

Support a FY 2009 appropriations of \$33.6 million for CDC's School Health Programs

Increasing rates of obesity, sexually transmitted disease and substance abuse, among others, are life-threatening behaviors facing America's youth. To reduce these risk factors, the Centers for Disease Control and Prevention's School Health Program partners with schools, families and communities to engage youth through the school system.

CDC's School Health Program

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 all have roles to play. The flexibility of CDC's School Health funding allows states to examine the health needs of the children and adolescents within their state and develop programs tailored to those needs. States use this funding to maximize efficiency and eliminate duplication by coordinating multiple existing state and community initiatives. For example:

- ◆ In **Rhode Island**, the “thrive” program has helped school districts establish health and wellness subcommittees mandated by new state law. The program provides schools with information and resources, including a tool kit with guidelines, model policies, and data, to help them implement the requirements of the Federal Wellness Policy. Building on the increased awareness of school health and wellness issues, state legislators also passed laws in 2006 and 2007 requiring all schools to offer healthier beverages and snacks.
- ◆ In **Wisconsin**, the “Movin’ and Munchin’ Schools” statewide campaign has reported increases in physical activity and fruit and vegetable consumption in more than 20,500 students, 8,105 parents, and 460 teachers. In addition, *the state's smoking rate among high school students decreased from 38.1% in 1999 to 22.8% in 2005*. This 40% decline occurred at the same time 400 schools serving more than 105,000 students significantly improved their school-based tobacco programs through implementation of CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.
- ◆ In **Maine**, school health funding supported staff positions in the state departments of health and education. Those positions supported a school health coordinator and school health council in all 54 school administrative units. *In one school year, school health coordinators obtained grant funding of more than \$2 million for physical education, physical activity equipment, nutrition, suicide prevention and after-school programs.*
- ◆ In **Massachusetts**, school health funding supported the implementation of an evidence-based school nutrition classroom curriculum. As a result, participating students increased fruit and vegetable consumption and there was a reduction in obesity among middle school girls.

