

The Honorable Tom Harkin  
Chairman  
Subcommittee on Labor-HHS-Education  
Senate Appropriations Committee  
131 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Thad Cochran  
Ranking Member  
Subcommittee on Labor-HHS-Education  
Senate Appropriations Committee  
156 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable David R. Obey  
Chairman  
Subcommittee on Labor-HHS-Education  
House Appropriations Committee  
2358-B Rayburn House Office Building  
Washington, DC 20515

The Honorable Todd Tiahrt  
Ranking Member  
Subcommittee on Labor-HHS-Education  
House Appropriations Committee  
1016 Longworth House Office Building  
Washington, DC 20515

September 23, 2010

Dear Senators Harkin and Cochran and Representatives Obey and Tiahrt:

As local, state, and national organizations committed to the health and education of our nation's young people, we urge your committees to continue investing dedicated funding for the Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC). For more than two decades, DASH has effectively worked with schools across the country to build the infrastructure necessary to provide a coordinated approach to school health education. This innovative infrastructure provides an integrated mechanism through which youth receive a broad array of health education.

Helping adolescents make healthy decisions is a lifelong process that requires the involvement of families, communities, and many other areas of society—and schools are an essential part of that effort. DASH knows that establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood, and we could not agree more with this philosophy. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Each day presents our nation's schools with the opportunity to reach 56 million students, providing them with information about health and giving them the opportunity to practice the skills that promote healthy behaviors.

Topics covered through DASH's school health work include teen pregnancy, HIV and other STD prevention, obesity and nutrition, asthma, tobacco use and addiction, physical activity, and safety. Maintaining funding for DASH and the unique infrastructure it has created in states across the country is essential to ongoing progress in promoting coordinated school health and positive health outcomes for our nation's young people.

When the Senate Appropriations Committee passed their Labor, Health and Human Services, and Education appropriations bill, it consolidated line items from five areas of work within the

Center for Chronic Disease Prevention and Health Promotion at CDC to create an obesity-related chronic disease prevention funding stream. Federal funds usually allocated to DASH were included in this consolidation. This attempt to streamline federal support for obesity-related chronic disease prevention would effectively eliminate the only dedicated funding stream for coordinated school-health education.

Ironically, in trying to streamline, the appropriators have eliminated a unique CDC funding stream designed to breakdown bureaucratic silos by forging collaborations between departments of education and departments of health to reach youth most at risk in the one place where they spend most of their days—in schools. State and local public health departments, which lead most HIV, STD, pregnancy, and chronic disease prevention efforts, cannot take advantage of schools as a setting for health education without the strong support of education agencies. School curricula, policies, and services are determined by state education agencies and school districts, not by health agencies.

Therefore, for more than two decades, DASH has supported a nationwide network of HIV and chronic disease prevention leadership in state and local education agencies. Furthermore, DASH-funded education agencies are required to collaborate closely with the public health departments in their jurisdictions. These partnerships lead to integrated efforts that maximize program effectiveness, increase efficiency, and reduce redundancy. DASH and its partners also facilitate the integration of HIV, STD, and pregnancy prevention and chronic disease prevention efforts to transcend bureaucratic barriers and maximize impact.

Finally, DASH programs are evidence-based and data driven. Research has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. For example, an evaluation of a school-based HIV, STD, and unintended pregnancy prevention intervention for high school students found that for every dollar invested in the program, about \$2.65 in total medical and social costs were saved. Inner-city children in Baltimore, Maryland, who participated in a school breakfast program increased their nutrient intake and were more likely to improve their academic and psychosocial functioning than those who did not participate in the program.

Congress should continue to act in the best interest of young people by continuing to invest in dedicated school health funding through DASH at the highest level possible. Schools have a critical role to play in health and well-being of young people and DASH plays a critical role in providing the integrated approach necessary to ensure young people are receiving a broad array of health education.

