

Invest in Effective Prevention Programs

Legislative support is needed to:

- ① Strengthen K-8 health education and physical education
- ② Restore funding for health promotion and risk prevention programs, such as the Healthy Michigan Fund

Benefits to supporting coordinated school health programs:

- Educational
- Economic
- Public Health

We are here today representing:

HEALTH EDUCATORS

- Comprehensive School Health Coordinators' Association (CSHCA)

PHYSICAL EDUCATORS

- Michigan Association for Health, Physical Education, Recreation and Dance (MAHPERD)
- Michigan Fitness Foundation (MFF)

SUPPORT GROUPS

- College/University Students and Professors, Administrators, Parents

Coordinated School

Health Programs (CSHP)

help students adopt healthy behaviors and attitudes, saving future medical costs.



Exemplary Physical Education Curriculum

EPEC is an award winning, K-12 curriculum aligned with the Michigan Content Standards for Physical Education. It teaches students the knowledge and skills they need to be active and fosters feelings of competence and confidence necessary to enjoy physical activity for a lifetime.

BENEFITS:

- Physically fit students perform better academically.
- Children with lower Body Mass Index (BMI) are less likely to develop chronic diseases, such as type 2 diabetes and coronary heart disease as adults.
- Students who are more skilled at various physical activities are more likely to be active outside of school.
- Physically active children are more likely to become physically active adults.

www.epec4kids.com

Michigan Model for Health®

Michigan Model for Health®, our evidence-based nationally acclaimed, K-12 health curriculum, is aligned to Michigan Content Standards for Health Education. It increases students' positive health behaviors and involves families and communities in extending health learning beyond the classroom.

BENEFITS:

- Students make better academic progress when they are healthy and feel safe at school.
- Students need information and support as they face health risks.
- Health education helps students grow up to be healthy, productive citizens.
- Students acquire skills to improve their lifelong health, reducing health care costs.

www.michiganmodel.org

ULTIMATE GOAL:

Michigan residents with the knowledge, skills and attitudes to build lifelong health and wellness



Partnering for a Healthy Future

Impact of Quality Health Education

Is student health the missing piece in school reform?

Health education includes mental, social, and emotional health; violence and bullying prevention; safety, including internet safety and child abuse prevention; nutrition and physical activity; alcohol, tobacco, and other drug prevention; and disease prevention.

EDUCATIONAL IMPACT

- **Adolescents with poorer general health were found to be less likely than healthier students to graduate from high school on time and attend college or post-secondary education.** (Haas, S.A. & Fosse, N.E., 2008).
- **Students with poor nutrition and low levels of physical fitness are more likely to be absent and tardy.** (Archives of Pediatric Adolescent Medicine, 1998).
- **60,000 students miss school every day due to fear of attack or intimidation by a bully.** (Grammer, K. & Vij, V., 2004).

- Academic outcomes resulting from social and emotional learning (SEL) include greater motivation to learn and commitment to school, increased time devoted to schoolwork and mastery of subject matter, improved attendance, graduation rates, grades, and standardized test scores (Zins, Payton, Weissberg, & O'Brien, 2007).
- Grade point averages increase when students attend a school implementing a coordinated school health program. (Hawkins et al., 1999).

“ Without the help of health class, we would not have the guidance and common sense needed to keep our lives in order. Without health class, we would most likely be involved with sex, drugs, violence, and alcohol. ”

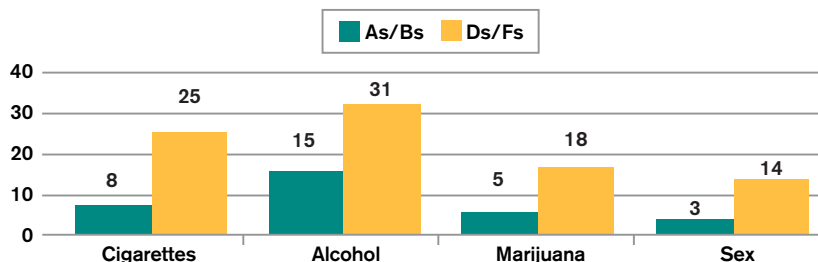
– Garrett, 7th grade student

“ Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality. ”

– Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education, 1992

Students who have used alcohol, tobacco, or other drugs or had sex prior to age 13 are significantly more likely to get Ds or Fs than students who have not done so.

