



ASHA Position Statement

The Every Student Succeeds Act:

Implications for K-12 Health Education and Physical Education

The American School Health Association (ASHA) believes that healthier students are better learners. To that end, ASHA supports the inclusion of health education and physical education as part of a well-rounded education as defined in the reauthorization of the Elementary and Secondary Education Act (ESEA) now known as the Every Student Succeeds Act (ESSA). ASHA applauds key provisions in ESSA that have the potential to positively impact the quality of K-12 health education and physical education and thus the health of every student.

BACKGROUND

Education is not a constitutional right, like free speech or assembly, but it is an important enough interest to warrant constitutional protection. As stated in the 10th Amendment, education is a function of the states: they are the primary entities that are responsible for the operation and maintenance of our schools. Although education is not governed at the federal level, it is influenced by the federal government as funds are allocated for school districts that follow certain federal guidelines. In 2017, around three percent of the federal budget was allocated for education. Most of this money goes to assistance programs for children with disabilities. The rest of the money is distributed to school districts through ESSA. Unlike prior authorizations of the law, ESSA explicitly and implicitly recognizes the need for schools to support the whole child. ESSA's framework now creates an important opportunity to reshape the education sector to better support student health and wellness.

The ESSA no longer references "core academic subjects" and does not require states to implement national standards. Rather, the law specifically disallows the federal government from requiring states to adopt national standards such as the Common Core. Today, ESSA calls for a, "well-rounded education" for all students. This means subjects including arts, health education, physical education, science, civics and government, music, and foreign languages are eligible for federal funding under ESSA. The ESSA requires assurance that states adopt challenging academic content standards in reading, math, and science with three levels of achievement that are aligned with entrance requirements for credit-bearing coursework in the states' higher education system as well as the state's career and technical education standards. It allows states to adopt standards in other subject areas but does not require them to do so.

ASHA applauds the provision in ESSA that requires districts to allocate 20 percent of Title IV funds to programs that support safe and healthy students. In addition, ASHA applauds provisions in ESSA that expand access to professional development under Title II to include teachers of all subjects, not just core subjects. However, since these provisions are new, states and local school districts will need guidance on how best to utilize those funds to provide quality services and maximize impact.

Health and Academic Achievement

ASHA believes that students must be healthy and engaged in learning to be prepared for work and economic self-sufficiency. Evidence shows that students who are provided with instruction in personal and social skills have improved decision-making, reducing health risk behaviors. Programs linking instruction with health, education, social services, and health services in schools reduce absenteeism.

Chronic absenteeism, which can represent a wide range of physical and social-emotional health issues, is included as part of the school quality measure in the majority of state plans (36 states), with seven state plans also proposing the use of student fitness/physical education. Additionally, many states are planning to define chronic absenteeism as a percentage of school days missed rather than a total number of missed days. This allows school districts to identify and address problems much earlier.

The ESSA seeks to improve high school graduation rates by requiring specific interventions and supports. The law continues to address student subgroups for accountability and data disaggregation, including students who are economically disadvantaged, have limited English language proficiency, have disabilities, and belong to major racial and ethnic groups as determined by the state. In addition, ESSA adds three new subgroups: students who are homeless; students with parents in the military; and students in foster care. ASHA believes in the [Whole School, Whole Community, Whole Child \(WSCC\) Model](#). We further believe that a WSCC framework will enable and empower all students, particularly those facing both academic and social challenges, to become healthy learners.

The Centers for Disease Control and Prevention (CDC) "[Health and Academic Achievement Overview](#)" provides compelling evidence for the direct correlation between health and learning that is essential to academic success, school completion, and the development of healthy, resilient, and productive citizens. Students whose health and well-being are addressed are more likely to attend school regularly, behave well, graduate from high school, and grow into healthy, resilient, and productive citizens. Addressing the comprehensive needs of all students is an essential element of meaningful education reform and a proven strategy for school turnaround and improvement.

Focusing on the whole child is of paramount importance today when most of our nation's students are low-income. Data from the National Center for Education Statistics (NCES) shows that 51 percent of the nation's public schools were low income in 2013. As a result, they are far more likely to face many health and economic barriers to learning. All students deserve access to the supports that enable them to succeed in school and in life. Students need a wide range of supports to address chronic health conditions, emotional or mental health needs, and ongoing stressors and lack of stability in the home, the family, or neighborhoods.

ASHA believes that all students deserve access to a comprehensive and well-rounded education that includes instruction in all academic content areas including health education and physical education. We believe that states' standards, accountability systems, and the public reporting of student performance must reflect all subjects. To this end, ESSA did not go far enough. However, ASHA believes that the National Health Education Standards and the National Physical Education Standards provide states with solid foundation that can be adapted to address state and local needs and mandates; that will ensure that every student has access to high-quality instructional programs.

- **Addressing the health and well-being of America's students is paramount to comprehensive education reform and a proven strategy for school turnaround.** Schools are uniquely positioned to help children and youth acquire life-long, health-promoting

knowledge, skills attitudes and behaviors through comprehensive health education, physical education, nutrition, mental health screenings and services, counseling, and integration among all education and health programs.

- **Effective health education and physical education programs are essential components of a whole child focused education.** The recent “Health in Mind” report showed that health and fitness are linked to improved academic performance, cognitive ability, and behavior as well as reduce truancy.
- **Today, one-third of our nation’s children are designated as overweight or obese.** The lack of physically fit and health-literate graduates has become a national security issue. Being overweight or obese has become the leading medical reason that applicants fail to qualify for military service. Providing access to instruction in physical competence, health-related fitness and healthful behaviors is, therefore, crucial to young people’s development and long-term success as healthy and productive citizens.
- **Health education is essential to support the formation of health-literate and health-conscious adults who understand how to prevent health problems and who can navigate the healthcare system when necessary.** The development of lifelong healthful habits can help reduce the enormous burden of health care costs in this nation. Quality health education has been proven to be effective in reducing health-risk behaviors such as tobacco and alcohol use. Quality health education also improves health-enhancing behaviors such as increasing physical activity, improving dietary behaviors, and decreasing health illiteracy, which costs our nation \$100–200 billion annually.
- **High school graduation is a key indicator of future productivity as well as one’s health.** Teaching appropriate social and emotional skills improves the academic behaviors of students, increases motivation to do well in school, increases positive attitudes toward schools, improves connectedness, reduces absenteeism, improves performance on achievement tests and grades, and improves high school graduation rates.

CONCLUSION

ASHA applauds the inclusion of health education and physical education as part of a well-rounded education defined by ESSA. However, the law leaves implementation of these programs to states and ultimately, local school districts. Faced with continuing accountability measures and financial limitations, many schools are not equipped to provide K-12 students with well-planned and implemented health education and physical education programs that are not aligned with national standards, best practices, and research. ASHA, and other national and state-level organizations, must work collaboratively to provide states and local school districts with guidance, technical assistance and support to implement programs that benefit students and the entire school community.

ABOUT ASHA

ASHA’s mission is to transform all schools into places where every student learns and thrives. ASHA is a unique multidisciplinary organization that provides a means for those employed by local, state and national education and health organizations to work collaboratively and synergistically with concerned parents and community members and with colleagues in higher education to meet ASHA’s mission. ASHA members represent the ten components of the coordinated school health model. ASHA helped build the foundation for such a collaborative approach and today, the organization continues to define and strengthen our nation’s efforts to improve the lives of children, families, and communities.

References

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