parameters included changes in Max work load, pre max Vo₂ and sub max HR for a pre-determined workload. As expected the physiological parameters or fitness levels increased over the 12 wk period. In addition, all psychological tests improved as well. After 1 year follow up tests indicated positive changes remained. The authors concluded that the psychological effects or benefits of activity remain for short and long term.

Dilorenzo, TM, et al (1998) "Long term effects on psychological outcomes" *P med*, 75-85.
Hassman, et al (1997) had 3043 Finish adults (25-64) complete the CV Risk factor survey, Beck Depression Inventory, the Cynical distrust scale, and the sense of coherence inventory.

The results showed that those who exercise at least 2-3 times/wk experienced significantly less depression, anger, distrust, and stress than those exercising less frequently or not at all. Those who exercised also had higher levels of a sense of coherence and a stronger feeling of social integration.

Hassman, Peter et al () Physical exercise and psychological well-being: a population study in Finland", *P/med* 17-25.

IMPROVED ACADEMIC PERFORMANCE AND COGNITIVE DEVELOPMENT

By Ronald S. Feingold, Ph.D.

Besides the physical fits of physical development of positive physical activity may on cognitive function. body of research that and academic per-



hanced brain function. Although the jury is still out, with the importance on academics in particular math, reading and problem solving, the effects of physical activity on each requires further investigation.

and mental health benefits as well as the developmental skills, the role of have its greatest impact There is developing a supports physical activity performance as well en-

Cognitive Ability and Activity

Comparing 6-12 yr old children who received 5 hrs to 40 min of activity per week found those with more activity showed significant positive difference in academic performance.

Shepard, R and Lavelle, R (94). "Academic skills and required physical education. CAHPER, Research Suppl., 1(1), 1-12.

Numerous studies have shown that by adding activity to the children's curriculum, thereby reducing time on academic subjects, they found no reduction on grades and standardized tests, and many were found to improve their grades and academic learning.

Shepard, R. (97). Curricular physical activity and academic performance. *Pediatric Exercise Science*, 9, 113-126. Sallis J., and McKenzie, T., et al. (99). *Research Quarterly*, 70(2), 127-134



Shepard notes that enhanced reading, language and motor performance resulted from increased blood flow to the brain, increased arousal and attentiveness.

"...physical education can be introduced when a child enters primary school without compromising academic performance."

Shepard, R. (97). "Curricular physical activity and academic performance". *Pediatric Exercise Science*, 9, 113-126.

HEALTH CARE COSTS

Given the many benefits to one's health, both physical and mental, it has been estimated that the health care savings from moderate activity throughout one's life may be considerable. A few studies have recently reported on these savings and in all cases the savings are considerable.

One year less disease over a lifetime (75 yrs) will save 3-5 billion dollars a year in health care costs for the State of New York alone.

Feingold, R. (94). *Quest*, August, 356-366

Health Care Costs

Shepard, R.J. and Montelpare, W. in a retrospective study found that physical activity at the age of 50 had a substantial effect in protecting seniors against institutionalization in later years, and associated health care costs.

Shepard (1988). Geriatric benefits of exercise as an adult. *J. Gerontology*, 43:M86-m90.



IMPROVED SOCIAL SKILL DEVELOPMENT

By Ronald S. Feingold, Ph.D.

For numerous years, it was suspected that game participation in group settings was essential to the development of social skills, such as cooperative behavior, problem solving, leadership and follow-ship, respect for others, caring and sportsmanship. What many did not understand was that the development of these social skills do not necessarily develop on their own.

Instead they need to be planned for, nurtured and developed in an environment controlled by a professional teacher who understands the potential positive impact on children and recognizes the various environmental manipulations and feedback schemes for their development.

The importance of the development of the skills cannot be overemphasized. With each succeeding year, competition in our society has brought forward some of our ugly characteristics, including win at all costs, crime, drug abuse, child abuse, unethical behavior, lack of caring for others, cultural bigotry, war and terror.

Obviously, physical education can not solve all of the problems in our society and world; however, there is enough evidence to show that under the right environment and directed by a professional understanding teacher, there can be change in some of our young people.

If one were to consider the gymnasium and field as a laboratory about life, where real-life situations occur on a regular basis, conflict, cheating, taking advantage, violence, embarrassment and others that emit total responses of the person, physical mental and emotional. On the other hand, it can be a laboratory about life where positive social skills are developed.

Social Behavior and Games

Cooperative game structure with young children have generally been found to be beneficial in promoting pro-social behavior.

Shields and Bredemeir (95). *Character Development & Physical Activity*, Human Kinetics, Ill.

Sage reports the beneficial effects of play in the development of social skills in young children, Sage, G. Academy Papers 19.

Fairplay and Physical Education

Students introduced to the Canadian Fair Play Curriculum showed a significant difference from the control on moral judgment, reasoning and intention scores.

