

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

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ROLL NUMBER

DESCRIPTION

3051

2005 HOUSE EDUCATION

HCR 3051

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3051

House Education Committee

Conference Committee

Hearing Date **23 February 2005**

Tape Number	Side A	Side B	Meter #
1	X		1800 - end
		X	0 - 24
		X	1270 - 1769
Committee Clerk Signature 			

Minutes:

Vice Chairman Johnson opened the hearing on HCR 3051.

Rep. Mueller introduced the resolution. We've all heard in this committee and on the Senate side too, many initiatives aimed at improving overall health of North Dakota's young people in the K-12 student population. We've talked about the soda pop bill on the Senate side and one of our colleges brought a recess bill in here. There was the dilemma with increased physical education health offerings that this committee struggled with in particular and certainly other issues that have come before us in regard healthy lifestyles and healthy young people in our schools. I thought it might be a positive step to take a look at instituting a study, take the time to look at that whole issue, to see what could be done to improve what seems to be a deteriorating circumstance in terms of our young people's health and the student's physical well-being. The studies are very conclusive that good Health with our young folks and those that are in school has a very direct correlation to their academic performances. Certainly we are all about seeing that

raised to a higher level than it is. Learning about and practicing healthy life styles in schools has an enormous effect on healthy living in later years. If logic doesn't dictate that to you certainly studies do.

Rep. Sitte: I see you mention mental health and I don't know if you are aware of the 44 times that NCLB mentions evaluating the mental health of students and how controversial that is becoming in other states. I am wondering if you would be open to amending out the words "and mental health" and just deal with physical Health.

Rep. Mueller: We certainly can discuss that in committee.

Kim Senn, director of Coordinated School Health, Division of Family Health within the Department of Health, provided support of HCR 3051 on behalf of **Terry Dwelle** who had to be in Atlanta in this week. **(Testimony attached.)**

Rep. Meier: What are you doing right now to promote health within the schools?

Senn: Right now is a really opportune time for a study. Never before has the DPI and Dept. of Health been stronger in partnership. ND is very fortunate to be one of 18 states that have the Coordinated School Health Grant through the Centers for Disease Control and Prevention. That grant tells us that we need to focus health and education together, no longer can they be separate. We have some funding. We are working 11 school districts throughout the state to actually promote the things that you see in this legislative study. We have some things that we are doing. We really recognize the fact that we have stronger partnerships that we can form and there's more that we can do to move forward on this issue.

Rep. Meier: Do you have a list of the school districts that you are currently working with and what you are doing with those school districts?

Senn: We can absolutely get that to you. I can let you know that we are working with are Fargo, Valley City, Bismarck, Kildeer, Ellendale, Burlington-Delapp, Minot Lewis and Clark, West which is the Roughrider Education Consortium made up of 28 schools, Standing Rock, and I'm missing one. We will get you that list. They all have work plans and activities are focusing on physical education and nutrition. Really looking at what this legislative study is saying, we know we need to look beyond the school. We need to draw in the community, parents and all those resources that support children in their efforts to be healthy.

Rep. Hunskor: Just be a little more specific. It would be interesting to hear like through the food chain in the schools who the PE or even academics specifically what are they doing or going to be doing in these schools to coordinate what you are talking about.

Senn: If you want, we will certainly be able to give you the work plan for those eleven school if you are interested in seeing that. They are all unique. They are doing unique and creative things to improve the environment of the schools. We'd be more than happy to give you the work plans for those.

Anita Decker, director of School Approval and Accreditation for the DPI, spoke in favor of the resolution. (Testimony attached.)

Bonnie Larson Staiger, on behalf of the American Heart Association, testified in support of the resolution. (Testimony attached.)

Duane Silseth, elementary principal of the Northern Cass School District, Hunter ND, testified in favor of the study. I am not here to ask for any mandates so that we have to add any more staff or it will cost our districts more money. A comprehensive study would certainly be important for all of the children in the school districts of ND. If we don't educate our children

with health concerns we are going to have significant health problems. When I had my first teaching position it was hard to find an overweight child. Now it is more common. Over 20% of our teens are obese and more than 50% are overweight. There are two obstacles to vibrant health and longevity. They are ignorance and complacency. You get to choose the health plan to cover you and you do nothing and wait for a symptom to be expressed then treat it with a drug that is often expensive, toxic and risky. If you take the safe proactive path of wellness and prevention through nutrition you will enhance your immune and bring your body into balance and protect your family from disease. We have to educate people on these things. What does this all mean for us and our families. If you give your body what it needs it will correctly and repair itself. I don't have the statistics to prove that students suffer from a lack of nutrition but there are certainly many indicators such as no energy, tiredness, incomplete assignments, many excuses for not doing this, that, or the other thing, being moody, absenteeism and I think a study like this could give the schools some input on how we can correct some of these things. There are also studies in the field that show poor nutrition also is a contributing factor to ADD, ADHD, Autism, Opposition Defiance, and whatever you have. We see that in students that are moving into our districts and not getting proper nutrition and the number IEPs I have to attend is alarming. We can educate the kids under our control also it takes parents, other organizations, the public to know what is going on so we can support each other on this issue.

