

Recommendations for the Reauthorization of ESEA/NCLB

Action Needed!

Recommendations for the Reauthorization of ESEA/NCLB

REQUEST: *Help to ensure our nation's future by including in ESEA reform the requirement of health education and physical education as "core" subjects, which contribute to both health and academic achievement.*

Specifically, Congress should:

- ▶ Provide strong guidance to ensure that all students will experience a robust health education curriculum designed to address critical health needs such as obesity and to develop a health literate society;
- ▶ Ensure that schools *have the option to use* Title I and Title II funds for physical education and health education programs and teacher professional development.



Background:

The goal of Elementary and Secondary Education Act (ESEA) Act of 2001, also referred to as No Child Left Behind (NCLB), was to hold the nation accountable for educating all students. It focused on illuminating the growing achievement and attainment gaps and the need to place high-quality teachers in classrooms. The law requires ESEA to be reauthorized every 5 years, which is now long past due. With the impending reauthorization of ESEA, Congress has yet another opportunity to close the gaps in preparing youth to become citizens in a *healthy and productive society*.

In October 2011, the Senate Health, Education, Labor, and Pensions Committee passed the ESEA Reauthorization Act of 2011. One provision requires that states which receive Successful, Safe, and Healthy Students Grants must report health education indicators; physical education indicators were already included. In addition, the definition of "well rounded education" includes health education and physical education. In early 2012, the House Education and Workforce Committee introduced two new ESEA bills, the "Student Success Act" and "Encouraging Innovation and Effective Teachers Act." These bills, which do not include health education and physical education, passed out of Committee in February 2012.

Basic Facts:

- ✓ Only 6.4 percent of elementary schools, 20.6 percent of middle schools, and 35.8 percent of high schools required health instruction, according to the latest CDC 2006 *School Health Policies and Programs Study*.
- ✓ Among 38 states that participated in the CDC's *School Health Policies and Programs Study* (2006), the percentage of schools that required a health education course decreased between 1996 and 2000, as did the percentage of schools that taught about dietary behaviors and nutrition.
- ✓ In 2009, only 18% of high school students had participated in at least 60 minutes per day of physical activity, and only 33% attended physical education class daily.
- ✓ Health and fitness are linked to improved academic achievement and grades, cognitive ability, and behavior as well as reduced truancy. Healthy graduates are less likely to rely on government health care, use public services such as food stamps or housing assistance, and are more likely to raise healthier, better-educated children.
- ✓ The lack of physically fit and health-literate graduates has become a national security issue—being overweight or obese has become the leading medical reason why applicants fail to qualify for military service.

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Basic Facts CONTINUED:

- ✓ Without intervention, children born today may – for the first time in two centuries – have a shorter life expectancy than their parents (Olshansky, et al. 2005. *NEJM* 352(11): 1138-1145). The increased prevalence of childhood obesity will likely lead to an unprecedented increase in chronic disease rates, particularly Type II diabetes, heart disease and cancer.
- ✓ Evidence shows that students who are provided with instruction in personal and social skills have improved decision-making, reducing health risk behaviors; and programs linking instruction with health, education, social services and health services in schools reduces absenteeism.
- ✓ The National Health Education Standards (NHES) are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education. (The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence* (2nd Edition). Atlanta: American Cancer Society, 2007.)
- ✓ Research findings from the National Institutes of Health and the Centers for Disease Control and Prevention have demonstrated that school health education programs can and do result in improved dietary and health habits when implemented with appropriate teacher development and program fidelity.
- ✓ The goal of school health education is to help students adopt and maintain healthy behaviors. Therefore, health education can contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity.

Consider these Issues:

****Need:** Many schools today do not provide adequate health education or physical education, as recommended by leading health-related national organizations and the Centers for Disease Control and Prevention.

Concern: Subjects that are not considered “core” under the current law are frequently at risk of being marginalized and eventually eliminated due to a lack of funding or administrative priority.

Solution: Ensure that the ESEA/NCLB reauthorization recognizes physical education and health education as “core” subjects (at the same level as art and civic education), thus ensuring that schools *have the option to use* Title I and Title II funds for physical education and health education programs and teacher professional development.

****Need:** In recent years improved health literacy has been determined by both the medical and business communities to be an essential part of improving overall health and eliminating health disparities in the U.S. A 2004 Institute of Medicine Report indicated that enhanced school health education programs are essential in developing a health literate society in the United States as the country faces increasing health care challenges.

Concern: The 2001 NCLB legislation made absolutely no mention at all of health education in schools.

Solution: Ensure that the ESEA/NCLB reauthorization recognizes the importance of education about health in the preK-12 environment as critical to both the quality of life and future health-related expenditures in the U.S.

Advocating for healthier people through health education on behalf of the 30,000 members of the American Association for Health Education; American College Health Association; American Public Health Association/Public Health Education & Health Promotion Section; Association of Accredited Public Health Programs; Association of Prevention Teaching & Research; Coalition of National Health Education Organizations; Directors of Health Promotion and Education; Eta Sigma Gamma; National Association of Chronic Disease Directors; and Society for Public Health Education.