



Society for Public Health Education's

18TH ANNUAL ADVOCACY SUMMIT

FUNDING FOR HEALTH EDUCATION IN SCHOOLS

REQUEST: Fund CDC's School Health Branch in the National Center for Chronic Disease Prevention and Health Promotion at \$23,400,000 in FY2017. Funding will enable all states to implement recommended strategies to reduce student obesity, improve health outcomes and reduce health disparities through better nutrition, physical activity and physical education opportunities and improved management of chronic conditions.

Current funding of \$15,400,000 allows for only limited efforts to support K-12 student health across 50 states. An additional \$8 million is needed in FY17 to provide a full-time education coordinator in each state so that the Departments of Health and Education in all 50 states can work together to improve the health of children and remove barriers to students' academic success.

Increases in Youth Obesity	1976-80	2011-14
Children 6-11 yrs	7%	18%
Adolescents 12-19 yrs	5%	21%

1 in 4 children have a chronic condition such as diabetes or asthma. Children with unhealthy behaviors or chronic health conditions may face lower academic achievement, increased disability, fewer job opportunities, and miss more school, which reduces their opportunities for learning and high school graduation.

Health Education Has Not Been Routinely Taught

According to the CDC, most schools do not provide the recommended hours of health instruction in schools. The National Standards in Health Education call for 40 hours of instruction in grades K-2 and 80 hours of instruction for grades 3 to 12 annually. This is the equivalent to 55 minutes of daily health education for one semester per year for grades K-12.

The National Health Education Standards are organized around eight health-enhancing concepts, which help students comprehend and analyze health-related concepts such as disease prevention, psychosocial impacts on wellbeing and health promotion. A key component of the standards and performance indicators is that students will be able to demonstrate a health-related skill. They include the ability to set goals, engage in

interpersonal communication, evaluate health information for accuracy, advocate for the health of themselves and their community and practice the promoted health behavior. The health education standards distinguish themselves from the typical health curriculum that is focused solely on nutrition and physical activity in that health education encourages students to be informed and empowered to make conscious health decisions, which can guide future decisions as adults.

New Opportunities for K-12 Health Education

The 2015 Every Student Succeeds Act (ESSA) includes health education as a component of a well-rounded education, such as math and science. The legislation promotes safe, healthy, supportive and drug-free environments for students to prosper academically. ESSA states that schools should "support a healthy, active lifestyle, including nutritional education and regular, structured physical education activities and programs that address chronic disease management.



The Whole School, Whole Community, Whole Child Model (WSCC) is a new framework for schools to help create healthier environments to support student learning and academic achievement. The WSCC model focuses on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.