Valerie Fisher, director of health for the DPI, submitted the testimony of Chuck DeRehmer, asst. supt. of the Fargo Public Schools, who was out of state at a conference. (Testimony attached.) He is very adamant in his request for a comprehensive study of how health issue

relate to students can be better pulled together and unified so that all districts can benefit from the successes seen in some of the demonstration sties Kim Senn talked about.

Rep. Mueller: The numbers in this testimony you just passed out to me are rather alarming. Do you have a sense at all if this is somewhat reflection of what is happening in the schools are in the state.

Fisher: Unfortunately it is. The Youth Risk Behavior Survey shows that there are some alarming statistics and data. Unfortunately we have some of the best graduation rates in the states along with that we also have the most drinkers. We have the most and highest percentage of binge drinkers in the country. We have the highest number of kids that drink and drive. Despite a decrease over the years we still have the most kids in the country that smoke tobacco.

We are among the highest with the most obese and overweight children. We have some wonderful things going on in the field of academics but we also have some significant and startling alarms that are being sounded regarding the health of students and to protect the academics we must address the health issues. That can involve everything from injury prevention, fatigue, drugs, alcohol, tobacco. All of those factors are very critical.

Mary Wahl, ND Council of Educational Leaders, testified in favor of the resolution. The question is are we willing to sit with those who are designated to discuss we together might help improve the health and well being of our children. Obviously the answer to that question is Yes. A couple of concerns with some wording in the resolution. The first is that we need to start that this program of health and physical exercise needs to begin the day the child is born. There are years before that when health care professionals and parents need to know how important it is for their child receive good nutrition and their child be involved in physical activity. Someone

needs to be deliberately be addressing this issue from birth until we get them. There should not be a hospital appointment where that doctor doesn't take a few minutes to talk about what the child eats and discuss activities. There are a couple of things I would comment on. The word "often" is misplaced in terms of singling out the ability of students to control their anger. Perhaps a better word would be "sometimes." Then on line 13 where "nutritious eating in conjunction with regular physical activity is "fundamental" to the academic. . . . I'm not sure it is fundamental. I'm sure it can contribute greatly. We too are concerned about the health of our young people and are happy to join hands in this effort.

Rep. Meier: Did you happen to catch in the Bismarck Tribune there was a full page article about the proportion sizes. I thought that was a great illustration and I hope that our parents read it.

Wahl: That's indicative of what we need to be doing with our parents. I think we can make some significant progress that can be supplemented by what the schools can do when those children enter and we help the parents who already have a darn good idea of what needs to happen.

Wayne White Eagle, education specialist for the Three Affiliated Tribes, offered support for the resolution. He discussed his past health problems and the lack of improvement from previous years. We need to look at how we can help children. We must sit down and look at improving education in North Dakota and the Indian Nations. There are too many addition related deaths. Many children never become elders. I am a prime example of the educational system. I am an alcoholic, had four heart attacks, and have diabetes. Eating commodity

products is not good for our health. When I left college I weighed 270 pounds. We need to sit down and have a dialog about improving conditions. Natives should be a part of that dialog.

Hearing Closed.

Later in the same morning Vice Chairman Johnson opened discussion of HCR 3051.

Rep. Norland: I move a Do Pass.

Rep. Solberg: I second.

Rep. Sitte: I'd like to move a couple of amendments. Delete the words "and mental" and for better readability on line 11 to cut out the words, "often," "of" and say "student ability to control their anger." Then on line 13 I would again agree with Mary Wahl suggestion to change "fundamental" to "significant."

Rep. Hawken: There is a motion on the table to Do Pass. We have to vote on that first.

Rep. Norland: You can amend during the discussion of the motion.

Vice Chairman Johnson: Is there a second on the amendment and we'll see where it goes.

Rep. Hawken: There are too many parts to the amendment. I don't mind the word change, I do mind taking out mental health.

Rep. Norland: I don't think you can take mental health out of there. You cannot separate physical and mental. They go hand in hand. When you talk about a student dealing with physical ability that has a direct relation to their mental ability as well and vice versa. So I think it has to stay. I don't think it hurts the resolution at all.

Rep. Sitte: I don't know how many of you are familiar with the Universal Mental Health Screening that is mentioned 44 times in NCLB. I've heard Dr. Karen Efferman a child

psychiatrist from Minneapolis speak on this topic and there is a lot of lobbying going on right now in congress to remove that portion of the bill because it is highly controversial that the schools would be conducting mental health screening of every child. We don't know where that legislation is going to be going and we don't know where this is headed. For me, including the words "and mental" causes a whole different shift in the emphasis of this bill. I don't think it's the state's priority or responsibility to be doing Universal Mental Health Screening.