Grades of Students Beginning Risk Behaviors Before Age 13



Source: 2009 Michigan Youth Risk Behavior Survey



Impact of Quality Health Education

ECONOMIC IMPACT

- **The state and federal tax burden for Michigan taxpayers caused by smoking is approximately \$637 per household.**
(Smoking Facts for the State of Michigan, 2005)
- **The number of children under age 18 in Michigan who will ultimately die prematurely from smoking is approximately 298,000.**
(Smoking Facts for the State of Michigan, 2005)
- **Lack of physical activity costs the U.S. \$147 billion and Michigan \$8.9 billion per year in medical care, insurance costs, workers compensation and lost productivity. This is equal to \$1,429 per person, per year nationally.**
(Health News 2009, Michigan Fitness Council & Blue Cross Blue Shield of Michigan, 2003)

- An annual investment of \$10 per Michigan citizen for prevention programs could save Michigan \$545,400,000 in five years, or a return on investment of 5.4 to 1. (Prevention for a Healthier America, 2008)
- Improving health status improves educational achievement, which increases economic success. (Martin, J.PhD, 2008)

“ In society today, it seems as though students’ ability to achieve academically is superior to their capabilities to make positive behavior choices about physical, social, and mental health. Financially, these students may prosper. But, without personal health, what benefit does wealth provide? ”

– Claire, Michigan teacher

“ Health teaches me how to keep my body healthy and disease free. It is the only place that teaches me about this. ”

– John, 8th grade student

PUBLIC HEALTH IMPACT

- In a Michigan Model for Health® evaluation pre-test almost 5% of fourth graders indicated tobacco use and almost 7% indicated alcohol use. (O’Neill, J.M., & Clark, J.K., 2009).
- Every day 4,000 kids try their first cigarette, and another 1,000 become new regular, daily smokers. (2006 National Survey on Drug Use and Health, 2007).
- The average child spends 30 hours a week in school, but nearly 45 hours a week with screen time and technology. Only 17 hours are spent with parents. (National Institutes of Health and Yale University, 2008).
- If current trends continue, 90% of adults will be obese by 2030. (Johns Hopkins University).

Students who received the **Michigan Model for Health®** lessons through Grades 4 and 5 had better social and emotional skills, interpersonal communication skills, and drug refusal skills than control-group students who didn’t receive the Michigan Model. Intervention students also reported lower intentions to use alcohol and tobacco, less alcohol and tobacco use initiated during the study and in the past 30 days, and reduced levels of aggression. (O’Neill, Clark, & Jones, 2011).



“ For the first time in history, we have a whole generation that has a shorter life expectancy than their parents. ”

– Centers for Disease Control and Prevention



Impact of Quality Physical Education

Physical education is a key prevention tool

Quality physical education (such as EPEC – the Exemplary Physical Education Curriculum) equips students with the knowledge, skills, competence and confidence to be active for life.

EDUCATIONAL IMPACT

- **Obese children miss four times as much school as normal-weight children. They often suffer from depression, anxiety disorders, poor self-esteem, and bullying from their peers.** (State Education Standard, National Association of State Boards of Education, 2004)
- **21% of Detroit high school students are obese, and 20 % are overweight. 55% of Detroit high school students did not attend physical education classes in an average week when they were in school.**

“Some people think physical education class is a place to exercise, when in fact, it is a place to learn.”

– John Todorovich, 2010 president of the Florida Physical Education Association

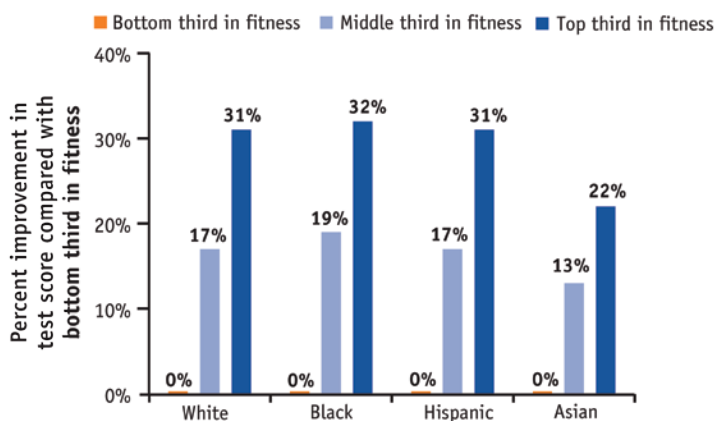
- The CDC has found substantial evidence that physical activity can help improve academic achievement, including grades and standardized test scores. (2010 F as in Fat Obesity Report)
- Physically active and fit children tend to have better academic achievement. More time in physical education and other school-based physical activity does not adversely affect academic performance. (Active Education, Physical Education, Physical Activity and Academic Performance Research Brief, 2009)
- A 2007-08 study of more than 2.4 million Texas students found that students who were physically fit were more likely to do well on the state’s standardized tests and have better school attendance records and fewer disciplinary referrals than students who were not physically fit.

After one year of learning with EPEC in physical education class: “I was more active than I was before, so I just felt a whole lot better.”

– Eric, 6th grade student

Students with better physical fitness have higher academic test scores

Percent improvement in academic test score by NYC FITNESSGRAM score, by race, fourth–eighth grade, 2007–08



- Academic test scores* increased with higher NYC FITNESSGRAM scores across all racial and ethnic groups.
- Students in the top third of NYC FITNESSGRAM scores had, on average, higher academic test scores than students in the bottom third of NYC FITNESSGRAM.

