



Looking Forward: Health Education Priorities for America

*Recommendations for the
New Administration and the 115th Congress*

SOCIETY FOR PUBLIC HEALTH EDUCATION

10 G Street, NE, Suite 605

Washington, DC 20002

202.408.9804

www.sophe.org

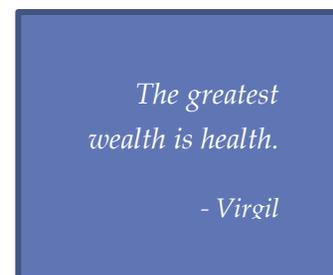
The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion and to promote the health of society.

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.

Collectively, SOPHE's 4,000 national and chapter members are employed in K-12 schools, universities, medical/health settings, businesses, voluntary health agencies, international organizations, and all branches of federal, state, and local government.

Health education provides the opportunity for people to make informed decisions about their health and foster safe, healthy environments where people live, learn, work and play. All Americans should have the opportunity to maximize their health and have access to high-quality health services so they can become productive, vital members of society. To maximize their learning and

earning potential, people need to be healthy. Health education is a cost-effective way to prevent illness, injury and disability, promote the wise use of health services, and lower health care costs.



As the new administration and Congress begin their work, SOPHE urges prioritizing policies that support the goals of health education and a healthy nation. SOPHE recommends maximizing the collective impact of the public and private sectors to promote health education in schools, prevent chronic disease, fortify public health infrastructure, and provide accessible and affordable health care. Specifically, SOPHE urges policymakers to address funding and policies for:

- **Health Education in K-12 Schools**
- **Community Based Prevention and Public Health Programs**
- **Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention**
- **Affordable, Accessible and Quality Health Care**

1. Health Education in K-12 Schools

Today, one in three children is pre-diabetic and nearly half will develop heart disease during their lifetimes. Health education in the school curriculum reduces obesity, which is a major risk factor for diabetes, and prevents unhealthy behaviors such as alcohol, tobacco and drug use. Teaching students social and emotional skills also improves their classroom behavior, academic performance, high school graduation rates, and increases their motivation to do well in school. Students who graduate from high school have higher earning potential, are less likely to need public assistance, and more likely to raise healthy children. Unfortunately, most schools around the country today do not follow the National Health Education Standards, or have eliminated health education from their curriculum.

Health education is also essential to America's military readiness and defense. The primary reason potential recruits fail to qualify for military service is being overweight or obese. Since 1995, the proportion of potential recruits who failed the military physical due to obesity increased by almost 70 percent. Providing high-quality health education and physical education in schools can help ensure that youth who dream of serving their country through military service are not turned away.

Providing health education in schools is also fiscally responsible. Health education can decrease health illiteracy, which is estimated to cost the nation between \$1.6 - \$3.6 trillion dollars per year. Children who are health literate and adopt lifelong healthy habits have increased opportunities to be productive members of society and contribute to the economy. Strengthening and expanding existing school health education programming would result in additional cost savings if students are prevented from adopting unhealthy habits, which eventually result in costly, chronic conditions in adulthood.

SOPHE urges the new Congress and administration to fully fund the Every Student Succeeds Act (ESSA) with special attention to Title IV, Part A which was authorized at \$1.65 billion in FY 2017. This funding would support three broad areas: providing

students with a well-rounded education, including health education; supporting safe and healthy schools, including school mental health, drug and violence prevention, health and physical education; and supporting technology usage in schools.

2. Prevention Funding for Community-Based Public Health Programs

Seven of every ten deaths in the United States are the result of chronic diseases such as cancer, diabetes, lung disease, heart disease, and stroke. These leading causes of death account for 86 percent of health care spending in the United States. High quality preventive care helps Americans stay healthy, avoid or delay onset of chronic disease, lead productive working lives, and reduce health care costs.