Rep. Wall: Again, this is just a study. It doesn't say they are going to implement mental health screenings. It's a study. Maybe through the study the mental health thing will be dropped. It should not make any difference to have the issue studied. That does not put any mandates on schools.

Vice Chair Johnson: Is there a second for the amendment?

Rep. Horter: I second it.

A voice vote was taken. The amendment was defeated.

Vice Chair Johnson: We have the bill before us as written. We will vote on it.

A roll call vote was taken.

Yes: 11 No: 1 Absent: 2 (Kelsch and Mueller)

Rep. Herbel will carry the resolution.

Date: 23 Feb 05
 Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3051

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Amend per Sitte remove mental health

Motion Made By Sitte Seconded By Harter fundamental

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch			Rep. Hanson		
Vice Chairman Johnson			Rep. Hunskor		
Rep. Haas			Rep. Mueller		
Rep. Hawken			Rep. Solberg		
Rep. Herbel					
Rep. Horter					
Rep. Meier					
Rep. Norland					
Rep. Sitte					
Rep. Wall					

Total (Yes) Voice No _____

Absent _____

Floor Assignment Defeated

If the vote is on an amendment, briefly indicate intent:

Date: 23 Feb -
Roll Call Vote #: 2

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3057

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Norland Seconded By Solberg

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch	0		Rep. Hanson	✓	
Vice Chairman Johnson	✓		Rep. Hunskor	✓	
Rep. Haas	✓		Rep. Mueller	0	
Rep. Hawken	✓		Rep. Solberg	✓	
Rep. Herbel	✓				
Rep. Horter	✓				
Rep. Meier	✓				
Rep. Norland	✓				
Rep. Sitte		✓			
Rep. Wall	✓				

Total (Yes) 11 No 1

Absent 2 (Kelsch + Mueller)

Floor Assignment Herbel

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 24, 2005 2:27 p.m.

Module No: HR-34-3623
Carrier: Herbel
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3051: Education Committee (Rep. R. Kelsch, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (11 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). HCR 3051 was placed on the Tenth order on the calendar.

2005 SENATE EDUCATION

HCR 3051

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3051

Senate Education Committee

Conference Committee

Hearing Date March 16, 2005

Tape Number	Side A	Side B	Meter #
1		X	888-3548
2	X		3250-4170
Committee Clerk Signature <i>Patty Wickens</i>			

Minutes: **Vice-Chairman Lee called the hearing on HCR 3051 to order. All Senators were present, with the exception of Chairman Freborg.**

Representative Philip Mueller introduced the resolution. See written testimony.

Senator Flakoll- Do the agencies need the legislature to get involved with this?

Representative Mueller- We need to take a serious look at what we need to do with our school system in the state.

Kim Senn presented written testimony on behalf of State Health Officer Terry Dwelle. See attached.

Valerie Fischer, Director of School Health for the Department of Public Instruction appeared before the committee. See written testimony.

Senator Erbele- How long has your position been part of the Department of Public Instruction?

Valerie- This position has been part of the department for the last 6 years. The director is responsible for a variety of programs.

She also delivered written testimony from Dr. Charles DeRemer from the Fargo Public School District.

See attached : written testimony

Nancy Kopp, representing the North Dakota Optometric Association appeared in support of the resolution. The North Dakota Optometric Foundation has contributed \$10,000 to school districts to assist them in purchasing vision screening aids and equipment.

Kathy Graftsgard, representing the North Dakota Catholic Conference, appeared in support of the resolution. See written testimony.

Bonnie Steiger, representing the American Heart Association appeared in support of the resolution. It is very clear that we have many underlying health issues facing this state that need to be addressed. Legislative involvement at the policy making level is critical for a better health agenda for our state.

Senator Erbele- What would you expect the solution to be? We already have a lot of programs out there.

Bonnie- The chronic disease situation with cancer and heart problems plague us as we get older. Its my opinion that we all must respond to these matters as parents for our children. The schools have a certain responsibility to make sure the curriculum is encouraging on these types of issues. As policy makers, we urge you to support these issues that are ongoing. It takes everyone working together for a positive outcome.

Senator Erbele- It is a highly identified problem, but I am questioning the benefit of the study and getting the legislature involved. What do you want us to do?

Bonnie- The purpose of the proposed study is to come up with questions, but it is impossible to have all the answers on something like this.

Mary Wahl, representing the North Dakota Council of Education Leaders appeared before the committee. See written testimony.

Nancy Sand, representing the North Dakota Education Association appeared in support of the resolution. See written testimony. We believe there is a link between education and a healthy living. There is a different type of parenting that exists today compared with yesterday, and a lot of those changes have been brought on by technology. One of the things is to help our students today so they can become better parents in the future, on issues like a living a healthy lifestyle.

There was no testimony in opposition to HCR 3051.

Vice-Chairman Lee closed the hearing on HCR 3051.

Chairman Freborg opened the meeting to discuss HCR 3051. All Senators were present, with the exception of Senator Lee.