Sincerely,

Abortion Care Network (New Mexico)  
Adolescent Pregnancy Prevention Campaign of North Carolina (Durham, NC)  
Advocates for Youth (Washington, DC)  
AIDS Action (Washington, DC)  
AIDS Action Baltimore (Baltimore, MD)  
AIDS Alabama (Birmingham, AL)

AIDS Alliance for Children, Youth & Families (Washington, DC)  
AIDS Foundation of Chicago (Chicago, IL)  
The AIDS Institute (Washington, DC)  
American Academy of Pediatrics (Elk Grove Village, IL and Washington, DC)  
American Journal of Sexuality Education (New Jersey)  
American Medical Student Association (AMSA) (Reston, VA)  
American Psychological Association (Washington, DC)  
American School Health Association (Kent, OH)  
American Sexually Transmitted Disease Association (Seattle, WA)  
American Social Health Association (Washington, DC)  
Answer (Piscataway, NJ)  
Asian Communities for Reproductive Justice (Oakland, CA)  
Association of Nurses in AIDS Care (Akron, OH)  
Association of State & Territorial Directors of Nursing (ASTDN) (Oklahoma City, OK)  
BIENESTAR (Southern California)  
California Adolescent Health Collaborative (Oakland, CA)  
California Family Health Council (Los Angeles, CA)  
California School Health Centers Association (Oakland, CA)  
California STD Controllers Association (San Diego, CA)  
Cascade AIDS Project (Portland, OR)  
Catholics for Choice (Washington, DC)  
The Center for Family Life Education (New Jersey)  
Center for Hispanic Policy & Advocacy (Providence, RI)  
Colorado AIDS Project (Denver, CO)  
Colorado Youth Matter (Denver, CO)  
Community HIV/AIDS Mobilization Project (CHAMP) (Providence, RI)  
Detroit Jewish Labor Committee (Detroit, MI)  
EyesOpenIowa: Your Connection to Adolescent Sexual Health (Des Moines, IA)  
Family Equality Council (Boston, MA)  
Family Planning Council (Philadelphia, PA)  
Family Planning Health Services, Inc. (Wausau, WI)  
Family Violence Prevention Fund (Washington, DC)  
Feminist Majority (Arlington, VA)  
Floyd County Teen Center (Rome, GA)  
Fulton County Health Department (Canton, IL)  
Gay and Lesbian Latino AIDS Education Initiative (GALAEI) (Philadelphia, PA)  
Gay, Lesbian and Straight Education Network (Washington, DC)  
Gay-Straight Alliance Network (San Francisco, CA)  
Georgia Association of School Nurses (Brunswick, GA)  
Girls Inc. (Washington, DC)  
Girls Inc. of Metro Denver (Denver, CO)  
Harlem United Community AIDS Center, Inc. (New York, NY)  
The Healthy Colorado Youth Alliance (Colorado)  
Healthy Fathering Collaborative (Cleveland, OH)  
Healthy Kids Rhode Island (Providence, RI)  
Healthy Teen Network (Baltimore, MD)

