SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

May 25, 2016

John B. King
Secretary of Education
U.S. Department of Education
400 Maryland Avenue, SW
Room 3E306
Washington, DC 20202

Society for Public Health Education's (SOPHE) response to request for stakeholder feedback regarding ESSA Non-Regulatory Guidance

Dear Secretary King:

The Society for Public Health Education (SOPHE) is proud to have led efforts to include Health Education as a well-rounded education subject in the Every Student Succeeds Act (ESSA) and welcomes the opportunity to provide advice and recommendations on the implementation of ESSA as the Department of Education (ED) provides non-regulatory guidance to States, school districts and other stakeholders in understanding and implementing ESSA.

SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

As you well know, many of the programs and initiatives contained in ESSA are designed to help disadvantaged and low-income children meet high academic standards. However, poor health, rather than other academic factors, is a major contributor to poor academic achievement in students. Keeping students healthy improves their ability to learn in the classroom, graduate from high school, and become productive citizens overall. [1] According to the Centers for Disease Control and Prevention's (CDC) 2011 Youth Risk Behavior Surveillance Survey (YRBSS), only 29% of students engaged in the recommended 60 minutes of physical activity every day, 14% did not participate in any physical activity and 11% drank soda three or more times per day, and less than one-third of students ate fruit or vegetables two or more times per day, in the seven days preceding the survey.[2] Additionally, poor health indicators abound in populations of students known to suffer from health disparities, notably those in racial and ethnic minority

populations and low-income students. In terms of health disparities, some 23% of Latino children and 20% of African American children are obese, compared to 14% of non-Latino White and 7% of Asian American children.[3] Children from low-income families, which represent almost half (44%) of all U.S. students,[4] also experience more burden from chronic disease, infectious disease, childhood injury, and social/emotional and behavioral problems as well as more violence and death than children from higher-income families.[5-6] Further, poor children receive less and lower-quality medical care than their higher-income peers [6-7] and therefore are more likely to be absent and ultimately drop out of school. [8-9] Yet, when students receive health education, health services, physical education and nutritional interventions academic performance and educational achievement levels significantly improve.[10]

Major voluntary health organizations endorse school health education[11] based on scientific studies documenting that including health education in the school curriculum prevents tobacco use,[12-13] prevents alcohol use,[13] reduces heavy drinking,[14-15] and prevents dating aggression and violence.[15-16] Studies have shown that engaging in even one type of risky health behavior consistently can undermine a student's progress toward graduating on time from high school.[17] Students engaging in health-risk behaviors are more likely to receive "D's and F's" on their report cards.[18] Quality health education also reduces obesity, [19] improves health promoting behaviors such as increasing physical activity[20] and improving dietary behaviors.[20-21] Though all of these facts are clear, there is little to no health education being taught in many schools across the country.

Qualified instructors and Health Educators are highly trained to teach the health education curriculum, which is skills based, with a focus on how to find accurate health information, and how to evaluate health information and how to extract useful information and implement healthy behaviors into students' daily lives. Students spend a great deal of time in school, therefore, schools can have an incredible impact on influencing life-long healthy behaviors in children and adolescents if Health Education as a well-rounded education subject is duly implemented. SOPHE urges the Department of Education to consider ways in which state and local education agencies may use student health as their nonacademic indicator as operationalized by health indicators which schools are already collecting such as absenteeism. We would then encourage the Department of Education to issue forward thinking guidance to schools on how they may address the underlying causes of such indicators as absenteeism. We also urge the U.S. Department of Education to develop tools, materials, and resources for states, schools, and school districts that want to incorporate health as their nonacademic indicator for their accountability systems.