Gibbons, S. Ebbeck, V. and Weiss, M. "Fairplay for kids: effects on the moral development of children in physical education," *Research Quarterly*, 1995, 66(3), 247-255.

Social Skills and Activity

"...social development in physical education classes present situations in which young people are required to interact with each other ... in a way that is different from the standard academic environment..."

Mutrie, N (97). *Young and Active Symposium*, Health Education Authority, London.

Social Theory and Exercise Adherence

Utilizing results from studies on exercise adherence as well as social cognitive theory, it was found instruction should include self-monitoring, goal setting, self-confidence, and skill development in a positive enjoyable setting.

Dishman, R., Sallis, J.F. "determinants and interventions of physical activity and exercise", in *Physical Activity, Fitness and Health. Int Proceedings and Consensus Statement*. Bouchard, C., Shepard, R.J. and Stephens, T. (Eds), Human Kinetics, Publ, 1994, 214-233.

Delinquency and Activity

Mutrie (97) in a literature review found several authors concluding that there was a negative relation between physical activity and juvenile delinquency.

Mutrie, N. (97). "Physical activity and its link with mental, social and moral health in youth", *Young and Active Symposium*, London.

McMahon, J. (90). "The psychological benefits of exercise and the treatment of delinquent adolescents". *Sports Medicine*, 9, 344-351.

Various theories have been proposed to help explain why one gets involved in delinquent behavior. Social strain, school failure, family environment, and boredom are a few explanations for delinquency prevalence.

Yin, et al., investigated the typology of leisure activities using ALTAS survey.

2651 Mexican American adolescents were investigated. Results indicate that a higher level of involvement in delinquency was significantly associated with increased participation in unsupervised socialization - with friends and decreased with supervised leisure and sporting activities, i.e., those who reported participation in supervised leisure activities were less involved in delinquent behavior.

These results show strong support for counseling students to participate in organized school activities, especially those that require socialization skills, team building and networking with friends through positive physical and leisure activities.

Yin, Zenong, D. Katins, J. Zapata, *Hispanic J of Behavioral Science*, "Participation in leisure activities and involvement in delinquency by Mexican adult adolescents"

Social Skills

Hellison, D. (1991), *The whole person in PE*, Quest 43, 307-318, p.308 noted that "today's children ...need personal and social values and skills that will help them navigate through the myriad of social problems that infuse their lives."



Nassau Zone – New York State AHPERD Outstanding Elementary and Middle School Physical Education Student Award Program

The Executive Board of the Nassau Zone of NYS AHPERD has established an award program to recognize an Outstanding Physical Education Student in each elementary and middle school in Nassau County.

1. The award is intended to recognize the efforts of one male and one female student **exiting from that elementary or middle school in June.**
2. Nominations will be accepted from any **current member of NYS AHPERD.**
3. The Award Certificate and memento will be mailed to building principals in May. And will be available for presentation by the principal or the school physical educator at the end of the year awards assemblies.
4. Specific information will be distributed through the Nassau Zone newsletter and through the Council of Administrator meetings.
5. Award winners will be published in the Nassau Zone newsletter and in the annual Zone Conference program.
6. Specific criteria for selection of candidates will be in the hands of NYS AHPERD members choosing to name an award recipient. We would encourage selection criteria to include a concern of health and wellness, fitness levels, and attention to values encouraged by the physical education program in the school in line with the New York State Curriculum Learning Standards.

ELEMENTARY SCHOOL AWARD WINNERS:

MIDDLE SCHOOL AWARD WINNERS:

Female: _____

Female: _____

Male: _____

Male: _____

Nominator: _____

Nominator: _____

School Address: _____

School Address: _____

Principal: _____

Principal: _____

District: _____

District: _____

District Director: _____

District Director: _____

Superintendent: _____

Superintendent: _____

Please return to:
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NOMINATIONS ARE DUE BY APRIL 10, 2003

ADVOCACY..WHOSE JOB IS IT?

The importance of physical activity for persons of all ages has been well documented. Unfortunately, the importance of physical education for the development of life-long physical activity habits, health promotion, cognition function, and the development of social skills needed by our society, have not been well understood or articulated beyond the community of physical educators. Misconceptions about the importance of physical activity for young people among policy makers, administrators, parents and school board members have contributed in a steady decline of physical education in schools across the nation.

Consequently, the research evidence and advocacy statements in this bulletin have been provided in order to help communicate to ALL components of our society, teachers, parents, and government officials the value of quality health and physical education programs.

Your role in sharing this information cannot be overestimated!



This is a story about four people named Everybody, Somebody, Anybody, and Nobody. There was an important job to be done and Everybody was asked to do it. Everybody was sure Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done.

Source: The District Action Kit/The District Disaster Kit, Published by: NYS AHPERD

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New York State Association for Health, Physical Education, Recreation and Dance, Inc.

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Nassau Zone Special Alert Bulletin

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