The Argument for a Comprehensive National Health Curriculum in Public Schools

Introduction

The most compelling reason for initiating a comprehensive health care curriculum in national schools, is the association of diseases at epidemic proportions to childhood wellbeing. Obesity, diabetes, hypertension, sexually transmitted diseases, and teenage pregnancy are just a few of the issues plaguing children and adolescents around the country.\(^1\) Health related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.\(^2\) Health risk behaviors such as early sexual initiation, violence and physical inactivity are consistently linked to poor grades, low test scores and lower educational attainment.\(^3\) The academic success of America’s youth is strongly linked with their health.\(^4\) I propose that a national health curriculum in our schools is necessary in defeating these health epidemics at hand. Article I, §8, cl 1 of the Constitution, also known as the Spending Clause, will allow Congress to fund this landmark program.

Since the Supreme Court’s ruling in *National Federation of Independent Business (NFIB)* v. *Sebelius*,\(^5\) there is conjecture that the Spending Clause will be under attack and eventually

\(^1\) Centers for Disease Control, Characteristics of an Effective Health Education Curriculum, [http://www.cdc.gov/healthyyouth/sher CHARACTERISTICS/index.htm](http://www.cdc.gov/healthyyouth/sher CHARACTERISTICS/index.htm)
\(^3\) Centers for Disease Control, Health & Academics, [http://www.cdc.gov/healthyyouth/health_and_academics/index.htm](http://www.cdc.gov/healthyyouth/health_and_academics/index.htm)
\(^4\) *Id.*
limited, but I think this is a great time to consider a national health education program to improve health outcomes for children overall. This article will review that need for such a program, by looking at specific diseases and their eventual costs to the general public, the history of health care curriculum in schools and the enumerated power of Congress to fund such a program.

Although the Constitution does not state that education is a fundamental right, it is well known that public schools receive funds from various Federal, state and local sources.\footnote{Committee for Educational Rights v. Edgar, 672 N.E. 2d 1178, 1181 (Ill. 1996)} While a large percentage of funding comes from local property taxes, only approximately 10 percent of educational resources come from the Federal government.\footnote{Michael J. Kaufman & Sherelyn R. Kaufman, Education Law, Policy, and Practice 75 (Wolters Kluwer, 3rd ed. 2013).} Unfortunately, as will be presented, the detrimental effects of obesity and its subsequent maladies negatively impact taxpayers as a whole.

A review of the disease processes and poor behavioral choices that can harm children and adolescents is necessary to focus on the extent of the problem at hand.

**Obesity**

Annual obesity-related hospital costs in 6-17 year-olds have reached $127 million/year, as overweight/obesity continue to increase in this young population.\footnote{Goran, et. al. Obesity and Risk of Type 2 Diabetes and Cardiovascular Disease in Children and Adolescents. Jour of Clinical Endo & Metabolism 2003; 88(4):1417-1427.} Unfortunately, it is not obesity alone that is concerning. Obese children have a 70% chance of being overweight or obese as adults – facing higher risks for many diseases, such as cardiac disease, diabetes, stroke, and several types of cancers.\footnote{Centers for Disease Control, “Make a Difference at Your School” (2013). Chronic Disease. Paper 31. \url{http://digitalcommons.hsc.unt.edu/disease/31}}
Diabetes

Type 2 or “adult-onset” diabetes has, in two decades, changed from an adult affliction to being described as the new epidemic in the American pediatric population.\textsuperscript{10} By 1994, type 2 diabetes accounted for up to 16% of new cases of pediatric diabetes in urban areas, and by 1999, it accounted for 8-45% of new cases depending on geographic location. \textit{Id.} The most significant risk factor is obesity. \textit{Id.} Approximately 15-20% of American teens or greater than five million children aged 12-18 are overweight. \textit{Id.} Other risk factors include sedentary lifestyle, puberty, female sex, and intrauterine exposure to diabetes. \textit{Id.} This increase in sedentary lifestyle has fueled the type 2 diabetes epidemic. \textit{Id.} It is estimated that diabetes costs our nation more than $100 billion/year. \textit{Id.}

Hypertension/Cardiac Disease

Hypertension is definitely on the rise amongst children and adolescents and has risen in this group by 1-2% in the United States over recent decades.\textsuperscript{11} In one large study, 61% of obese 5-to-10-year-olds already had risk factors for heart disease, and 26% had two or more risk factors for the disease.\textsuperscript{12} These numbers are concerning because a significant number of children with hypertension go undiagnosed, given the fact that it is often asymptomatic.\textsuperscript{13} A current study

