



June 1, 2015

The Honorable Mitch McConnell,
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Harry Reid
Senate Minority Leader
522 Hart Senate Office Building
Washington, DC 20510

Dear Majority Leader McConnell and Ranking Member Reid:

As organizations committed to the education, public health and mental health of our nation's children, we would like to draw your attention to the critical need to designate health education as a core subject in the Every Child Achieves Act or any legislation to reauthorize or restructure the Elementary and Secondary Education Act (ESEA). In so doing, the Senate will strengthen efforts to promote academic achievement and will allow local autonomy in deciding whether or not to use Title I/II funding to provide health education in schools.

We applaud the Senate Health, Education, Labor and Pension Committee's bipartisan efforts to mark up the Every Child Achieves Act. We believe it takes important steps in promoting the long-term development and success of children and incorporates proven strategies for school improvement. Learning about and practicing a healthy lifestyle is central to addressing the needs of the whole child. Therefore, we recommend the bill be strengthened, as proposed by Senator Tom Udall, to designate health education as a core subject.

When ESEA was last authorized in 2002, there were fewer research studies confirming the intuitive link between academic achievement and health education. Today, major voluntary health organizations endorse school health education based on scientific studies documenting that including health education in the school curriculum prevents tobacco use, prevents alcohol use, reduces obesity, and prevents dating aggression and violence. Teaching of social and emotional skills improves academic behaviors of students, increases motivation to do well in school, improves performance on achievement tests and grades, and improves high school graduation rates.

Health education is often considered an ancillary subject, first to be cut in budget shortfalls, often taught by teachers unprepared for the subject matter, and often scheduled only to meet minimum requirements. There are national standards for health education in schools, but no federal requirement to meet them. If Health Education were not considered "core" it would be at risk of being marginalized or even eliminated as public school administrators struggle to meet adequate yearly progress (AYP) for core subjects in order to maintain federal funding, especially when state budgets are fiscally challenging to balance.

Thank you for your leadership and for considering the vital need to include health education in your ongoing discussion of ESEA reauthorization. We look forward to educational reform which ensures that, “Children must be healthy to learn, and learn to stay healthy.”

Sincerely yours,

Action for Health Kids
Advocates for Youth
AIDS Center of Queens County
American Academy of Pediatrics
American Association on Health and Disability
American College of Osteopathic Family Physicians
American Federation of Teachers
American Lung Association
American Medical Student Association
American Osteopathic Association
American Public Health Association
American School Health Association
American Sexual Health Association
Arizona Department of Education
Association for Addiction Professionals
Association for Prevention Teaching and Research
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
Center for Health and Learning
Coalition for Community Schools
Coalition of National Health Education Organizations
Delta Society for Public Health Education
Directors of Health Promotion and Education
Family Violence Prevention Caucus
Eta Sigma Gamma
Every Child By Two - Carter/Bumpers Champions for Immunization
Fizika Group LLC.
Florida Society for Public Health Education
Fontana Unified School District
Georgia Society for Public Health Education
Greater New York Society for Public Health Education
Green & Healthy Homes Initiative
Healthy Kent
Illinois Society for Public Health Education
Kaiser High School
Lake County General Health District
Lakeshore Foundation
MIKE Program
Minority Health Promotion Initiative, Inc.
National Association of Chronic Disease Directors
National Association of County and City Health Officials
National Area Health Education Center Organization
National Association of School Nurses

National Association of School Psychologists
National Capitol Area Society for Public Health Education
National Nursing Centers Consortium
National Public Health Information Coalition
NEA Healthy Futures
Nemours AI duPont Children's hospital
New Jersey SOPHE
Ohio Society for Public Health Education
Pacific Northwest Society for Public Health Education
Pennsylvania Society for Public Health Education
Positive Prevention PLUS LLC
Prevention Institute
Preventive Cardiovascular Nurses Association
Real Food for Kids
Richland Health Department
Richland Public Health
Sexuality Information and Education Council of the U.S.
School-Based Health Alliance
Society for Advancement of Violence and Injury Research
Society for Public Health Education
SHAPE America
Society for Nutrition Education and Behavior
Southern California Society for Public Health Education
New Jersey Society for Public Health Education
Tennessee Cancer Coalition
Texas Action for Healthy Kids
Texas Society for Public Health Education
The Child Center of New York
Transplant Recipients International Organization
Trust for America's Health
University of Mount Union
Utah Chapter of the Society for Public Health Education
Vaccine Education Center at The Children's Hospital of Philadelphia

FACT SHEET
Benefits of Health Education in Schools
Why Health Education Should be a Core Subject

Only 38% of districts require teaching all 15 health topics to high school students, yet students' risks for many preventable and costly chronic conditions are soaring¹.

Some 63% of adolescents report engaging in two or more of the five risk behaviors associated with chronic disease—smoking, sedentary lifestyle, insufficient consumption of fruits and vegetables, excessive consumption of foods high in fat and episodic heavy drinking of alcohol.²

During the 30 days before the 2011 CDC survey, 32.8% of high school students nationwide had texted or e-mailed while driving, 38.7% had drunk alcohol, and 23.1% had used marijuana.³

During the 12 months before the 2011 CDC survey, 32.8% of students had been in a physical fight, 20.1% had ever been bullied on school property, and 7.8% had attempted suicide³.

The percentage of U.S. middle and high school students who use electronic cigarettes, or e-cigarettes, more than doubled from 2011 to 2012,⁴ which is a major concern as scientists do not yet understand the long-term effects of these products on the developing brain.

Studies show that engaging in even one type of these risky health behaviors consistently can undermine a student's progress toward graduating on time from high school.⁵ Students engaging in health-risk behaviors are more likely to receive "D's and F's" on their report cards.⁶

Major voluntary health organizations endorse school health education⁷ based on scientific studies documenting that including health education in the school curriculum prevents tobacco use,^{8,9} prevents alcohol use,⁹ reduces heavy drinking,^{10,11} and prevents dating aggression and violence.^{11,12}

Quality health education also reduces obesity,¹³ improves health promoting behaviors such as increasing physical activity¹⁴ and improving dietary behaviors.^{14,15}

Teaching of social and emotional skills improves academic behaviors of students, increases motivation to do well in school, increases positive attitudes toward school,¹⁶ reduces absenteeism,¹⁷ improves performance on achievement tests and grades,^{18,19} and improves high school graduation rates.¹⁰

Quality health education also can decrease health illiteracy, which has been estimated to cost the nation \$1.6 - \$3.6 trillion dollars.²⁰

HHS *National Action Plan to Improve Health Literacy* includes the goal to incorporate a standards-based, developmentally appropriate health curriculum in preK through university grades, while *Healthy People 2020*, includes the objective (EMC-4.3) to "Increase the proportion of schools that require cumulative instruction in health education that meet the US National Health Education Standards for (time in) elementary, middle, and senior high schools."²¹

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