Student Health Advocacy Coalition

The Honorable Lamar Alexander, Chairman
Senate HELP Committee
United States Senate
Washington, DC 20510

The Honorable Patty Murray, Ranking Member
Senate HELP Committee
United States Senate
Washington, DC 20510

April 3, 2015

Dear Senators Alexander and Murray:

On behalf of the Student Health Advocacy Coalition (SHAC), thank you for your leadership in developing a bipartisan bill to reauthorize the Elementary and Secondary Education Act (ESEA). Your dedication to our nation's students and educators is crucial, and we hope that you will help to ensure that our education system play its part in addressing the needs of the whole child.

The education, public health, and mental health organizations that comprise SHAC wish to draw your attention to the compelling evidence for the direct correlation between health and academic success.[i] Students whose non-academic needs are addressed are more likely to attend school regularly, behave well, graduate from high school, and grow into healthy, resilient, and productive citizens. Addressing students' needs is an essential element of comprehensive education reform and a proven strategy for school turnaround and improvement.[ii]

Attending to the whole child is particularly important today because, for the first time in fifty years, the majority of our nation's students are low-income. As a result, they are far more likely to face a variety of health and economic barriers to teaching and learning. Many disadvantaged students need a wide range of supports to overcome the many barriers to academic achievement, whether it be a chronic health condition, an emotional or mental health need, chronic absenteeism, lack of stability in the home, or a result of ongoing stressors in the family or neighborhood.

At the same time, health and medical experts warn that the unhealthy daily habits of too many children and youth is placing a tremendous financial burden on the nation, a burden likely grow even greater in the future. For example, the Centers for Disease Control and Prevention (CDC) reports that annual medical costs for people who are obese are $1,429 higher than those of normal weight. Obesity results in $147 billion in annual health care costs to the U.S. economy, lessens the productivity of the U.S.

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workforce, and undermines the military's ability to recruit and retain service members.[iii] Schools, while not the only solution, are uniquely positioned to help children and youth acquire life-long, health-promoting knowledge, skills, attitudes, and behaviors through a well-coordinated program of comprehensive health education, physical education, nutritious meals, on-demand nursing and counseling services, staff health promotion, and mental health screenings and services.

Each reauthorization of ESEA has reflected important new research findings and "lessons learned" to improve student academic achievement in PK–12 schools. For example, the value of maintaining school climates that are safe and supportive is now well recognized and was included in the Chairman's recent public draft. We urge you to consider some additional best practices that should be incorporated into the new authorization, specifically regarding physical activity, health education, tobacco- and nicotine-use prevention, program coordination, and accountability.

Physical education and activity: When ESEA was last authorized in 2002, there was surprisingly little research confirming the intuitive link between academic achievement and physical fitness, a connection long appreciated by elite schools with robust athletic programs. Today an abundance of new research from the fields of neuroscience, physiology—and education—demonstrates that increased participation in physical education is associated with better grades, higher standardized test scores, and improved classroom behavior among students.[iv]

The positive effects of physical activity on academic achievement are particularly pronounced among students from disadvantaged families and communities. The time is ripe to ensure that federal Title I programs recognize and support fitness-oriented physical education and other forms of physical activity throughout the school day. Concurrently, Title II should support the recruitment, training, deployment, and retention of effective physical education teachers and help teachers of all subjects learn how to include brief periods of physical activity into their classroom routines.

Health Education: In addition to physical education, student academic success depends on quality health education in schools. Quality health education has been proven to be effective in reducing health-risk behaviors, including preventing tobacco use, preventing alcohol use, reducing heavy drinking, preventing dating aggression and violence, and decreasing risky sexual behaviors.[v] Quality health education also improves health-enhancing behaviors such as increasing physical activity, improving dietary behaviors and decreasing health illiteracy, which costs our nation $100–200 billion annually. Further, the teaching of social and emotional skills improves academic behaviors of students, increases motivation to do well in school, increases positive attitudes toward school, reduces absenteeism, improves performance on achievement tests and grades, and improves high school graduation rates. Therefore, federal Title I programs should recognize and support the provision of

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standards-based health education in schools, while Title II should support the recruitment, training, deployment, and retention of qualified health education teachers.

Tobacco and Nicotine Use Prevention: The provisions of Title IV, Part C regarding environmental tobacco smoke in schools were written in 1994 and are in serious need of updating. As recognized by Congress when it enacted the Family Smoking Prevention and Tobacco Control Act, "consensus exists within the scientific and medical communities that tobacco products are inherently dangerous [and that] nicotine is an addictive drug." ESEA needs to ensure that recipients of Federal education funds prohibit the use of any type of tobacco product or nicotine delivery device among students, faculty, staff, and school visitors in all school buildings; outside on school grounds; on school buses or other vehicles used to transport students; and at off-campus, school-sponsored events.

Program Coordination: In addition to the school meals program administered by USDA, at least ten other federal agencies support various aspects of PK–12 student health with relatively small programs that promote mental health services, violence prevention, traffic safety, substance abuse prevention, environmental health, etc. The fragmented nature of these programs inhibits the effectiveness of each and is an inefficient use of scarce federal funds. SHAC strongly encourages Congress to promote greater coordination among these programs at the national, state, and local levels.

