

# FACT SHEET

## HEALTHY SCHOOLS, HEALTHY YOUTH

### *Improve the Health of Children and Remove Barriers to Students' Academic Success*

**Request:** Support the highest level of funding possible [\$650 million] for CDC's National Center for Chronic Disease Prevention and Health Promotion by continuing to monitor the Prevention and Wellness provisions included in the American Recovery and Reinvestment Act of 2009 (ARRA).

**Request:** Support a FY 2010 Appropriation of \$48.6 million for CDC's Division of Adolescent and School Health, Coordinated School Health Programs. This represents an increase of \$35 million for the School Health Program to expand the number of states and tribes funded from 23 to 51. Twenty-eight states and territories that were approved for funding did not receive awards due to a lack of federal funds.

FY2009	President's Budget FY2009	FY2010
\$13.6 million (CR)	\$13.5 million	\$48.6 million

### **Basic Facts About the Health of Our Youth**

- The percentage of school-aged children aged 6 to 11 who were obese more than doubled from 1980 to 2006—increasing from 6.5% to 17.0%; among adolescents aged 12 to 19, the percentage more than tripled, increasing from 5% to 17.6%.
- Among children and adolescents aged 2 to 19 years, approximately 12 million are obese. Obese children and adolescents are more likely to become overweight or obese adults. An estimated 61% of obese children aged 5 to 10 years have one or more risk factors for heart disease and 27 % have two or more risk factors for heart disease.
- Some 79% of young people do not eat the recommended number of daily servings of fruits and vegetables.
- Only 30% of high school students participate in daily physical education classes.
- Of American children born in 2000, one in three will develop diabetes during their lifetime.
- More than 1 in 5 high school students in the United States are current smokers. Approximately 80% of adult smokers started smoking before the age of 18.
- Each day in the United States, approximately 4,000 young people aged 12 to 17 years initiate cigarette smoking, and an estimated 1,140 young people become daily cigarette smokers.

### **Putting Prevention & Wellness Funding to Work**

- During an economic downturn, a strong health safety net is vital to supporting children and families without health coverage. They turn to state/local health departments, community-based organizations, and schools for basic preventive health services, such as children's immunizations.
- Stimulus funding for CDC's National Center for Chronic Disease Prevention and Health Promotion can be used for school nurses and community-based school wellness coordinators who can offer evidence-based programs on healthy eating and physical activity for youth.

### **Coordinated School Health Programs = Health + Academic Success**

- Funding for CDC's School Health Program provides a catalyst for collaboration between state education and health agencies to improve students' health and well-being. The funding assists states to improve the health of children and youth and remove barriers to students' academic success by improving the high quality and coordination of efforts of school-level programs.

- Coordinated school health programs use a holistic approach by addressing eight key components: health education, physical education, school meals, health services, healthy school environments, staff health promotion, and family/community involvement.
- Programs funded for coordinated school health have a unique advantage in addressing health concerns, such as the obesity epidemic, because they
  - Maximize the collective efforts of the state departments of education and health.
  - Strategically plan for statewide impact.
  - Use data collection systems to improve program efficiencies and demonstrate accountability.
  - Apply state-of-the-art prevention policies and programs.
  - Focus on changing systems and institutions to achieve more lasting impact.
- In 2008, **43** states (plus five tribal governments and four territorial education agencies) applied for funding to support a coordinated school health program; however, because of limited resources, **only 22 states and 1 tribal government were funded.**
- To increase the support for capacity-building efforts (from 22 to all 50 states and 1 territory) to establish a coordinated school health program, an additional \$35 million each year is needed over the next 5 years.
- To fund all 50 states at a full implementation level, \$60 million each year would be needed over the next 5 years.

### **Return on Investment of School-based Prevention**

- An economic evaluation of Project Toward No Tobacco Use (TNT) showed that for every dollar invested in this school tobacco prevention program, almost \$20 in future medical costs could be saved.
- Planet Health, a school-based obesity prevention program, cost \$33,677 for 1200 middle school students over 2 years, or \$14 per student per year. An estimated 1.9% of the female students were prevented from becoming overweight or obese adults. For every dollar spent on the program, \$1.20 would be saved in future medical costs and loss of productivity.
- Each \$1 invested in school-based tobacco prevention, drug and alcohol education and family life education saves \$14 in avoided health 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, disciplinary actions and improved grade point averages.

### **Exemplary School Health Activities**

- Through ongoing joint efforts of the **North Carolina** Healthy Schools initiative and the state's Tobacco Free Schools (TFS) program, the percentage of school districts adopting 100% TFS policies increased from just 5% in 2000 to 100% in 2008—a remarkable accomplishment for a tobacco-growing state.
- During **Wisconsin's** 2003–2008 “Movin’ and Munchin’ Schools” campaign to promote physical activity and healthy eating as lifetime habits, 101,641 students, 39,143 parents, and 9,265 staff reported increases in physical activity and fruit and vegetable consumption.
- In **Michigan**, eight school district teams participated in a 5-year school health leadership institute to plan programs, use data to set priorities, integrate school health into school improvement plans, develop policy, conduct evaluations, and secure funding to support projects that help youth establish healthy behaviors. All school buildings within participating districts now have policies banning tobacco use on all school-owned property.
- The **Mississippi** Department of Education has worked with the CDC and other partners on new nutritional standards for school snacks and meal programs and a ban on full-calorie, carbonated soft drinks with sugar. Grant funds are being used to replace fryers with combination oven steamers in 29 school districts. The newly adopted Mississippi Healthy Students Act requires that students in K-8<sup>th</sup> grade participate in a minimum of 150 minutes each week of activity-based instruction and at least 45 minutes each week of health education instruction.
- In **New York's** Healthy Steps events conducted since 2006, a total of 240 schools have participated, and students have logged more than 1 million miles.
- The Healthy **Maine** Partnerships funded 54 school health coordinators to organize health-related programs, policies, and services, including health and physical education classes, and school meal programs.