Thank you for consideration of our comments. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

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Chief Executive Officer

[1] McCord, M. T., Klein, J. D., Foy, J. M., & Fothergill, K. (1993). School-based clinic use and school performance. Journal of Adolescent Health, 14(2), 91-98.
[2] Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Flint, K. H., Hawkins, J., ... & Whittle, L. (2012). Youth risk behavior surveillance-United States, 2011. Morbidity and mortality weekly report. Surveillance summaries (Washington, DC: 2002), 61(4), 1-162.
[3] Levi, J., Segal, L.M., Rayburn, J., & Martin, A. (2015). The State of Obesity: 2015, Better Policies for a Healthier America. Trust for Americas Health, Edition 12. Retrieved from: http://healthyamericans.org/assets/files/TFAH-2015-ObesityReport-final.22.pdf
[4] Jiang, Y., Ekono, M., & Skinner, C. (2015). Basic Facts about Low-Income Children: Children under 18 Years, 2013. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University. Retrieved from http://www.nccp.org/publications/pub_1100.html
[5] Currie, J., & Lin, W. (2007). Chipping away at health: more on the relationship between income and child health. Health Affairs, 26(2), 331-344.
[6] Duncan, G. J., & Brooks-Gunn, J. (2000). Family poverty, welfare reform, and child development. Child development, 71(1), 188-196.
[7] Chen, E., Matthews, K. A., & Boyce, W. T. (2002). Socioeconomic differences in children's health: how and why do these relationships change with age? Psychological bulletin, 128(2), 295.
[8] Balfanz, R., Herzog, L., & Mac Iver, D. J. (2007). Preventing student disengagement and keeping students on the graduation path in urban middle-grades schools: Early identification and effective interventions. Educational Psychologist, 42(4), 223-235.
[9] Allensworth, E. M., & Easton, J. Q. (2007). What matters for staying on track and graduating in Chicago Public High Schools. Chicago, IL: Consortium on Chicago school research. Retrieved December, 17, 2007.
[10] Murray, Nancy et al. (2006) Education and Health: A Review and Assessment, Appendix E. in Code Red: The Critical Condition of Health in Texas. Retrieved from: http://www.coderedtexas.org/files/Appendix_E.pdf
[11] American Cancer Society, American Diabetes Association, American Heart Association,. Health Education in Schools – The Importance of Establishing Healthy Behaviors in our Nation's Youth. Available at http://www.cnheo.org/support_statements/statement.pdf
[12] Dent CW, Sussmman, S., Stacy A.W, Craig S., Burton, D. & Flay B.R. (1995). Two-year behavior outcomes of project Towards No Tobacco Use. Journal of Consulting and Clinical Psychology, 63 (4), 676-677.
[13] Ghosh-Dastidar, B., Longshore, D. L., Ellickson, P. L., & McCaffrey, D. F. (2004). Modifying pro-drug risk factors in adolescents: Results from Project ALERT. Health Education & Behavior, 31(3), 318-334.
[14] Hawkins, J., Catalano, R., Kosterman, R., Abbott, R., Hill, K. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. Archives of Pediatric Adolescent Medicine, 153, 226-234.
[15] Botvin, G. J., Griffin, K. W., Diaz, T., & Ifill-Williams, M. (2001). Preventing binge drinking during early adolescence: One- and two-year follow-up of a school-based preventive intervention. Psychology of Addictive Behaviors, 15(4), 360-365.
[16] Botvin, G. J., Griffin, K. W., & Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. Prevention Science, 7(4), 403-408.
[17] Terzian, M. A., Andrews, K. M., & Moore, K. A. (2001). Child Trends Brief Results to Practice, September 2011. Available at http://www.childtrends.org/files/Child_Trends- 2011_10_01_RB_RiskyBehaviors.pdf.
[18] Centers for Disease Control and Prevention (CDC) (2007). Results from the School Health Policies and Programs Study: Health Education Fact Sheet. Available at http:// www.cdc.gov/healthyyouth/shpps/2006/factsheets/pdf/FS_HealthEducation_SHPPS2006.pdf
[19] Melnyk, B.M., Jacobson, D., Kelly, S., Belyea, M., Shaibi, G., Small, L., O'Haver, J., Marsiglia, F.F. (2013). Promoting Healthy Lifestyles in Adolescents: A Randomized Control Trial. American Journal of Preventive Medicine. Vol 45(4):407-415.
[20] Luepker R.V., Perry, C.Ll, McKinlay, S.M., et al. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The child and adolescent trial for cardiovascular health. Journal of the American Medical Association, 275(10):768-776.
[21] Hoelscher, D.M,, Springer, A.E., Ranjit, N., et al. (2010). Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. Obesity, 18 Suppl. 1:S36-44.