Discussion:

Senator Flakoll- I would be more inclined to have Legislative Council urge the Department of Public Instruction to head up a study and have the results by the next session.

Action:

Senator Erbele made a Do Not Pass recommendation for the resolution.

Senator Seymour second this motion.

Senator Taylor- I think this is a very important issue, perhaps we should amend it to another form concerning those responsibilities. I will vote against this.

Senator Erbele- indicated that the whole issue is well defined and well understood, it is before us wherever you go in any magazine, media and any newspaper and any agency. There is fact finding commissions all over. There are different issues to discuss other than this.

Chairman Freborg- I wonder what impact we would actually have on kids by passing this, its one of those things that is very difficult to change their minds. I'm sure a resolution similar to this will be back in the next session.

Senator Flakoll- We had a bill to encourage schools to have recess. I don't know how good of a handle we have on the parameters of unhealthy situations. We certainly don't want to take away local control, such as what schools have in their vending machines.

Hearing no other discussion the clerk took roll : Vote : 3 yea, 2 nay, 1 absent

on the Do Not Pass HCR 3051 recommendation.

Senator Seymour is the carrier of the resolution.

Chairman Freborg closed the meeting on HCR 3051.

REPORT OF STANDING COMMITTEE (410)
March 17, 2005 11:20 a.m.

Module No: SR-49-5249
Carrier: Seymour
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3051: Education Committee (Sen. Freborg, Chairman) recommends DO NOT PASS
(3 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HCR 3051 was placed on the
Fourteenth order on the calendar.

2005 TESTIMONY

HCR 3051

Testimony

House Concurrent Resolution 3051

House Education Committee

Wednesday, February 23, 2005; 2 p.m.

North Dakota Department of Health

*Kim Henn
presented on
behalf of*

Good morning, Chairman Kelsch and members of the House Education Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Concurrent Resolution 3051.

Unfortunately, no magic formula exists that can solve the many problems threatening the health and welfare of our youth. This legislative study, however, will provide a unique opportunity to bring together key people, resources, programs and decision makers to promote the understanding of the interplay between health and education.

Most people agree that for kids to succeed in school, they cannot be tired or hungry, use illegal drugs, or be concerned that violence may occur at any time around them. Perhaps less apparent, however, is the fact that behaviors such as tobacco use, unhealthy eating and inadequate physical activity adversely affect not only a child's health, but also his or her ability to learn.

Recent trends in North Dakota are alarming. For example:

- One out of every six children in the sixth grade is overweight.
- The number of overweight adolescents increased from 7.2 percent in 1999 to 9.3 percent in 2003.
- We have the highest rate of binge drinking among teens.
- Although adolescent smoking rates have declined significantly from 41 percent in 1998 to 30 percent in 2003, we are still above the national rate of 21.9 percent

This data helps to illustrate that the educational and physical needs of children simply cannot be separated. We must work together in developing strategies that address health issues and encourage comprehensive healthy lifestyles. This legislative study is an important step to addressing health issues that affect our student population.

This concludes my testimony. I am happy to answer any questions you may have.

**TESTIMONY ON HCR 3051
HOUSE EDUCATION COMMITTEE
February 23, 2005
by Anita K. Decker, Director
School Approval and Accreditation
328-1718
Department of Public Instruction**

Chairwoman Kelsch and members of the committee:

My name is Anita Decker. I am the director of School Approval and Accreditation for the Department of Public Instruction. I am here to speak in support of HCR 3051, a study resolution regarding the health and well-being of North Dakota's elementary and high school students.

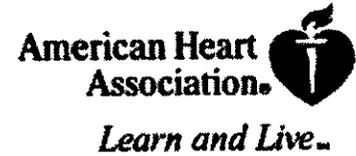
We are bombarded daily in the electronic media and in popular and professional print media with concerns about student well-being. Because students spend so much of their day and year in schools, it seems a natural place to focus attention on the issues surrounding student health. Placing the emphasis on students in no way should be construed to make it solely a school issue nor to disassociate parents or the rest of the community from involvement and responsibility.

Schools, by their very nature, are creatures of the community surrounding and supporting them. Our schools were created when early Americans decided that it was necessary that citizens could cipher sufficiently to avoid being cheated at the general store and that citizens could read the Bible. Our academic response during the Sputnik-era bolstered math and science instruction when our defenses seemed threatened by the Soviets. Schools were charged with ensuring children's health when the statute requiring immunizations was passed by the Legislature.

A number of states have taken the stance of reporting students' body mass index—states like Virginia, Arkansas, and Texas. This is controversial—as are many issues regarding children and schools.

We need to fully understand all of the issues rather than “band-aiding” a response. This resolution would provide a coordinated effort addressing student health and well-being issues. The Department urges a Do Pass on HCR 3051.

HB 3051
23 Feb 05



Madame Chairman and Members of the Committee

My name is Bonnie Larson Staiger (Lobbyist #273) and I am here today representing the American Heart Association in support of HCR 3051.

