



Friends of School Health

Testimony

Expanding Funding for CDC School Health Programs

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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 as it is today. This is a call to action for all states.

While these statistics are alarming from a medical standpoint alone, experts such as U.S. Surgeon General Richard Carmona, recognize that obesity and the lack of fitness among our nation's young people are severe enough to threaten national security. In a January 2005 presentation at a national obesity conference, Dr. Carmona said he has spent time working with military leaders concerned about the health of America's youth, their fitness to serve the country, and that "our preparedness as a nation depends on our health as individuals." A 2003 Institute of Medicine report found that almost 80 % of recruits who exceed military height-weight standards at the time they enter military service, end up leaving the military before completing their first term of enlistment. The obesity epidemic has had an impact on the pool of eligible recruitment candidates as well as the retention of young recruits. As a result, the health and fitness of our nation's youth have broad implications for long-term medical costs to society and homeland security.

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. Florida’s expanded Partners Project includes 56 schools in 20 school systems, impacting more than 58,000 Florida students.
- In New York, CDC School Health funds were used to build stronger school/community partnerships through workshops that help schools better address health disparities and meet the needs of low-income or minority youth. Through the “School Health Alliance,” New York leverages CDC funds with the expertise and funds of a variety organizations and agencies that have a common interest in the health of children. The New York Statewide Center for Healthy Schools maintains a resource website for local schools that received over 16,000 hits in 2004. School Health funds also facilitate a multi-year leadership institute for 20 local school systems in the state to help local school personnel strengthen health policies and programs. One of the school systems that chose to participate has implemented over a dozen innovative activities such as “Fruit and Veggies Sampling Days” in all elementary schools, a student-developed color coding system for healthful and less healthful snacks, training for the high school nurse and social worker on nutritional problems including eating disorders, and a partnership with a local university to accurately determine the weight-related problems in schools.

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 working to build effective school health programs with precious few resources, 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 local 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 that have been 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.

- In Connecticut, over 350 health education teachers have been trained to use student work to assess the health education curriculum and instruction at the local level through the use of research-based materials in curriculum and assessment. In recognition of the importance of school health programs, the Connecticut Departments of Education, Public Health, and Children and Families have worked to implement school health partnerships on the local level with few resources. This state level steering team is the coordinating mechanism of many initiatives including the establishment of local school health councils. If Connecticut were to receive funding for CDC's School Health Programs, they could put personnel in place to coordinate services at both the school and community levels, lead major health enhancing initiatives by providing technical assistance and consultation to school districts on the development of school health councils, the development and expansion of family-community partnerships and the use of local, state and national data to support and inform health promotion programs.

- In Mississippi, the state Department of Education has developed a partnership with a local foundation to provide small competitive grants to local school systems that choose to develop a coordinated School Health Program. Each participating school system must organize a local school health advisory council, conduct a school health assessment and evaluation, and implement interventions such as provide more fruits and vegetables during lunch, require healthier vending and fundraising options, and integrate physical activity into homework assignments. If Mississippi were to receive funding for CDC's School Health Programs, they could solidify their state support system to maximize and add to the contributions of their local foundation, and more effectively implement local programs to improve school health environment, create local level momentum for school health programs across the state, and

provide technical assistance to local school systems on school health advisory councils and healthy policy change.

States with CDC's School Health funds have unique advantages over states without these funds because they are able to:

- Consider all health issues across all populations of young people: Funded states can address all relevant health problems in young people in a way that can strengthen coordination, avoid duplication, and share best practices statewide.
- Increase resources that can improve the health of children and youth: Funded states are able to leverage additional funds, organizational expertise, and community services.
- Work directly and efficiently in the education system to reach children and youth: Because the funds go to a partnership between state education and health agencies, funded states can bring state-of-the-art health promotion strategies directly to students.
- Use researched strategies to address health problems: Funded states apply research findings to impact health behaviors by implementing CDC's School Health Guidelines and using tools based on these guidelines.

CDC's School Health Program funding helps states improve the health of children and youth and remove barriers to students' academic success through improving the quality and coordination of the school-level programs that can improve students' health and well-being. This approach to school health meets the needs of the whole child in order to provide an academic environment in which children thrive. Examples of how School Health Programs contribute to improved health outcomes and academic achievement include:

- Schools that offer breakfast programs have increased academic test scores, daily attendance, and class participation.
- Students who receive mental health services have reduced failures, disciplinary actions, improved grade point averages, and feel more connected to school.
- Students who are physically fit achieved better math and reading scores than their non-fit peers.
- Students who took part in an elementary social decision-making and problem-solving health education program showed long-term pro-social behavior and less antisocial and self-destructive behaviors.
- Schools with accessible health services for students report increased classroom attendance, decreased drop-outs and suspensions, and higher graduation rates.
- Students with involved parents have greater achievement gains in reading and math, better attendance, and more consistently completed homework.
- Schools with staff wellness programs found that teachers are more energetic, take fewer sick days, more effectively handle job stress, and contribute to a more optimistic school climate.

CDC's School Health Program funding helps states maximize limited resources for meeting a wide range of health issues affecting school-aged populations by improving coordination of existing programs (e.g. School Meals, Safe and Drug Free Schools and Communities, HIV/AIDS

Prevention, Maternal and Child Health programs that support school nurses, No Child Left Behind programs that support school counselors and physical education programs, Medicaid and SCHIP programs for students that receive medical care in school-based health centers, etc.) consistent with local plans to eliminate duplications, leverage resources, and ensure consistent messages. Such coordination allows states to provide cross training and integrated technical assistance on school health policies and practices; conduct joint planning that brings together state-level organizations and agencies with an interest in improving the health, mental health, safety, and academic achievement of young people and thus coordinate strategies at the state and local levels for cultivating and implementing health-promoting programs; and identify and eliminate duplications of services plus identify gaps, then seek funding from existing programs or foundations and corporations to fill the gaps.

Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. The flexibility of CDC's School Health funding allows states to examine the health needs of the children within their state and develop school health programs tailored to meet those needs.

Finally, School Health Programs are 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.