

PHYSICAL ACTIVITY AND HEALTH EDUCATION

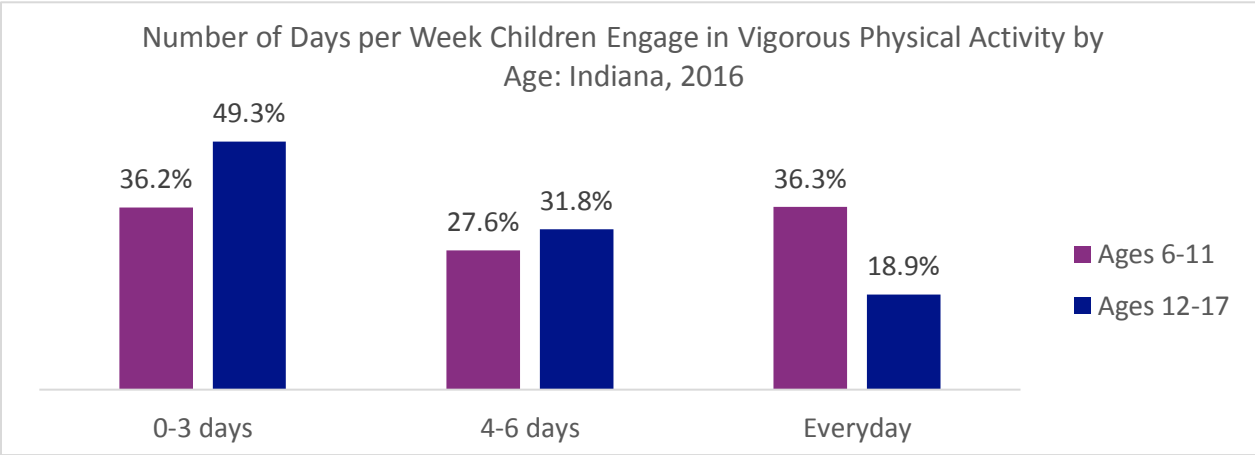


HEALTH

Health is foundational for child well-being. Physical and mental health in childhood impacts other critical aspects of a child’s life, including school attendance and performance, and can have lasting effects on a child’s future health and well-being. Substance abuse, lack of health care, inadequate insurance, and poor health habits put children’s health at risk.

Physical activity, adequate sleep and a healthy diet help prevent negative child health outcomes. Developing healthy habits early in childhood and continuing to exercise those habits through adolescence helps youth become healthy adults. Physically active youth tend to have better academic, cognitive and health outcomes than their peers. The CDC recommends that children and teens ages 6 to 17 get an hour or more of physical activity each day.¹

- 64.5% of children live in a neighborhood with a park or playground.
- 12.2% of teens ages 12-17 do not participate in vigorous physical activity (being active for 60 minutes or more) in a typical week.
- Younger children (ages 6-11) tend to participate in vigorous physical activity more frequently than older children (ages 12-17).²



Source: National Survey of Children’s Health

BENEFITS OF PHYSICAL ACTIVITY

For youth, participation in regular physical activity is associated with benefits such as improved academic performance, social development, self-confidence, and psychological well-being.

Improved academic achievement. For youth, physical activity is associated with improved academic achievement. Students who are physically active tend to have better grades, test scores, school attendance, classroom behavior, and time management. Among students, higher physical activity and

physical fitness levels are also associated with improved cognitive performance, such as improved concentration and memory.³

Social development. Participation in physical activity can assist in youth's social development by providing opportunities for social interaction and integration.⁴ Sixty minutes or more of daily physical activity for youth is associated with strengthened social and cooperative skills, such as teamwork and problem solving.⁵

Psychological benefits. Physical activity has been associated with psychological benefits for youth by improving control over symptoms of stress, anxiety and depression.⁶

HEALTH EDUCATION

Health education benefits students. Children's development is enhanced when they are connected to a supportive school environment and taught health-promoting behaviors like exercising regularly, abstaining from smoking, and obtain health care screenings. Health education promotes the improvement of each child's cognitive, physical, social, and emotional development.⁷

Health education teaches skills. Health education involves a combination of planned lessons that provide students the necessary skills to make quality health decisions. The learning experiences teach students the knowledge, attitudes, and ability to achieve health promoting behaviors. A comprehensive school health education includes curriculum and instruction for students in pre-k to grade 12.⁸

Health education is holistic. The topics addressed in health are varied and look at the whole child's well-being. This includes topics like alcohol, drug use, nutrition, mental health, emotional health, physical activity, safety, injury prevention, sexual health, and violence prevention.⁹

DATA SOURCES

[National Survey of Children's Health](#) is a survey of parents overseen by the United States Census Bureau. It provides data on many aspects of children's lives, including physical and mental health, access to health care, and children's family, neighborhood, school, and social context.

¹ Centers for Disease Control and Prevention (2017). Physical Activity Facts. Retrieved from <https://www.cdc.gov/healthyschools/physicalactivity/facts.htm>

² National Survey of Children's Health (2016). Retrieved from <http://www.nschdata.org/>

³ Centers for Disease Control and Prevention (2017). Physical Activity Facts. Retrieved from <https://www.cdc.gov/healthyschools/physicalactivity/facts.htm>

⁴ World Health organization (2018). Physical Activity and Young People. Retrieved from http://www.who.int/dietphysicalactivity/factsheet_young_people/en/

⁵ U.S. Department of Health and Human Services (2017). Physical Activity Initiative. Retrieved from <https://www.hhs.gov/fitness/behavioral-physical-activity-initiative/index.html>

⁶ World Health organization (2018). Physical Activity and Young People. Retrieved from http://www.who.int/dietphysicalactivity/factsheet_young_people/en/

⁷ Centers for Disease Control and Prevention (2014). Whole School, Whole Community, Whole Child. Retrieved from https://www.cdc.gov/healthyschools/wsc/wscmodel_update_508tagged.pdf

⁸ Journal of School Health (2015). The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Education Attainment and Health Development for Students. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/josh.12310/epdf>

⁹ Journal of School Health (2015). The Whole School, Whole Community, Whole Child Model: A New Approach for Improving Education Attainment and Health Development for Students. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/josh.12310/epdf>