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estimates that between 1997 and 2006, the hospital costs to treat children with hypertension-related illness were more than $3 billion.\textsuperscript{14}

\textbf{Teen Pregnancy}

In the teenage population, almost 750,000 girls become pregnant each year, and more than 8 in 10 of those pregnancies are unintended.\textsuperscript{15} Although the U.S. has seen a six percent decline in the birth rate from 2011-2012, the U.S. teen birth rate is higher than that of many other developed countries, including Canada and the United Kingdom.\textsuperscript{16} Teen childbearing costs U.S. taxpayers between $11 and $28 billion/year through public assistance payments, lost tax revenue, and greater expenditures for public health care, foster care, and criminal justice services.\textsuperscript{17}

\textbf{Sexually Transmitted Diseases/Reproductive Health}

While teen pregnancy has been extensively studied, the rate of sexually transmitted diseases (“STD”) is also alarming. An estimated 18.9 million STDs occurred in 2000 in the U.S.; almost half of these in adolescents and young adults under 25.\textsuperscript{18} Long-term sequelae of STDs can include infertility, ectopic pregnancy, fetal and infant demise, chronic pelvic pain, and cervical cancer.\textsuperscript{19} Direct costs related to STDs are nearly $16 billion.\textsuperscript{20} In addition, a significant

\textsuperscript{14} \textit{Id.}
\textsuperscript{19} \textit{Id.}
\textsuperscript{20} Centers for Disease Control (2013). Incidence, Prevalence and Cost of Sexually Transmitted Infections in the United States. CDC Fact Sheet
proportion of human immunodeficiency virus ("HIV") infections appear to be acquired during adolescence.\textsuperscript{21} Estimates suggest that 50\% of new HIV infections occur among people younger than 25 years of age, with 25\% of infections occurring among adolescents and young adults aged 22 years or younger.\textsuperscript{22}

**Review of Current Health Based Initiatives**

In response to teen pregnancy and STD concerns, the U.S. Government has initiated a program to try to decrease the teen pregnancy rate and STD transmission numbers. The Adolescent Family Life Act ("AFLA") was signed into law in 1981 as Title XX of the Public Health Service Act without hearings or floor votes in the U.S. Congress.\textsuperscript{23} In addition to providing comprehensive support services to pregnant and parenting teens and their families, AFLA was established to promote “chastity” and “self-discipline”.\textsuperscript{24} Although the federal government began supporting abstinence promotion programs in 1981 via AFLA, since 1996 there have been major expansions in federal support for abstinence programming and a shift to funding programs that teach only abstinence and restrict other information.\textsuperscript{25} Federal funding for abstinence only education ("AOE") programs has increased from $60 million in fiscal year 1998 to $168 million in fiscal year 2005.\textsuperscript{26} Despite this increase in funding, AOE policies and programs offering “abstinence only” or “abstinence until marriage” as a single option for adolescents are scientifically and ethically flawed.\textsuperscript{27} Santelli and colleagues even equate the moral and ethical obligations of health care providers and health educators stating that

\textsuperscript{21} Id.
\textsuperscript{22} Id.
\textsuperscript{23} Sexuality Information and Education Council of the United States, www.siecus.org
\textsuperscript{24} Id.
\textsuperscript{26} Id.
\textsuperscript{27} Id.
“information regarding sexual health and contraception should not be withheld from patients or adolescents in order to influence their health care choices.” Although federal support of AOE programs has grown rapidly since 1996, existing evaluations of such programs either do not meet standards for scientific evaluation or lack evidence of efficacy in delaying initiation of sexual intercourse. The Obama Administration has also continued to fund AOE programs and created a new community abstinence-funding program as part of the 2012 budget, by announcing recipients of a $5 million federal grant designated for abstinence-only education programs.

The programs proven to work have been comprehensive health education programs. The Centers for Disease Control (“CDC”) list 15 characteristics of an effective health education curriculum based on several comprehensive studies. According to the CDC, an effective health education curriculum has the following characteristics, according to reviews of effective programs and curricula and experts in the field of health education:

- Focuses on clear health goals and related behavioral outcomes
- Is research-based and theory-driven
- Addresses individual values, attitudes, and beliefs
- Addresses individual and group norms that support health-enhancing behaviors
- Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors
- Addresses social pressures and influences
- Builds personal competence, social competence, and self-efficacy by addressing skills
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors
- Uses strategies designed to personalize information and engage students
- Provides age-appropriate and developmentally-appropriate information, learning, strategies, teaching methods, and materials

