



# Friends of School Health

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## Testimony

### Expanding Funding for CDC School Health Programs

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Committee on Appropriations  
Subcommittee on Labor, Health and Human Services,  
Education and Related Agencies**

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Good morning, Mr. Chairman and Members of the Subcommittee. My name is Sharon Murray and I am the Executive Director of the Society of State Directors of Health, Physical Education and Recreation. I am grateful for this opportunity to appear before you today on behalf of the Friends of School Health, a coalition of 60 national health and education agencies dedicated to promoting school health programs and their value to the children and youth of America.

I would first like to thank you for your past support of programs and initiatives that invest in our nation's young people. Today I am here to request that the Centers for Disease Control and Prevention's (CDC) School Health Programs in the Division of Adolescent and School Health (DASH) be funded at \$34.2 million for fiscal year 2006. This represents an overall DASH appropriation of \$76.8 million.

Our nation's children and adolescents face enormous challenges that can have a profound impact on health. Recognizing that health behaviors acquired during youth follow into adulthood, the current health status of youth is alarming. Health experts have warned that for the first time, children today are in danger of having a shorter lifespan than their parents. More children are overweight now than at any other time in history and are experiencing unprecedented levels of Type II diabetes and early risk factors for cardiovascular disease. Not surprisingly, nearly 80 % of youth do not eat the recommended five servings of fruits and vegetables each day. Participation in daily high school physical education classes has dropped from 42 % in 1991 to 28 % in 2003. And each day, more than 4,000 youths ages 12-17 try their first cigarette. Unhealthy diets, physical inactivity, and tobacco use contribute to the leading causes of death among adults and account for at least 700,000 deaths annually in the U.S. In a report published by the Texas Department of Health, the estimated costs of health care, lost workdays, and premature death related to overweight and obesity in Texas adults may increase from \$10.5 billion in 2001 to \$39 billion by 2040 if the obesity epidemic continues. This is a call to action for all states.

The health of young people is directly linked to the health-related skills and behaviors they learn and choose to adopt. CDC's School Health Programs allows states to examine the health needs within their state and develop local programs tailored to those needs. School Health Programs are cost-effective in improving children's health, behavior, and their academic success. School Health Programs build bridges between state education departments and public health agencies to coordinate health education, physical education, nutritious meals, staff wellness, mental health services, and parent involvement. States use this funding to maximize efficiency and eliminate duplication by coordinating multiple existing state and community initiatives. For example,

- In Wisconsin, CDC School Health funds were used to develop a local in-school physical activity program called "Movin' Schools" for 9-13 year olds. Schools who chose to participate developed their own creative physical activity goals such as walking the steps it would take to climb Mount Everest and bridged that with geography lessons. "Movin' Schools" has increased physical activity for 30,000 Wisconsin students. Furthermore, Wisconsin leveraged CDC funds with private dollars to provide mini-grants to local participating schools.
- In Florida, CDC School Health funds were used to support training, technical assistance, and small grants to schools that applied to participate in the coordinated school health pilot project. School staff participated in training, implemented research-based curricula,

developed partnerships with local agencies to provide mental health services, and implemented staff wellness programs in stress management and nutrition. One participating middle school found that attendance improved, the number of students with at least a 3.0 GPA and no disciplinary referrals increased, standardized math scores improved, and overall the number of disciplinary actions decreased. The expanded Partners Project includes 56 schools in 20 school systems, impacting more than 58,000 Florida students.

Demand for this program far outstrips resources; only 23 of the 39 states that applied for the funding receive it. States that were approved for the program but were not funded due to limited resources include Ohio, Oklahoma, Mississippi, Illinois, Maryland, Connecticut, and Texas. While many of these states are already working to build effective school health programs, they would be able to maximize their efforts with CDC's School Health funding. For example:

- In Ohio, the state Department of Health and private sector partners such as Action for Healthy Kids and the American Cancer Society have worked to improve school health programs to impact physical activity, nutrition, and academic performance with limited resources. One program, Buckeye Best Healthy School Awards, honors schools for making health a priority through school programs or policies promoting good nutrition, physical activity, and tobacco prevention. If Ohio were to receive funding for CDC's School Health Programs, they could support a staff member at the state Department of Education who would oversee physical education and provide professional development to support local school systems in the development and implementation of plans to address obesity and other adolescent health issues identified by communities.
- In Texas, childhood overweight is a major concern considering 62% of adults die from cardiovascular disease and cancer. In response to that, the Texas legislature requires at least 30 minutes of daily physical activity for all K-6 students and requires every school system to have a School Health Advisory Council, made up mostly of parents, that has the authority to make recommendations regarding how health is taught and delivered in all schools. If Texas were to receive funding for CDC's School Health Programs, they could fully support their existing regional school health network to provide direct technical support for local school systems and provide the ability to continue building public/private partnerships and leverage additional dollars and expertise to impact the health of Texas students.

School Health Programs are also fiscally sound. CDC recently published an economic analysis of school programs to prevent cigarette use among middle and high school students. The study showed that for every dollar spent on school tobacco programs, society would save approximately \$20 on medical care costs. Another economic analysis of a school-based obesity prevention program found the intervention cost of \$14 per student per year would result in an estimated savings of \$15,887 in medical care costs and \$25,104 in loss of productivity costs.

In closing, we understand and recognize the budgetary constraints in which you operate. However, a small investment in School Health Programs would have a long-lasting positive impact on the health of our nation. CDC's School Health Programs provides states with the resources to ensure partnerships between schools, families, communities, and government. These partnerships are vital to enable children to have a healthy start and to become healthy, well-educated, and productive citizens. Enabling School Health Programs is the right thing to do and the smart thing to do. Again, thank you for the opportunity to appear here today.