# Healthy Schools, Healthy Youth

Action Needed!

~~~~~~~~~~~~~ Improve the Health of Children and Invest in Children's Health ~~~~~~~~~~~~~

**REQUEST**: *Promote the health of youth and help ensure our nation's future by requiring that all school districts provide a strong preK-12 health education instructional program built upon the voluntary National Health Education Standards and delivered by a qualified teacher workforce.*

| LABOR-HHS-ED Appropriations | FY 2010 | 2011 President's Budget | FY 2011 Request |
|---|---|---|---|
| **CDC's Division of Adolescent and School Health (DASH)** | **$57.645 M** | **$61.52 M** | **$77.645 M** |
| ***Coordinated School Health Program*** | **$13.9 M** | **$18.9 M** | **$33.9 M** |
| ***HIV Prevention Education/Other*** | **$43.70 M** | **$42.62 M** | **$43.745 M** |

## Basic Facts:

- ✓ The percentage of school-aged children aged 6 to 11 who were obese more than doubled from 1980 to 2006—increasing from 6.5% to 17.0%; among adolescents aged 12 to 19, the percentage more than tripled, increasing from 5% to 17.6%.
- ✓ Among children and adolescents aged 2 to 19 years, approximately 12 million are obese.
- ✓ Obese children and adolescents are more likely to become overweight or obese adults.
- ✓ An estimated 61% of obese children aged 5 to 10 years have one or more risk factors for heart disease and 27 % have two or more risk factors for heart disease.
- ✓ Approximately 79 percent of young people do not eat the recommended number of daily servings of fruits and vegetables.
- ✓ Only 30% of high school students participate in daily physical education classes.
- ✓ Of American children born in 2000, one in three will develop diabetes during their lifetime.
- ✓ 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 CDC 2006 *School Health Policies and Programs Study*. 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.
- ✓ 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).
- ✓ During an economic downturn, children and families without health coverage turn even more to state/local health departments, community-based organizations, and schools for basic preventive health services, such as children's immunizations.

## Need:

- ➢ In 2008, 43 states (plus five tribal governments and four territorial education agencies) applied for funding to support a coordinated school health program; however, because of limited resources, only 22 states and 1 tribal government were funded.
- ➢ A funding level of $33.9 million would allow capacity building grants to an additional of up to 17 states (from 23 to 40).

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## Coordinated School Health Programs = Health + Academic Success:

- Funding for CDC's School Health Program provides a catalyst for collaboration between state education and health agencies to improve students' health and well-being. The funding assists states to *improve the health of children and youth and remove barriers to students' academic success* by improving the high quality and coordination of efforts of school-level programs.
- Coordinated school health programs use a holistic approach by addressing eight key components: health education, physical education, school meals, health services, healthy school environments, staff health promotion, and family/community involvement.
- CSHP programs have a unique advantage in fighting the obesity epidemic because they better link the state departments of education and health, strategically plan for statewide impact, apply state-of-the-art obesity prevention policies and programs, and more effectively leverage resources and engage partners.

## Return on Investment:

- An economic evaluation of Project Toward No Tobacco Use (TNT) showed that for every dollar invested in this tobacco prevention program, almost $20 in future medical costs could be saved.
- Planet Health, a school-based obesity prevention program, cost $33,677 for 1200 middle school students over 2 years, or $14 per student per year. An estimated 1.9% of the female students were prevented from becoming overweight or obese adults. For every dollar spent on the program, $1.20 would be saved in future medical costs and loss of productivity.
- Each $1 invested in school-based tobacco prevention, drug and alcohol education and family life education saves $14 in avoided health costs.
- Schools that offer breakfast programs increased academic scores, attendance, and class participation.
- Students who receive mental health services have reduced failures, disciplinary actions and improved grade point averages.

## Exemplary School Health Activities:

- Through joint efforts of the **North Carolina** Healthy Schools initiative and the state's Tobacco Free Schools (TFS) program, the percentage of school districts adopting 100% TFS policies increased from 5% in 2000 to 100% in 2008—a remarkable accomplishment for a tobacco-growing state.
- The **Mississippi** Department of Education has worked with the CDC and partners on nutritional standards for school snacks and meal programs and a ban on soft drinks with sugar. Grant funds are used to replace fryers with combination oven steamers in 29 school districts. The Mississippi Healthy Students Act requires that students in K-8$^{th}$ grade participate in a minimum of 150 minutes each week of activity-based instruction and at least 45 minutes per week of health education instruction.
- In **New York's** Healthy Steps events conducted since 2006, a total of 240 schools have participated, and students have logged more than 1 million miles.

*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; Coalition of National Health Education Organizations; Council of Accredited MPH Programs; Directors of Health Promotion and Education; Eta Sigma Gamma; National Association of Chronic Disease Directors; National REACH Coalition; and Society for Public Health Education.*
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