At the national level, the Department of Education's Office of Safe and Healthy Students (OSHS) should be designated the lead agency on a reconstituted Interagency School Health Committee. This once-valuable coordinating mechanism has been dormant nearly two decades. We believe that OSHS should maintain a strong leadership role within the Department so that it may continue to disseminate guidance and best practices to states and school districts and provide technical assistance to schools and communities to promote and strengthen this coordination and more effective use of federal funds and programs.

At the state level, each state education agency should be required to collaborate in joint planning and program implementation efforts with their state department of health, all of which are funded by CDC to support the efforts of schools to prevent heart disease, cancer, diabetes, and other chronic diseases.[vi] Other state agencies with a stake in student health and safety should also be enlisted in efforts to streamline and enhance services, funding, staffing, and prevention efforts. Such collaboration at the state level helps to ensure more effective coordination at the local level as well.

As the specific needs of each community differ, SHAC strongly supports the proposal in the Chairman's draft that recipients of Title IV funding be required to conduct comprehensive needs assessments to ensure that ESEA funds are being used to address specific areas in need of improvement. State and local plans that result from these needs assessments should be expected to address the following: 1) creating

and maintaining schools that are physically and emotionally safe, healthy, supportive, active, and tobacco- and other drug-free; 2) ensuring that students learn how to live healthy lives while avoiding substance use and other behaviors that may impair school success or imperil their future; and 3) providing or coordinating the provision of necessary health, mental health, and social services in concert with other agencies.

Accountability: Effective accountability measures designed to hold education agencies responsible for student success, particularly the success of disadvantaged students, is rightly a major focus of ESEA. However, the current practice of basing student, educator, and school accountability on test scores alone ignores the non-academic needs of the whole child. State and local education agencies should be allowed the flexibility and discretion to establish additional accountability indicators based on their comprehensive plans. Thus, we urge you to include language stipulating that state test results are not the sole measure of student performance, educator effectiveness, or school quality and should not be used for high-stakes purposes, such as personnel decisions or measuring school success.

Data collection and reporting requirements at each level need to include specific metrics regarding student health and well-being. The US Department of Education should collect and regularly publish data on indicators of school safety, school climate, physical health, mental health, absenteeism, rates of suspension and expulsion, and student-to-staff ratios of physical educators, health educators, school nurses, school counselors, school psychologists, and school social workers.

Although the members of SHAC value flexibility, we are highly concerned about proposals to allow states to transfer Title IV funds into Title II. Both sections of ESEA are important and this option should be limited. No school district should have to choose, for example, between offering professional development in emergency preparedness and crisis response under Title II versus improving the availability of school mental health services under Title IV.

Thank you for considering these important points in your ongoing discussion of ESEA reauthorization. The member organizations of SHAC look forward to working with you and the Committee to craft the best possible ESEA—one that ensures that, “Children must be healthy to learn, and learn to stay healthy.”

For more information please call on SHAC co-chairs Piper Largent of the National Association of School Nurses (NASN), Carly Braxton of the Society of Health and Physical Educators (SHAPE America), or consultant Jim Bogden. Their contact information is below.

Sincerely,

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American Academy of Pediatrics
AASA, the School Superintendents Association
American Cancer Society Cancer Action Network
American College of Sports Medicine
American Counseling Association
American Heart Association
American Public Health Association
American School Counselor Association
American School Health Association
ASCD
Association of State and Territorial Health Officials
Childhood and Family Learning Foundation
Directors of Health Promotion and Education
Economic Policy Institute
Education Development Center
Futures Without Violence
Gay, Lesbian & Straight Education Network
Healthy School Campaign
Healthy Schools Network
Healthy Teen Network
National Association of County and City Health Officials
National Association of School Nurses
National Association of School Psychologists
National Association of State Boards of Education
National Education Association – Health Information Network
RMC Health
Safe Routes to School National Partnership
School-Based Health Alliance
School Social Work Association of America
Share Our Strength
Society of Health and Physical Educators (SHAPE America)
Society for Public Health Education
The National Campaign to Prevent Teen and Unplanned Pregnancy
YMCA

[i] Centers for Disease Control and Prevention, Division of Population Health. "Health and Academic Achievement Overview," May 2014: www.cdc.gov/healthyyouth/health_and_academics/index.htm

[ii] Virginia Commonwealth University, Center on Society and Health. "Why Education Matters to Health: Exploring the Causes," Available from: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf412692

[iii] Department of Health and Human Services, Centers for Disease Control and Prevention. "Fiscal Year 2016 Justification of Estimates for Appropriation Committees": http://www.cdc.gov/fmo

[iv] Centers for Disease Control and Prevention. *The Association Between School-based Physical Activity, Including Physical Education, and Academic Performance*. Atlanta, GA: U.S. Department of Health and Human Services; 2010: www.cdc.gov/healthyyouth/health_and_academics/index.htm

[v] SOPHE-ASCD Expert Panel on Reducing Youth Health Disparities. *Reducing Youth Health Disparities Requires K-12 Health Education, 2013*: http://www.sophe.org/healtheducationYHD_1nov2013_3.pdf

[vi] This program is administered under cooperative agreement DP-13 1305 of CDC's Center for Chronic Disease Prevention and Health Promotion.

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