28 Id.
29 Id.
Incorporates learning strategies, teaching methods, and materials that are culturally inclusive
• Provides adequate time for instruction and learning
• Provides opportunities to reinforce skills and positive health behaviors
• Provides opportunities to make positive connections with influential others
• Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning

The CDC has also established National Health Education Standards (“NHES”). These Standards were developed to establish, promote and support health-enhancing behaviors for students in all grade levels – from pre-Kindergarten through grade 12. The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. The written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health are summarized below:

• Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health
• Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors
• Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health
• Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks

32 Id.
34 Id.
35 Id.
- Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health
- Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health
- Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks
- Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.\(^{36}\)

The national program that I propose will of course incorporate all of the above, however, the ideal program, in my opinion, would also implement topics involving general health, anatomy/physiology and reproductive health. A strong national program would be a collaborative effort between teaching faculty and medical practitioners. Medical residents in training, medical students, and nurses could work together with teachers and formulate curricula and lesson plans as well as instruct in some cases health care courses in our nation’s public schools. The issue of cost will certainly arise, when you have certified physicians and nurses teaching at local schools. Although some would likely volunteer, this is not always an option for all, especially for those who need to repay loans. This cost could be offset and would actually be an excellent opportunity for health care personnel, who are required to establish loan repayment with the Federal government, to take advantage of this unique opportunity. Programs such as the National Health Service Corps ("NHSC"), can be a resource for physicians who would like to perform their loan repayment service teaching at a local school. The NHSC is a Federal

\(^{36}\) Id.
government program that is part of the U.S. Department of Human Services.\textsuperscript{37} The NHSC is administered by the Health Resources and Services Administration, Bureau of Clinician Recruitment and Service.\textsuperscript{38} NHSC awards scholarships and loan repayments to primary care providers, who in turn commit to serving for at least two years at an NHSC-approved site located in a Health Professional Shortage Area (“HPSA”).\textsuperscript{39} Many schools would be established to fit within the requirements for an HPSA, however, this would need to be expanded as all children across all socio-economic and race barriers are at risk for poor health outcomes, especially due to the rise in childhood obesity.\textsuperscript{40} The program can also be expanded to include specialists such as obstetrician/gynecologists who can teach the reproductive health portion of the program.

Physical activity would also have to be a component of any successful program, since it has been shown to have favorable effects on academic achievement.\textsuperscript{41} SPARK Physical Education is a nonprofit program of the San Diego State University Foundation. The investigators looked at increasing physical activity education in schools and its effects overall on academic achievement.\textsuperscript{42} Despite devoting twice as many minutes per week to physical education as compared to controls, the health-related physical education program did not interfere with academic achievement.\textsuperscript{43} Training classroom teachers to improve their teaching of

\begin{itemize}
\item 37 National Health Service Corps, U.S. Department of Health & Human Services, http://nhsc.hrsa.gov/
\item 38 Id.
\item 39 Id.
\item 41 Sallis JF. Effects of Health-Related Physical Education on Academic Achievement: Project SPARK. \textit{Research Quarterly for Exercise and Sport} 1999; 70(2):127-134.
\item 42 Id.
\item 43 Id.
\end{itemize}
physical education also appears to have generalized positive effects on student academic achievement.\textsuperscript{44}

The Obama Administration has already made great strides focusing on the epidemic of childhood obesity.\textsuperscript{45} In 2010, President Obama signed a Presidential Memorandum creating the first-ever Task Force on Childhood Obesity to conduct a review of every single program and policy relating to child nutrition and physical activity.\textsuperscript{46} This report led to First Lady, Michelle Obama, establishing the Let’s Move! Campaign which supports putting children on the path to a healthy future during their earliest months and years.\textsuperscript{47} The program focuses on giving parents helpful information and fostering environments that support healthy choices, including providing healthier foods in schools.\textsuperscript{48} Two goals of the program are to ensure that every family has access to healthy, affordable food and that children become more physically active.\textsuperscript{49} Her mission statement states that: “Everyone has a role to play in reducing childhood obesity, including parents and caregivers, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies”.\textsuperscript{50}

The U.S. Department of Health and Human Services and the CDC have also partnered to implement the Make a Difference at Your School! Program.\textsuperscript{51} Focusing on the epidemic of

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\textsuperscript{44} Id.
\textsuperscript{46} Id.
\textsuperscript{47} http://www.letsmove.gov/
\textsuperscript{48} Id.
\textsuperscript{49} Id.
\textsuperscript{50} Id.
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childhood obesity, the program focuses on the role of schools in preventing childhood obesity, by focusing on five aspects:

- More than 95% of young people are enrolled in schools
- Students have the opportunity to eat a large portion of their daily food intake and to be physically active at school.
- Schools are an ideal setting for teaching young people how to adopt and maintain a healthy, active lifestyle.
- Research shows that well-designed, well-implemented school programs can effectively promote physical activity and healthy eating.
- Emerging research documents the connections between physical activity, good nutrition, physical education and nutrition programs, and academic performance.\(^{52}\)

The program focuses on the fact that there is a captive audience of willing and eager learners in the school environment, therefore a higher chance of modifying unhealthy behaviors that will persist through adulthood.