* Academic test score is an average of a student’s NYS Standardized English Language Arts (ELA) and NYS Standardized Math test percentile, as measured by grade level.

Impact of Quality Physical Education

ECONOMIC IMPACT

- The total economic cost of overweight and obesity in the United States and Canada caused by medical costs, excess mortality and disability is approximately \$300 billion per year. (Society of Actuaries, 2010)
- From the periods 1979-1981 to 1997-1999 annual hospital costs related to obesity among children and adolescents increased from \$35 million to \$127 million. (CDC 2010)
- The total annual obesity cost for Flint, Mich. (34% of population obese) is \$205,419,575. (Gallup-Healthways Well-Being Index, 2011)
- Of the more than \$1.7 trillion in health care spent nationally every year, less than four cents of every dollar is spent on prevention and public health. (Prevention Institute, 2007)

“ Given the strong scientific basis that supports physical activity and the associated role in the prevention of chronic illness and disease, it should be no surprise that with limited to non-existent opportunities to learn how to competently and confidently move, there exists a higher incidence of chronic illness, disease, overweight and obesity within the United States. ”

– Tony Moreno, School of Health Promotion and Human Performance, Eastern Michigan University

PUBLIC HEALTH IMPACT

- Obesity is a major risk factor linked to cardiovascular disease, certain types of cancer, type 2 diabetes and early death. (American Heart Association)
- School-based physical education plays a key role in curbing obesity and improving fitness among adolescents from low-income communities. Clearly, physical education in schools is an underutilized tool in our efforts to reduce pediatric obesity. (Archives of Pediatrics & Adolescent Medicine, 2009)
- The return on investment for community-based disease prevention programs does not just defer high health care costs to end of life. By increasing physical activity and good nutrition and decreasing smoking and other tobacco use, we are ensuring that more people will be healthier for longer periods of their life. (Trust for America's Health 2009)
- School-based physical education has many benefits, increasing physical activity and improving physical fitness and muscular endurance. Increasing physical activity through physical education is a public health strategy for reducing childhood obesity. (NASPR, 2009)

What is the **Healthy Michigan Fund**?

History of the Healthy Michigan Fund

1994: Tobacco tax increase is tie-barred to Proposal A

Michigan's constitution is revised, creating Article IX Section 36. It designates 6% of proceeds from the tax on tobacco products to be dedicated to improving the quality of health care of the residents of this state.

1995: Healthy Michigan Fund is created by Act 121 to use tobacco tax monies

- “The fund is in addition to, and is not intended as a replacement for, any other money appropriated to the department or other state agencies.” (333.5953)
- “Money in the fund shall be used to improve the health of the citizens of this state... shall include, but not be limited to, chronic disease prevention, smoking cessation, anti-tobacco activities, maternal and child health initiatives, immunization activities, poison control, and local public health surveillance and evaluations.” (333.5955)

1995-2001: Healthy Michigan Fund (~\$41 million) is directed primarily to prevention programs

2002-2009: Fiscal crisis becomes obvious

- \$16 million is annually diverted from Healthy Michigan Fund prevention programs to fund Medicaid.
- \$25 million continues to focus on prevention programs annually.
- Each year, the legislature proposes cuts to the Healthy Michigan Fund to try to balance the state budget. Prevention advocates struggle to maintain vital programs.

2010: Fiscal crisis deepens

- \$27 million is diverted from Healthy Michigan Fund prevention programs to fund Medicaid.
- \$11 million remains for prevention programs.
- Many prevention programs are lost or weakened.

What is the **Healthy Michigan Fund**?

What Difference Does It Make?

Medical care is NOT prevention

- Medical care focuses on treatment of illness and chronic disease of individuals. It relies on the science of medicine with services provided in the private sector. It is very costly to treat illness and chronic disease.
- Prevention focuses on prevention of illness and chronic disease and promotion of lifelong health among individuals and populations. It utilizes public health systems and epidemiology in the public sector. It is inexpensive to prevent illness and chronic disease.

Michigan spends almost nothing on prevention

- Medicaid and Children's Special Health Care Services receive \$1,750,799,200 of General Fund (FY2009).
- Public Health receives \$60,536,000 of General Fund. \$35 million of that goes to Local Health Departments (FY2009).
- This means only 3.46% of Michigan Department of Community Health's General Fund is allocated to prevention (FY2009).

Prevention reduces escalating health care costs

- Prevention is critical to reducing treatment expenditures.
- An investment of \$10 per person per year in programs to increase physical activity, improve nutrition, and prevent tobacco use could save Michigan more than \$545 million in annual health care costs within five years. For every \$1 invested in community-based prevention, the return amounts to \$5.40. (Prevention for a Healthier America, 2008)
- Healthy Michigan Fund is a key strategy in preventing illness and chronic disease.