First of all, I want to acknowledge you for confronting the tough issues facing North Dakota's schools today. Funding equity and consolidations have required both system and paradigm shifts to accomplish. The ultimate goal is seeing North Dakota's children graduate from high school who are the product of a superior public education. Whether they enter college or the workforce, we want them to have the education and skills to successfully begin that phase of adulthood.

To be successful, these young adults must also be healthy. Yet, the lifestyle imposed on us by today's workaholic society has produced alarming rates of obesity, poor nutrition, heart attacks and cancer. Our school's curriculum has seen the elimination of physical education over the years—often a trade-off for a shorter school day so these kids can go to work. . . . to be like us . . . sedentary and oblivious to the cost of such a lifestyle. Time for a paradigm shift.

This is more than just the school's responsibility. Looking closer to home, families and communities must be a stand for health and they must also model that behavior. For example, we know that community health foundations are able to provide some matching dollars. Unfortunately, a look at federal funding sources shows their criteria have also shifted. The Centers for Disease Control is moving away from block grants and moving toward competitive funding. They are now asking, "What is the state willing to match?" Further, the CDC often finds a better return on their investment in areas of greater population density.

A recent Robert Wood Johnson Foundation report*, examined state-by-state how money from many federal health programs is allocated to states at per-capita levels and then compares the states' key health and wellness indicators. I'm not proud to report that North Dakota was ranked 50th and 9.3 percent of high school students are overweight. While state governments bear the primary responsibility for delivering public health services, the federal government also plays an important role, especially by funding state public health activities—provided we can access those dollars.

If the sources for federal grants were to look to what the state is willing to invest on its own, our prospects may not be as bright. Our state investment in tobacco prevention has helped us garner a better federal grant match for tobacco prevention efforts. However, as to broader prevention investments, the House only needs to look at the State Health Department budget, which it has in its hands for the second half of session – a budget which authorizes the Gov's proposed \$517,766 for Healthy North Dakota, but eliminated

the state funds for it. This represents a potential lost opportunity for North Dakota to build its own competitive workforce, and a lost opportunity to demonstrate to federal funders our willingness to address chronic disease prevention.

North Dakota needs to develop a proactive approach to healthy students, focusing on prevention of illness and injury. The interim study generated by HCR 3051 will bring educators and DPI together with healthcare professionals and the State Health Department. The recommendations and legislation from their work could improve overall health of the next generation of our citizens.

* Shortchanging America's Health: A State by State Look at How Federal Public Dollars are Spent, Trust for America's Health, February 2005

Chairman Kelsch and members of the House Education Committee:

My name is Charles DeRemer. I am assistant superintendent for instructional services for the Fargo Public Schools. I am providing this testimony in support of House Concurrent Resolution 3051.

As an educator this session has been frustrating. The Legislature thus far has not successfully addressed many of the health related issues associated with our children. For example, they have defeated attempts to increase the number of physical education and health classes that districts would be required to offer. They made no changes in the availability of pop and other non-nutritious drinks. They have not strengthened our restraints on tobacco.

While it might be easy for me to sit back and blame the legislature for their lack of action, I believe that part of the blame for this inaction is the lack of a comprehensive plan set forth by educators, parents, and health professionals to deal with this issue systematically. When we submit bills that address these issues in isolation of each other, we should not leave it up to legislators with their enormous load to sort through these issues for us. We must become more proactive. This resolution would provide the opportunity for us to put a cohesive plan before the Legislature for their further review and action – this does not mean that mandates will be necessary, but a plan is desperately needed across the state and we look towards our legislative leaders to help create the opportunity and set the tone for our youth and tomorrow's future.

Let me provide some statistics from the Fargo District to emphasize the magnitude of the need to create this cohesive plan as soon as possible. In the odd numbered years we participate in the Youth Risk Behavior Survey. Two years ago, the data indicated the following:

- 40% of our 12th graders smoked cigarettes in the last 30 days
- 54% of our 12th graders drank alcohol in the last 30 days
- 35% of our 12th graders drank 5/more drinks within a couple of hours in the past 30 days
- 6% of our 12th grade students sampled meth in the last 30 days
- 31% of our 12th graders smoked marijuana in the past 30 days.

In addition, our own fitness data indicate that 14% of our 4th grade students did not meet the Body Mass Index (BMI). This statistic increased to 56% for our 12th graders. In addition, we have needs in the areas of injury prevention, fatigue, and nutrition.

This data show a desperate need for a more proactive approach to meeting the health needs of our children. While we work closely with our local health providers, it is clearly not enough. The study proposed in this resolution would be a great asset in our attempts to deal with the needs of our youth. I firmly believe that if we have healthy students, we have academic proficient students! They must be equally supported. We have a comprehensive plan for academics by way of standards and testing, but we have no comprehensive plan for health – both have a long term impact which affects the entire state in many facets. In my opinion, it would provide a great direction for expending the Tobacco Settlement funds. In fact it would seem to me that these funds could be used to fund any expenses associated with this study.

