9000 Lockhart Gardens, Suite 16
St. Thomas, VI 00802
(340) 774-5437

Good morning, everyone - I regret I cannot be with you in person and in pink today, but I do want to express my support for Bill No. 36-0080 which mandates a morning exercise routine for children in public schools. The American Heart Association still recommends that schools engage students in at least 60 minutes of physical activity daily - this does not necessarily need to be continuous, but implemented though gym class, recess, or after-school programs. The National Association for Sport and Physical Education and SHAPE America recommend 150 minutes of instructional physical education for elementary school students and 225 minutes for middle and high school students weekly. Though 7 minutes in the morning is not going to meet any of these standards individually, it at least brings our schools closer to those benchmarks. It also would promote the concept of consistency in physical activity, which has been shown to be more beneficial than intensity in providing long-term health benefits.

Healthy People 2020 established clear objectives recommending an increase in the proportion of schools that require physical education through use of policies outlined in SHAPE America's *Essential Components of Physical Education* document, which was revised over several years and released again in 2024. Despite this, our national implementation statistics consistently fall short of participation goals related to mandatory physical education. While controversy still exists as to what should be required for physical education in schools, I believe this short morning program can be implemented in a way that is inclusive and complimentary to academic education. I would encourage educators to use SHAPE America's National Physical Education Standards to direct activity design for the program, which delineates specific objectives based on grade spans (pre-K-2, 3-5, 6-8, 9-12) with regard to 4 standards: 1) development of a variety of motor skills, 2) application of knowledge related to movement and fitness concepts, 3) development of social skills through movement, and 4) development of personal skills, identification of personal benefits of movement, and choosing to engage in physical activity. As for evaluation of program effectiveness, much of the relevant data will be compiled through primary health care providers such as myself. One of our objectives during all regular clinic visits is to assess activity levels and overall physical health, which would include fitness. I would also recommend the use of standardized methods like the CDC's Physical Education Curriculum Analysis Tool to continually evaluate and modify this program to increase and maintain effectiveness. Let's all continue to do whatever we can to promote the health and fitness of our children in the Virgin Islands. Thank you for your time and your support.

Brian J. Young, MD, FAAP