Healthy Teens Coalition (Florida)  
HIV Law Project (New York, NY)  
HIV Medicine Association (Arlington, VA)  
HIVictorious, Inc. (Madison, WI)  
Housing Works (New York, NY and Washington, DC)  
Human Rights Campaign (Washington, DC)  
Illinois Caucus for Adolescent Health (Chicago, IL)  
Illinois Maternal and Child Health Coalition (Chicago, IL)  
International Women's Health Coalition (New York, NY)  
Jane Fonda Center at Emory University (Atlanta, GA)  
Latino Commission on AIDS (New York)  
Lee County Health Department (Fort Myers, FL)  
Lower East Side Harm Reduction Center (New York, NY)  
Mary Wohlford Foundation (San Francisco, CA)  
MCAH Action (California)  
Michigan Organization on Adolescent Sexual Health (Lansing, MI)  
Minnesota AIDS Project (Minneapolis, MN)  
Nashville CARES (Nashville, TN)  
National AIDS Housing Coalition (Washington, DC)  
National Alliance of State and Territorial AIDS Directors (Washington, DC)  
National Assembly on School-Based Health Care (Washington, DC)  
National Association for Sport and Physical Education (Reston, VA)  
National Association of State Boards of Education (Arlington, VA)  
National Center for Transgender Equality (Washington, DC)  
National Coalition of STD Directors (Washington, DC)  
National Council of Jewish Women (Washington, DC)  
National Council of Jewish Women IL State (Chicago, IL)  
National Council of La Raza (NCLR) (Washington, DC)  
National Family Planning & Reproductive Health Association (Washington, DC)  
National Gay and Lesbian Task Force Action Fund (Washington, DC)  
National Institute for Reproductive Health (New York, NY)  
National Latina Institute for Reproductive Health (Washington, DC and New York, NY)  
National Latino AIDS Action Network (NLAAN)  
National Minority AIDS Council (Washington, DC)  
National Partnership for Women & Families (Washington, DC)  
National Youth Advocacy Coalition (Washington, DC)  
Nebraska AIDS Project (Omaha, NE)  
New Jersey Chapter Sierra Club (New Jersey)  
New Mexico Public Education Department (New Mexico)  
NM Alliance for School-Based Health Care (NMASBHC) (Albuquerque, NM)  
North Carolina Chapter, Society for Public Health Education (Raleigh, NC)  
Northeast Iowa Community Action Corporation (Decorah, IA)  
Pacientes de Sida pro Politica Sana (San Juan, PR)  
Parent Action for Healthy Kids (Farmington Hills, MI)  
Planned Parenthood Federation of America (Washington, DC)  
The Racial and Ethnic Health Disparities Coalition (Washington, DC)

Religious Coalition for Reproductive Choice (Washington, DC)  
Robert E. Appleby School Based Health Center (Norwalk, CT)  
Rocky Mountain Center for Health Promotion and Education (Denver, CO)  
SC Campaign to Prevent Teen Pregnancy (Columbia, SC)  
The Section of Family Planning & Contraceptive Research at the University of Chicago  
(Chicago, IL)  
Sexuality Information and Education Council of the United States (SIECUS) (Washington, DC)  
Society for Adolescent Health and Medicine (Washington, DC)  
The Society of State Directors of Health, Physical Education and Recreation (Reston, VA)  
State of Florida Department of Health, Division of HIV/AIDS (Marathon, FL)  
TeenNow California (California)  
Together For Youth, Allen Women's Health (Waterloo, IA)  
Treatment Action Group (Washington, DC)  
U.S. Positive Women's Network (PWN)  
UCHAPS, the Urban Coalition for HIV/AIDS Prevention Services (Washington, DC)  
United Church of Christ (Cleveland, OH)  
Western North Carolina AIDS Project (Western North Carolina)  
Wilson Resource Center (Arnolds Park, IA)  
Wisconsin Family Planning and Reproductive Health Association (Wausau, WI)  
Women of Reform Judaism (New York, NY)  
Women Organized to Respond to Life-threatening Disease (WORLD) (Oakland, CA)

Cc: Senate Subcommittee on Labor, Health and Human Services, and Education  
House Subcommittee on Labor, Health and Human Services, and Education

## MAINTAIN CURRENT FUNDING STRUCTURE FOR CDC'S DIVISION OF ADOLESCENT & SCHOOL HEALTH PROGRAMS

**REQUEST: Congress is urged to maintain the current funding and structure of CDC's Division of Adolescent and School Health (DASH) to support student health and academic success.**

The Senate Appropriations Committee has approved the consolidation of several CDC chronic line item programs within the jurisdiction of the Department of Health and Human Services into one Chronic Disease Initiative block grant for FY2011. Included in this proposed revision is CDC's Division of Adolescent and School Health (DASH).