Thank you for listening to this testimony. I am sorry that I am unable to be there in person.

TESTIMONY ON HCR 3051
SENATE EDUCATION COMMITTEE

March 16, 2005

Valerie Fischer, Director
School Health – Department of Public Instruction
328-4138

Good Morning Chairman Freborg and members of the committee:

My name is Valerie Fischer, Director of School Health for the Department of Public Instruction. I am here to speak in favor of HCR 3051, a study resolution for a multi-organization effort to study the health issues of our youth.

Schools, by their very nature, are creatures of the community surrounding and supporting them. Our schools were created when early Americans decided it was necessary that citizens could cipher sufficiently to avoid being cheated at the general store and that citizens could read the Bible. In schools, students are an attentive audience and are asked to believe that what they are taught will be in their best interest. Because students spend much of their time in school, it seems a natural place to focus attention on the issues surrounding student health. Schools must be aware of their role and responsibility in prevention; they are the ideal source for sending consistent messages over time. However, placing the emphasis on students should in no way be construed to make it solely a school issue nor to disassociate parents and the community from involvement and responsibility.

Research supports the direct link between health and academic performance. We understand the challenges of No Child Left Behind and accountability for test achievement. We hear administrator's concerns about increased student absenteeism, discipline, and risk behaviors. We know healthy students make better students and better students are high achievers. When schools address health-related concerns, they foster academic achievement and establish positive lifelong behaviors. Studies have documented the relationship between nutrition and academic achievement; likewise, studies support physical activity, prevention education on personal health and lifestyle choices, information on the dangers of drugs, alcohol and tobacco and its affect on self esteem, drop out rates and academic performance. For these reasons, we all must be concerned with students' health and fitness.

A number of states have taken the stance of reporting students' body mass index—states like Virginia, Arkansas, and Texas. This is very controversial—as are many recent issues regarding children and schools. We need to fully understand all of the issues rather than attempting to “band-aid” a response to isolated topics. This resolution would provide a coordinated effort addressing student health and well-being issues developed by a statewide stakeholder group led by legislators who want to champion the effort to change youth behaviors which ultimately affect student performance and outcomes.

We urge your support of HCR 3051 to study these issues and report the results of that study to the Legislature in 2007. I am happy to address any questions you may have.

Obesity is not just a big problem in the U.S.

By JENNA PAYNE
Associated Press Writer

BRUSSELS, Belgium — At least seven European countries now challenge the United States in size — at least around the waistline.

In a group of nations from Greece to Germany, the proportion of overweight or obese men is higher than in the United States, experts said Tuesday in a major analysis of expanding girth on the European continent.

"The time when obesity was thought to be a problem on the other side of the Atlantic has gone by," said Mars Di Bartolomeo, Luxembourg's Minister of Health.

In Cyprus, the Czech Republic, Finland, Germany, Greece, Malta and Slovakia, a higher percentage of men are obese or overweight than the estimated 67 percent of men in the United States, according to a report from the International Obesity Task Force, a coalition of researchers and institutions.

The analysis was released as the 25-nation European Union announced an initiative to enlist the food and marketing industries in the fight against fat.

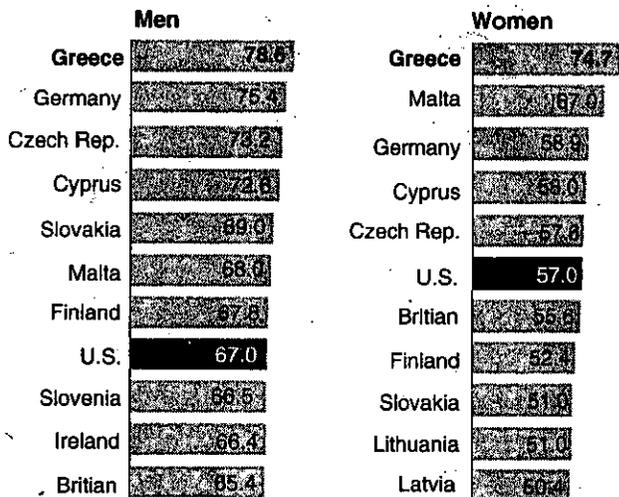
Obesity is especially acute in Mediterranean countries,

Europe finds big problem with obesity

The International Obesity Task Force found that the proportion of overweight or obese men in some European countries is higher than it is in the United States.



Percentage of adults obese or overweight in the European Union (Includes United States)



SOURCE: International Obesity Task Force

AP

underscoring concerns that people in the southern region are turning away from the traditional diet of fish, fruits and vegetables to fast food high in

fat and refined carbohydrates.

In Greece, for example, 38 percent of women are obese, compared with 34 percent in the United States, the group

said.

Even in countries with low rates of obesity, troubling trends are emerging. In France, obesity in women rose from 8 percent in 1997 to 11.3 percent in 2003, and from 8.4 percent to 11.4 percent in men.

The change in diets, which the obesity task force said has occurred over the past two decades, affects children most because it is reflected in school lunches.

