

Recommendations for the Reauthorization of ESEA/NCLB

Action Needed!

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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.*

Specifically, Congress should address four critical needs when updating current law:

- ▶ 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;
- ▶ Require all health education teachers to meet state certification standards;
- ▶ Provide professional development opportunities to enhance the quality of health education teaching as health and medical knowledge continues to advance; and
- ▶ Establish a grant program to support direct funding of schools committed to positively enhancing their delivery of health education programming.



Background:

Congress will soon address reauthorization of the Elementary and Secondary Education Act (ESEA) – also known as the No Child Left Behind Act (NCLB). The goal of NCLB Act of 2001 was to hold the nation accountable for educating all of its students. It focused on bringing to light growing achievement and attainment gaps and the need to place high-quality teachers in classrooms. With reauthorization of ESEA, Congress has yet another opportunity to close the gaps in preparing youth to become citizens in a *healthy and productive society*.

The President's proposed FY 2011 budget includes \$49.7 billion (an increase of \$3.5 billion over FY 2010) for the Department of Education's discretionary program. This includes \$1.35 billion to continue Race to the Top, \$500 million for the Investing in Innovation Fund, \$900 million for school turnaround grants, and \$950 million in competitive grants to states to prepare, retain, and reward effective teachers and leaders. The sum of \$410 million is proposed to improve students' physical health and well-being through the use of, or provision of access to, comprehensive services that improve student nutrition, physical activity, and fitness.

A renewed interest in reauthorizing ESEA, coupled with First Lady Michelle Obama's announcement of the "Let's Move" campaign, makes this an ideal time for Congress to examine the critical role that Health Education can play in the lives of children and adolescents.

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 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.
- ✓ 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 unprecedented increase in the prevalence of childhood obesity will likely lead to an unprecedented increase in chronic disease rates, particularly Type II diabetes, heart disease and cancer.

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Basic Facts CONTINUED:

- ✓ 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.
- ✓ The 2006 President's Council on Physical Fitness and Sports found that health literacy is a critical element in combating childhood obesity and inactivity (President's Council on Physical Fitness and Sports Research Digest, September 2006).

Consider these Issues:

****Need:** Since 1980, the percentage of children who are obese has more than doubled while the rate among adolescents has more than tripled (Ogden, et al. 2006. *JAMA* 295(13): 1549-1555). More than 17 percent of the nation's children and adolescents are overweight and obese (*Ibid*).

Concern: At the same time that obesity is becoming an epidemic, the CDC *School Health Programs and Policy Study* found that the majority of schools are teaching nutrition with health education teachers who do not meet even minimal certification standards.

Solution: Ensure that the reauthorized ESEA/NCLB requires sound health curricula taught by teachers that meet state certification standards.

****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.