



# Student Health Advocacy Coalition

The Honorable Thad Cochran  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Barbara Mikulski  
Ranking Member  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

March 27, 2015

Dear Chairmen and Ranking Members:

The education, public health, and mental health national organizations that comprise the Student Health Advocacy Coalition (SHAC), a group dedicated to improving the health and well-being of all PK-12 children and youth, respectfully urge your Committees to fully fund two major school health programs of the Centers for Disease Control and Prevention (CDC). **We ask for appropriations of \$25 million for the School Health Branch in the Division of Population Health (DPH) and \$50 million, including \$3 million for evaluation, for the Division of Adolescent and School Health (DASH) for fiscal year (FY) 2016.**

Funding for both programs was drastically cut in FY 2012 and has remained relatively level-funded since that time. The reduced support comes at a time when physical and mental health issues of our nation's youth are rising and seriously undermines the ability of states to take effective action.

### **The Importance of School Health**

Twenty percent of the U.S. population is between the ages of 5 and 19 and spends a significant amount of time in schools. Schools have direct contact with 55 million young people for at least 6 hours per day and up to 13 crucial years of social, physical, emotional and intellectual development. The evidence of a direct correlation between students' health and their academic success is compelling.<sup>1</sup> Students whose non-academic needs are dealt with are more likely to attend school regularly, behave well, complete school, and grow into healthy, resilient, and productive citizens. Addressing the needs of the whole child is an essential element of comprehensive education reform and a proven strategy for school improvement.

At the same time, leaders of America's health care system warn that the unhealthy daily habits of too many children and youth is placing a tremendous financial burden on the nation, a burden likely

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grow ever greater. CDC reports that obesity alone results in \$147 billion in annual health care costs to the U.S. economy, lessens the productivity of the U.S. workforce, and undermines the military's ability to recruit and retain service members.<sup>ii</sup> Likewise, if the approximately 20,000 annual new HIV infections among those under the age of 29 were prevented, an astounding \$6.8 billion would be saved in lifetime medical costs.<sup>iii</sup> Schools play an important role in educating about, modeling, and reinforcing healthy behaviors, as well as providing some essential health services.

Schools, while certainly not the only solution to reducing future health care costs, are uniquely positioned to help children and youth acquire life-long, health-promoting knowledge, skills, attitudes, and behaviors. Society as a whole benefits when young people are healthy and academically successful and become productive adults. CDC helps states leverage the efforts of their health and education agencies to enhance schools' ability to boost learning through health impact programs.

### **Increased Funding for the School Health Branch**

The School Health Branch of DPH, within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), was appropriated \$15.4 million in FY 2014 and the same in FY 2015. With this amount, every state and the District of Columbia receives a basic level of funding—about \$75,000 per state—for a very minimal program of school health activities. Thirty-two states also receive funds to implement enhanced strategies that are awarded on a competitive basis.

**SHAC supports increasing resources for the School Health Branch to a total of \$25 million for FY 2016, which will enable all 50 states and DC to engage in enhanced school health activities.** The funds would support local implementation of evidence-based practices for healthier nutrition environments, comprehensive physical activity programs, and increased capacity to manage chronic diseases.

Full funding would also help to strengthen partnerships and improve coordination between state public health departments, state education agencies, juvenile justice offices, transportation agencies, and others with a stake in student health. In addition to the school meals program administered by the US Department of Agriculture (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.

### **Increased Funding for the Division of Adolescent and School Health**

DASH, within the National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention (NCHHSTP), is a unique source of support for HIV, STD, and pregnancy prevention efforts in the nation's schools because it funds state and local education agencies to strengthen adolescent health. DASH works to build the capacity of secondary schools to implement exemplary sexual health education; increase student access to sexual health services including HIV and STD testing; and create safe and supportive environments for all students, particularly those at

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greatest risk for HIV infection and other STDs. In addition, the Division leads adolescent and school health surveillance efforts, which serve as a resource for adolescent health information and play a critical role in documenting public health trends and challenges.

Since the budget cut of approximately 25% in FY 2012, allocations for DASH have been essentially level funded at \$31 million. Historically, DASH was funded at levels that supported activities for a nationwide program in all 50 states; however, the recent cut in DASH resources has reduced the reach of its school-based prevention programs to just 19 state and 17 local education agencies, leaving about 35% of the most vulnerable secondary school students untouched by the programs.

**SHAC supports increased funding for DASH to a total of \$50 million, including at least \$3 million dedicated for evaluation efforts in FY 2016.** With these additional funds, DASH will increase surveillance capacity, increase efforts to evaluate and improve program effectiveness, and strengthen the capacity of schools to provide effective HIV/STD prevention outreach strategies and interventions for youth at disproportionate risk for HIV infection.

Investing in CDC's school-based health programs is vital to ensuring the health of our nation's young people and their future well-being. Children are one-fifth of our population but all of our future. Children must be healthy to learn, and learn to stay healthy.

SHAC strongly urges you to support these critical investments and looks forward to working with you as federal FY 2016 funding decisions progress.

Sincerely,

[List of SHAC member who have not opted-out]

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<sup>i</sup> Centers for Disease Control and Prevention, Division of Population Health. "Health and Academic Achievement Overview," May 2014, available at [http://www.cdc.gov/healthyyouth/health\\_and\\_academics/index.htm](http://www.cdc.gov/healthyyouth/health_and_academics/index.htm).

<sup>ii</sup> Department of Health and Human Services, Centers for Disease Control and Prevention. "Fiscal Year 2016 Justification of Estimates for Appropriation Committees," available at <http://www.cdc.gov/fmo>.

<sup>iii</sup> Centers for Disease Control and Prevention. *HIV Surveillance Report: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2011* Atlanta, GA: U.S. Department of Health and Human Services, 2012, Vol. 23, available at [http://www.cdc.gov/hiv/library/reports/surveillance/2011/Surveillance\\_Report\\_vol\\_23.html](http://www.cdc.gov/hiv/library/reports/surveillance/2011/Surveillance_Report_vol_23.html); and Schackman, B.R., *et al.* "The lifetime cost of current human immunodeficiency virus care in the United States." *Medical Care* 2006; 44(11):990-997, available at [www.cdc.gov/hiv/prevention/ongoing/costeffectiveness](http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness).

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