The task force estimated that among the EU's 103 million youngsters the number of those overweight rises by 400,000 each year. More than 30 percent of children ages 7 to 11 are overweight in Italy, Portugal, Spain and Malta, it said.

That matches estimates for American children. Among American adults, about two-thirds are overweight or obese; nearly one-third qualify as obese.

The International Obesity Task Force, which is advising the European Union, had estimated in 2003 that about 200 million of the 350 million adults living in what is now the European Union may be overweight or obese.

However, a closer evaluation of the figures in the latest analysis indicated that may be an underestimate, according to

the group.

To counter the worsening trend, the EU is pushing a united effort from the food and marketing industries, consumer groups and health experts.

"The industry is being challenged to demonstrate, transparently, that it is going to be part of the solution," Philip James, chairman of the IOTF said in a telephone interview after the launch of the program in Brussels.

"They have to say how much more money they will add to help solve the obesity problem. They have to put forward a plan on how exactly they are going to contribute year by year, and their contribution has to get bigger every year," he added.

The food industry says it will better inform consumers with detailed nutrition labels. The EU office also wants tastier healthy foods to compete with high-calorie, non-nutritious fare.

Studies have shown that being overweight can dramatically increase the risk of certain diseases, such as diabetes. Obesity is also linked to heart disease, high blood pressure, strokes, respiratory disease, arthritis and some types of cancer.

Child obesity on rise in rural U.S.

By CHARLES SHEEHAN
Associated Press Writer

WINDBER, Pa. — When Ray Crawford walks down the hallway of his school, the beefy, 240-pound sophomore says

he doesn't stand out much. Many of his classmates are heavy too.

"We go to the Eat 'n Park to meet and chill, maybe don't eat the right things," he

refers to a regional chain restaurant famous for its smile-faced cookies.

"There's not much else to do."

Here in his small hometown in the mountains of Western Pennsylvania and in other rural communities like it, many health officials say the tide of obesity is rising faster than anywhere else.

And new research appears to back them up, dispelling a long-held belief

RURAL: Continued on Page 6A

"The diet of three decades ago just doesn't work today."

Dr. Jeff

Holm,

UND

School of

Medicine

Rural: Obesity rising at alarming rate

FROM 1A

that in farm communities and other rural towns, heavy chores, wide expanses of land and fresh air make leaner, stronger bodies.

"...Habits are passed vertically from Grandma on down, but the diet of three decades ago just doesn't work today," said Dr. Jeff Holm, a senior scientist at the University of North Dakota School of Medicine. Holm is following about 500 third- to fifth-graders over three years with hopes of finding a pattern.

"Whatever the situation was, rural areas are leading the way now ... they're ahead of the curve," said Michael Meit, director of the University of Pittsburgh Center for Rural Health Practice. "Something's happened."

The Center for Rural Pennsylvania released a study recently that used state health figures to compare the body-mass index of seventh-graders in urban and rural communities — more than 25,000 students in all.

About 16 percent of urban students qualified as obese, according to the study, which is in line with the national average for children ages 6-19. In rural school districts, however, 20 percent of students were considered obese.

More alarmingly,

researchers found that during the years of the survey, between 1999 and 2001, the number of obese students in rural school districts rose about 5 percent, more than twice the rate of their urban counterparts.

The same trends are being reported from New Mexico to Michigan to West Virginia.

In Michigan, children in rural areas were 3 percent to 9 percent more likely to be obese, researchers found. In rural North Carolina children had a 50 percent greater chance of being obese.

Mostly rural states have done studies that don't distinguish between urban and rural children, but they have found the incidence of childhood obesity to be far greater than the national average.

More than a quarter of all fifth-graders in West Virginia are obese, where two-thirds of the population is rural. One in four public school children in Arkansas are obese.

"It is accelerating," said Dr. Darrell Ellsworth, director of cardiovascular disease research at the Windber Research Institute.

Ellsworth is trying to start a childhood obesity clinic to stave off a wave of diabetes and heart disease he said he believes will overwhelm this region if nothing is done. In a

room with 14 children doing aerobic exercise at the Windber Medical Center, he nodded toward the teens and adolescents, saying they will have a much higher rate of disease than their parents or grandparents.

Researchers are not ready to point a finger at any one culprit for rural obesity, but they have some theories. For one thing, with fewer family farms and more mechanization, children are not burning many calories, but they're still eating high-calorie meals.

Fewer farmers does not explain why Windber, a former coal-mining town named after a coal-mining company, would have a problem.

One connection might be found in the satellite dishes, computers and game consoles that have popped up in almost every town, regardless of the region's economic engine. The same technology is found in cities and suburbs, but health officials say it arrived later and spread much more rapidly in rural areas, changing behavior dramatically in a very short time.

The only other place where researchers are finding obesity rates similar to rural America is in the poorest, most troubled urban neighborhoods, suggesting that poverty may be the overriding cause.