Benefits of School Health Programs

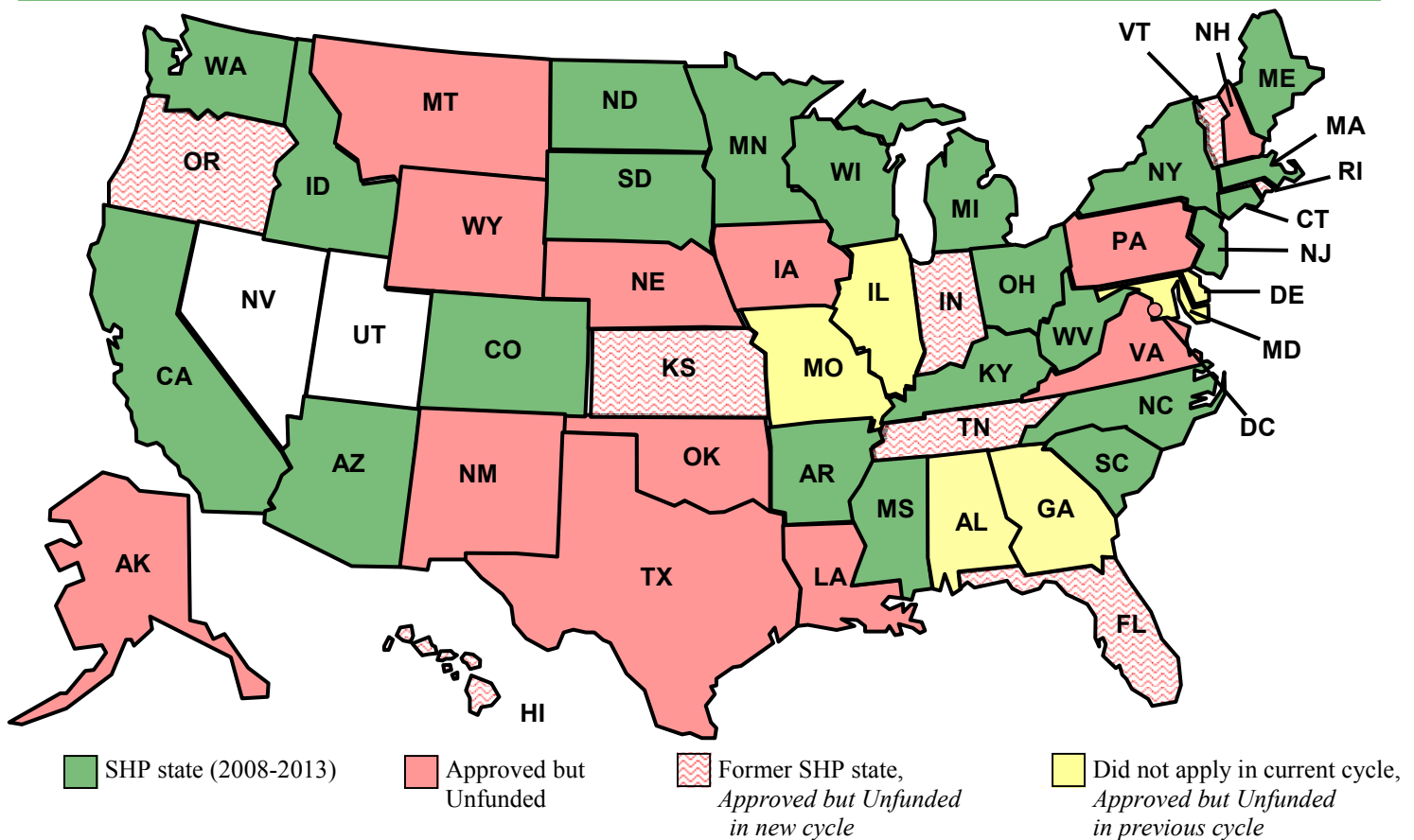
CDC's School Health Program funding helps states improve the health of children and youth and remove barriers to students' academic success by improving the quality and coordination of school-level health programs. This approach to school health creates synergy between health education, physical education, school meals, health services, healthy school environments, and staff health promotion, all while involving students, their families, and other members of the community.

Coordinated School Health Programs contribute to improved health outcomes and academic achievement:

- Each \$1 invested in school-based tobacco prevention, drug and alcohol education and family life education saves \$14 in avoided health care costs.
- Schools that offer breakfast programs have increased academic test scores, daily attendance, and class participation.
- Students who receive mental health services have reduced failures and disciplinary actions, and improved grade point averages.

Demand for this program currently outstrips resources; only 21 of 43 states that applied for funding received it.

CDC's School Health Program States



CDC's SHP states have unique advantages over states without these funds. 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 ways that strengthen coordination, avoid duplication, and share best practices statewide.
- ◆ **Leverage resources to increase funding to 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.
- ◆ **Maximize limited resources for meeting a wide range of health issues affecting school-aged populations:** Funded states are able to improve coordination of existing programs consistent with local plans to eliminate duplications, leverage resources, and ensure consistent messages.

A Small Boost Will Go a Long Way

Request: Increase Fiscal Year 2009 funding to CDC's Division of Adolescent and School Health to \$74.3 million with an increase of \$20 million for the School Health Program to expand the number of states funded from 22 to 43.

Even a modest \$5 million increase in FY 2009 could reinstate several programs lost in the new funding cycle.

LABOR-HHS-ED Appropriations REQUEST	2007	2008	2009 President	2009 REQUEST
CDC's Division of Adolescent and School Health (DASH)	\$54.8 M	\$54.3 M	\$53.6 M	\$74.3 M
<i>School Health Programs</i>	\$13.9 M	\$13.6 M	\$13.5 M	\$33.6 M
<i>HIV Prevention Education</i>	\$40.9 M	\$40.2 M	\$ 40.1 M	\$40.7 M

Over 60 leading national health and education associations participate in the Friends of School Health, a non-partisan group dedicated to promoting healthy outcomes for the children and youth of America through school health programs. For information, contact Sharon Murray: smurray@aahperd.org / 703-390-4597.