

RESOLUTION

Subject: Supporting Implementation of Physical Education Programs

Submitted by: Chloe Ditka, Emma Higgins (Medical Student Section)

Referred to: Reference Committee

WHEREAS, childhood obesity is a serious health problem in the US, as it is estimated that 32.2% of children and adolescents ages 2 to 19 are overweight or obese from an analysis of data from the National Health and Nutrition Examination Survey¹; and

WHEREAS, current data in children and adolescents in the US shows declines in physical activity and corresponding increases in sedentary behaviors, as well as increasing rates of overweight and obesity and related health problems such as cardiovascular disease¹; and

WHEREAS, a systematic review and meta-analysis found that 55% of obese children will still be obese as adolescents, and 80% of obese adolescents will be obese as adults, although 70% of obese adults were not obese as children, which demonstrates the necessity for increasing healthy habit-building strategies for all children²; and

WHEREAS, current law in Kentucky does not mandate physical education for elementary or middle school students, although some guidelines exist, such as that high school students must complete 0.5 credit hours of physical education to graduate and K-5 schools must provide a maximum of 30 minutes of time for physical activity per day³; and

WHEREAS, after the COVID-19 pandemic, physical education programs for grades K-12 were disrupted⁴; and

WHEREAS, a qualitative study with semi-structured Zoom interviews was conducted with 11 K-12 PE teachers in Ventura County, Southern California, which showed significant declines in student physical fitness post-pandemic with reduced endurance, flexibility, strength, student motivation, engagement, along with increased sedentary behaviors and deepening socioeconomic disparities⁴; and

WHEREAS, there is a necessity for systemic reforms for PE programs such as increased funding, improved facilities, reduced class sizes, consistent policy enforcement, and more administrative support⁴; and

WHEREAS, the American Medical Association (AMA) has recognized the importance of the implementation of quality physical education programs both on the state and local level for all students, including those ungraded classes, throughout grades kindergarten through twelve, including those

students with physical, developmental, intellectual challenges, or other special needs⁵; now, therefore, be it

RESOLVED, that KMA promote the benefits of regular physical activity in children, and further encourage Kentucky schools to have high-quality physical education programs for all students from grades kindergarten through twelve.

References:

1. Wong, S.S. (2017, November 1). Community-Based Healthy Living Medicine, With a Focus on K-12, Physical Education, and Nutrition. *Progress in Cardiovascular Diseases*, 60(3), 450-455. <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0033062017301433>
2. Simmonds, M., et al. (2016, February). Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev.*, 17(2), 97-107. <https://pubmed.ncbi.nlm.nih.gov/26696565/>
3. Shape of the Nation. (2016). *State Profile: Kentucky*. https://www.shapeamerica.org/Common/Uploaded%20files/document_manager/advocacy/son/2016/SON_Kentucky-2016.pdf
4. Templeton, D., Korchagin, R., & Valla, B. (2025, May 5). Left Behind in Lockdown: How COVID-19 Deepened the Crisis in K-12 Physical Education. *Children (Basel)*, 12(5), 603. <https://pubmed.ncbi.nlm.nih.gov/40426782/>
5. AMA Policy Finder. (2022). *Mandatory Physical Education H-470.975*. <https://policysearch.ama-assn.org/policyfinder/detail/mandatory%20physical%20education?uri=%2FAMADoc%2FHOD.xml-0-4291.xml>