Testimony

House Concurrent Resolution 3051

Senate Education Committee

Wednesday, March 16, 2005; 10:15 a.m.

North Dakota Department of Health

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Terry Dwelle, and I am the State Health Officer of the North Dakota Department of Health. I am here today to testify in support of House Concurrent Resolution 3051.

Unfortunately, no magic formula exists that can solve the many problems threatening the health and welfare of our youth. This legislative study, however, will provide a unique opportunity to bring together key people, resources, programs and decision makers to promote the understanding of the interplay between health and education.

Most people agree that for kids to succeed in school, they cannot be tired or hungry, use illegal drugs, or be concerned that violence may occur at any time around them. Perhaps less apparent, however, is the fact that behaviors such as tobacco use, unhealthy eating and inadequate physical activity adversely affect not only a child's health, but also his or her ability to learn.

Recent trends in North Dakota are alarming. For example:

- One out of every six children in the sixth grade is overweight.
- The number of overweight adolescents increased from 7.2 percent in 1999 to 9.3 percent in 2003.
- We have the highest rate of binge drinking among teens.
- Although adolescent smoking rates have declined significantly from 41 percent in 1998 to 30 percent in 2003, we are still above the national rate of 21.9 percent

This data helps to illustrate that the educational and physical needs of children simply cannot be separated. We must work together in developing strategies that address health issues and encourage comprehensive healthy lifestyles. This legislative study is an important step to addressing health issues that affect our student population.

This concludes my testimony. I am happy to answer any questions you may have.

March 16, 2005

Chairman Freborg, members of the Education Committee:

My name is Charles DeRemer. I am assistant superintendent for instructional services for the Fargo Public Schools. I am providing this testimony in support of House Concurrent Resolution 3051.

As an educator this session has been frustrating. The Legislature thus far has not successfully addressed many of the health related issues associated with our children. For example, they have defeated attempts to increase the number of physical education and health classes that districts would be required to offer. They made no changes in the availability of pop and other non-nutritious drinks. They have not strengthened our restraints on tobacco.

While it might be easy for me to sit back and blame the legislature for their lack of action, I believe that part of the blame for this inaction is the lack of a comprehensive plan set forth by educators, parents, and health professionals to deal with this issue systematically. When we submit bills that address these issues in isolation of each other, we should not leave it up to legislators with their enormous load to sort through these issues for us. We must become more proactive. This resolution would provide the opportunity for us to put a cohesive plan for future legislation before the Legislature. This plan is desperately needed.

Let me provide some statistics from our District to emphasize the magnitude of the need to create this cohesive plan as soon as possible. In the odd numbered years we participate in the Youth Risk Behavior Survey. Two years ago, the data indicated the following:

- 40% of our 12th graders smoked cigarettes in the last 30 days
- 54% of our 12th graders drank alcohol in the last 30 days
- 35% of our 12th graders drank 5 or more drinks within a couple of hours in the past 30 days
- 6% of our 12th grade students sampled meth in the last 30 days
- 31% of our 12th graders smoked marijuana in the past 30 days.

In addition, our own fitness data indicate that 14% of our 4th grade students did not meet the Body Mass Index (BMI). This statistic increased to 56% for our 12th graders.

This data show a desperate need for a more proactive approach to meeting the health needs of our children. While we work closely with our local health providers, it is clearly not enough. The study proposed in this resolution would be a great asset in our attempts to deal with the needs of our youth. In my opinion, it would provide a great direction for expending the Tobacco Settlement funds. In fact it would seem to me that these funds could be used to fund any expenses associated with this study.

Thank you for listening to this testimony. I am sorry that I am unable to be there in person. I am sure Ms. Fischer will be glad to answer any questions!

TESTIMONY ON HCR 3051

Mary Wahl – NDCEL

Of course, we are willing to be involved with others in discussions as to how schools can appropriately be involved in promoting children's healthy lifestyles.

We would qualify our support for this resolution, however, with the same qualification expressed by a superintendent who testified when this resolution was heard in the House. He expressed support for the study if it isn't just a backdoor way of bringing forth legislation to mandate additional physical education and health courses.

Others have expressed similar concerns that "PE and Health Mandates in '07" is the real and only purpose of this proposed study.

We would hope not. We would hope that this discussion would lead to proposals encouraging and enabling local communities, led by the medical community, to address healthy lifestyles for all children birth through high school.

Lastly, we would suggest that this is a poorly drafted resolution. The following particular language is of concern to us:

Lines 5-6. **WHEREAS**, good physical and mental health is ESSENTIAL if students are to fully participate in the educational opportunities and services being offered;

Comment: The word "essential" as used in this context is inaccurate. We believe that it suggests an absolute connection that does not exist.

Line 13-14. **WHEREAS**, nutritious eating in conjunction with regular physical activity is FUNDAMENTAL to the academic success of children...

Comment: The word “fundamental” is inaccurate. We believe it suggests an absolute connection that does not exist.

Line 11. This phrasing simply doesn't make sense.