### **BACKGROUND**

1. CDC DASH serves as the lead within HHS for school health issues and works across the agency and in partnership with other federal, state and local agencies, and national partners, to improve the health of young people through school-based activities.
2. In FY2010, DASH program activities provided funding and technical support to 50 state education agencies (EAs), 22 local EAs, 6 territorial EAs and 3 tribal governments.
3. DASH programs are unique because they contribute to both student health *and* academic success. DASH funding provides a catalyst for collaboration between state education and health agencies. The funding assists states to *improve the health of children and youth and remove barriers to students' academic success* by improving the high quality and coordination of efforts of school-level programs.
4. CDC DASH programs address issues important to the whole child such as the interrelationships among the physical, mental, social and intellectual dimensions of students. This holistic approach includes eight components to promote health and health literacy: health education, physical education, school meals, health services, mental health, healthy school environments, staff health promotion, and family/community involvement.
5. The DASH model has a unique advantage in fighting obesity because it links the state departments of education and health, thereby strategically planning for statewide impact, applying state-of-the-art obesity prevention policies and programs, effectively leveraging resources, and engaging partners.
6. CDC DASH programs have a proven track record and economic return on investment. For example:
  - An economic evaluation of Project Toward No Tobacco Use (TNT) showed that for every dollar invested in this tobacco prevention program, almost \$20 in future medical costs could be saved<sup>1</sup>.
  - Planet Health, a school-based obesity prevention program, cost \$33,677 for 1200 middle school students over 2 years, or \$14 per student per year. An estimated 1.9% of the female students were prevented from becoming overweight or obese adults. For every dollar spent on the program, \$1.20 would be saved in future medical costs and loss of productivity<sup>2</sup>.
7. In addition to chronic disease risks, DASH funding addresses sexual behaviors that lead to sexually transmitted infections (e.g. HIV) and teen pregnancy; behaviors that lead to unintentional and intentional injuries; alcohol and other drug use; asthma; and mental health problems.
8. The DASH health/education partnership in states provides a trusted source of information to key stakeholders that extends beyond chronic disease risks. For example, CDC DASH funded programs played a critical role in facilitating efforts to communicate with, and collect data from, the nation's schools related to the recent H1N1 influenza outbreak. Such credible, trusted information sources are vital in risk communication and motivating people to act in crisis situations.

## **Why Maintaining DASH-Programmatic Funding is Critical to Health & Academic Success**

1. CDC's DASH has had distinctive success in breaking down silos by using public health dollars to fund state Departments of Education and building essential working partnerships (e.g. Department of Agriculture), which would likely be lost in a formula-based block grant.
2. Dismantling CDC DASH programmatic funds and infrastructure could inadvertently hurt academic achievement, especially for disadvantaged and low-income youth and communities. Children who are ill have more difficulty learning and higher rates of absenteeism – many dropping out of school. Every school day 7,000 students drop out of school; approximately 1.2 million students each year<sup>3</sup>. High school drop outs have poorer health and higher medical costs than high school graduates. Lack of high school graduation is associated with a decrease in average lifespan of six to nine years<sup>4</sup>. Moreover, high school drop outs are more likely to rely on government health care, use public services such as food stamps or housing assistance, and are less likely to raise healthier, better-educated children<sup>5-7</sup>.
3. The DASH model provides a mechanism for addressing all health promotion activities broadly. Additionally this model supports the delivery of crisis response information for emerging health crises, such as H1N1 or Hurricane Katrina.
4. The DASH model holds schools and public health accountable. Student health will not be protected unless the funding mechanism is prescriptive and allows for tracking the fiscal accountability.
5. Given that DASH funds both chronic disease and HIV/AIDs, separating out the chronic funds will mean that states would have to apply for multiple grants aimed at serving the same populations.
6. School and public health personnel have different but complementary competencies and training. DASH fosters the collaboration across such disciplines, thereby more efficiently and effectively leveraging scarce resources to promote valuable health and education outcomes.

### **References**

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*On behalf of the more than 58,700 members of the American Association for Health Education, American School Health Association, National Assembly on School Based Health Centers, National Association of School Nurses, National Association of School Psychologists, National Association of Sport and Physical Education, Society for Public Health Education, and Society of State Directors of Health, Physical Education, and Recreation*