**Congressional Action**

Congress is granted the power to spend money to provide for the general welfare via the Spending Clause of the Constitution.\(^{53}\) However, this power is not without limits as the Supreme Court has imposed limits on Congress’s Spending Clause power.\(^{54}\) The limits include: 1) that expenditures must be used by the States for the general welfare, as opposed to a purely local concern; 2) that conditions imposed by Congress on funding must be “unambiguous”; 3) that conditions imposed must be reasonably related to the purpose of the expenditure; and 4) that

\(^{52}\) *Id.*
\(^{53}\) U.S. Const. art I, §8, cl 1
\(^{54}\) *New York v. United States*, 505 U.S. 144, 171-72 (1992)
conditions may not violate any independent constitutional prohibition.\textsuperscript{55} As mentioned above, education is not considered to be a fundamental right, so getting money for certain programs can be arduous at times, however Congress does have a significant history of funding Federal education programs and initiatives.\textsuperscript{56}

One of the earliest programs, Head Start, has served over 30 million children, since 1965.\textsuperscript{57} Head Start programs serve over one million children, every year, across the country.\textsuperscript{58} The program promotes the school readiness of children from the age of birth to five from low-income families by enhancing their cognitive, social and emotional development.\textsuperscript{59} The program grew from an eight-week demonstration project to include full day/year services and many program options.\textsuperscript{60} Currently the program is funded at approximately $9 billion/year.\textsuperscript{61}

More recently on January 8, 2002, President George W. Bush signed No Child Left Behind (“NCLB”) into law.\textsuperscript{62} NCLB amended the Elementary and Secondary Education Act of 1965 and focused federal funding more narrowly on the poorest students and demands accountability from schools, with serious consequences for schools that fail to meet academic-achievement requirements.\textsuperscript{63} Because of these requirements, testing standards and confusion

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\textsuperscript{56} Id. at 354-58.
\textsuperscript{57} U.S. Department of Health and Human Services, Administration for Children and Families; http://www.acf.hhs.gov/programs/ohs/
\textsuperscript{58} Id.
\textsuperscript{59} Id.
\textsuperscript{60} Id.
\textsuperscript{61} Id.
\textsuperscript{62} School Dist. of City of Pontiac v. Secretary of U.S. Dept. of Educ., 584 F.3d 253, 257 (6th Cir. 2009)
\textsuperscript{63} Id.
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about funding provisions, NCLB has often been met with antagonism. In fiscal year 2014, over $14 billion was dedicated to Title I grants to Local Educational Agencies, the largest NCLB program.

Race to the Top is an initiative funded by the U.S. Department of Education Recovery Act as part of the America Recovery and Reinvestment Act ("ARRA") of 2009. President Barack Obama and Secretary of State Arne Duncan announced the competitive grant program on July 14, 2009. The program rewards States that are implementing significant reforms in the four education areas described in the ARRA: 1) enhancing standards and assessments; 2) improving the collection and use of data; 3) increasing teacher effectiveness and achieving equity in teacher distribution; and 4) turning around struggling schools. Congress appropriated $4.35 billion for Race to the Top when enacted.

Congress has a long history of enacting legislation or expanding current legislation in relation to school learning initiatives and uses the Spending Clause when necessary and appropriate in relation to national education funding.

**Conclusion**

A national health care curriculum in our schools is long overdue. The epidemic of childhood obesity has also heightened the need to necessitate such a program. National and local initiatives to combat childhood obesity have already been established. Implementing such a program with a pool of health care professionals ready to assist with development is a task that

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64 *Id.*
66 Race to the Top, http://www2.ed.gov/programs/racetothetop
67 *Id.*
68 *Id.*
69 *Id.*
should be taken seriously. Congress has in the past and is currently funding educational programs in an attempt to improve scholastic performance. A child’s physical health is equally or even more important to long-term wellbeing. Success in early childhood and adolescent education is synonymous with good overall physical health. With congressional support and funding, a national health care curriculum will likely improve the overall health of our nation’s children.