Investing in prevention is vital to the economic engine of America. Prevention has a proven return on investment: Every \$1 spent on prevention saves \$5.60 in health spending; every \$1 spent on childhood vaccines saves \$16.50 in future health care costs. Although 75 percent of all U.S. health care costs is used to treat preventable chronic conditions such as heart disease and diabetes, only 3 cents of every dollar is spent on prevention. Studies show that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. The public overwhelmingly supports increased funding for disease prevention and health promotion programs.

Public health interventions have demonstrated high impact and return on investment for improving the health of communities, particularly when they are based at the local level. Starting with priorities of the local population for health and environmental policy changes moves the needle on health improvements, builds strong public and private partnerships, and attracts funding for program sustainability. Improving population health through community based prevention is critical to battling the obesity epidemic, improving military readiness, and reducing both the direct and indirect costs associated with chronic disease.

SOPHE urges the new Congress and administration to prioritize funding for prevention programs that include community based engagement. Funding should be allocated to public health programs so that federal, state and local public health agencies can work with the local communities to address their unique needs. A system that focuses on community based prevention strategies can improve health outcomes across the country, and will especially benefit populations that historically have had limited opportunities for a healthy lifestyle.

3. Investments in Public Health Infrastructure

In recent decades, America has been repeatedly confronted with public health emergencies such as Zika, Ebola, Swine Flu, and other pandemic infectious diseases. Additionally, natural disasters, bioterrorism, and other unanticipated events such as the Flint, Michigan contaminated water crisis, have left Americans vulnerable. Each emergency has demonstrated severe shortfalls in funding, public health workforce readiness, and the public health infrastructure needed to protect Americans' health and safety. Although future public health emergencies cannot be predicted, such crises will continue particularly in a rapidly changing global environment. To adequately detect, track and respond to public health emergencies and save lives, America must amplify its public health readiness. The process of supplemental appropriations is too slow and cumbersome to be used for catastrophic public health emergencies. As recently demonstrated with Zika and Flint's water crisis, passage of legislation to address these issues took nearly a year while lives were being lost or irreparably damaged.

SOPHE urges the new Congress and administration to create a new federal emergency fund that could address emerging public health threats. To respond to such threats requires a fully staffed and trained public health workforce. The United States is currently experiencing a public health workforce shortage; more than 250,000 additional public health workers will be needed by the year 2020 to keep Americans safe and healthy. Thus, expanding and robustly funding the public health loan repayment program would attract highly qualified public health personnel, including health education specialists, to work in state, tribal, local, and territorial public health agencies

including those in frontier and rural areas. Additional resources are also needed for student scholarships and grants in public health, and to train the existing public health workforce on cutting-edge threats, technology and emergency response.

4. Ensuring Access, Affordability, and Quality Health Care

Today, the number of uninsured Americans is at historic lows. Although there has been significant progress in certain areas, even one American without access to affordable, quality health care is too many. Far too many families are still unable to gain access to coverage due to the “family glitch,” the rule that deems health insurance affordable given that the premium is less than 9.5 percent of the worker’s income, regardless of the cost to add additional family members to the plan. There are still too many working Americans that have access to employer-sponsored plans that they are unable to use due to inadequate benefit structures or cost-sharing and deductibles that are too high. Additionally, many individuals have trouble navigating the system and/or understanding how to use their benefits appropriately.

SOPHE urges the new Congress and Administration to consider policies that would expand access to health care coverage among the uninsured, including expanded access to strong public health insurance programs. SOPHE urges policies that continue to encourage innovations in payment models and delivery systems that support coverage for high-value services; support middle-class Americans by including family coverage in affordability calculations; reduce cost-sharing and out-of-pocket limits; improve employer minimum coverage requirements; and encourage transparent pricing mechanisms for health care services.

In summary, SOPHE looks forward to working with Congressional and administrative leaders to promote the health and safety of all Americans. We strongly urge prioritizing policies related to health education in schools, preventing chronic disease, fortifying public health infrastructure and response, and providing a patient-centered, high quality, affordable health care system. Please contact Dr. Cicily Hampton at champton@sophe.org to let us know how SOPHE can help you achieve these goals.