

2009 HOUSE EDUCATION

HB 1028

## 2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1028

House Education Committee

☐ Check here for Conference Committee

Hearing Date: January 12, 2009

Recorder Job Number: 6823

Committee Clerk Signature *Carmen Hart*

Minutes:

**Chairman Kelsch** explained that this came out of the interim committee, and most members should be familiar with this bill.

**L. Anita Thomas, Attorney, ND Legislative Council**, explained the bill. **(See Attachment 1.)**

**Rep. Lee Myxter**: With the idea of the new merit diploma with additional math and science degree of classes, will this in any way interfere with that?

**L. Anita Thomas**: The requirements are not identical. It will be up to you to look at the Governor's bill and to determine whether the changes should be reconciled.

**Rep. Lee Myxter**: Will it cause fewer phy. ed. credits? Does it change the number? Is it still required to have one unit? It doesn't change anything, does it?

**L. Anita Thomas**: Under current law, they can offer one unit of physical education as they can elect to have up to half of that as the health credit. Interim committee said one unit of physical education which the schools already have to offer. One half unit of health is separate.

**Rep. David Rust**: Just a quick question about the statement that is on here about what is going on in some of our schools. What does that mean?

**L. Anita Thomas:** The report listed some of the activities that the teachers, administrators, and police officers were seeing occurring among our students in school. You have people behind me that will come up and, I think, will be able to give you first-hand testimony on what they are seeing and why they believe the health education is important to students.

**Rep. Lyle Hanson:** Can that phy. ed. be divided up into quarters—a quarter a year and then have a total of one? Or do you have to have it all in one year? Years ago you could divide it up into quarters.

**L. Anita Thomas:** Right now the schools have to offer one-half unit physical education during each year.

**Chairman Kelsch** stated that she would not be making any comments as the chairman of the interim committee. If the committee members had questions of her, she would address them at committee discussion time.

**Valerie Fischer, Director of School Health, Adult Education, Dept. of Public Instruction,** testified in support of HB 1028. **(See Attachment 2.)**

**Rep. Bob Hunsakor:** Has there been any data or research done on the units of health that are offered in schools say in freshman/sophomore year versus junior/senior? It is reasonable that the earlier the kids get this instruction, the better. They could conceivably wait until their senior year to take their half year of health and by that time, the damage may be done as far as their smoking and health arena. Do you know if most schools offer that at freshman/sophomore level?

**Valerie Fischer:** At this time 64% of the health education is taken as a 9<sup>th</sup> grader and only 12% as a senior. Again to the question alluded to earlier about whether that can be broken up—yes, it can be. Professionally speaking, we do advocate that it be split up. The issues you face as a 9<sup>th</sup> grader are really different and very challenging from those you face as a senior.

To get the information by perhaps a quarter of a credit in each of those grades 9-12 and to use to reinforce those messages and again it is applicable to kids at a different time in the results.

**Rep. John Wall:** If this is implemented, the faculty and staffing needs and the space, are they available?

**Valerie Fischer:** There are two theories of thought on that. You'll hear one from me and you'll hear from bills that go with this bill. The opposition is not in the core requirement for health education in its value to kids. The issue or where the hair splits is in the requirement. We believe that if it is offered, that a school has to, therefore, allocate resources, staffing, and classroom space because students are then able to take it. If it is offered, one can make the assumption that it is available for classroom, resources, and staffing.

**Rep. John Wall:** You mentioned the funding for this was in the favored education bill. I

realize it is not a separate fiscal note. Do you have any idea what this will cost to implement?

**Valerie Fischer:** No, we do not. As the testimony stated, we do believe it is a requirement at 56% of the districts, but we don't know if they require a quarter credit, half credit, or more. Without that information it is hard to make any kind of fiscal implication. At the department, we tried. Without more detail and more information, at this time we are only able to make some very wide estimates.

**Rep. Corey Mock:** I believe in the importance of health education in schools. One of my concerns is the reinforcement of the message that health education classes teaches. How is this healthy message going to be reinforced in the schools such as the existence of pop machines and ala carte lines in cafeterias? Are we speaking on one and acting on another or is this going to be reinforced throughout the buildings as well?

**Valerie Fischer:** Great question. I appreciate your interest in that. Again, health education is only one facet of the comprehensive approach to keeping kids healthy and safe. It also

requires policy. It requires practice and that is everything from policies about vending machines and ala carte lines and reinforcement in the classroom by curriculum that talks about best practices and research methods as to what is most appropriate. And again working with the parents by whatever abilities we have whether it be through PTAs, PTOs, etc. to constantly reinforce the message so that kids are hearing at school but are also being taught and practiced at home.

**Rep. Corey Mock:** Of the 56% of the school districts that already have a requirement of health/PE, do you have any information of those school districts that continue to have pop machines and all sorts of vending opportunities available to students?

**Valerie Fischer:** At this time I don't have that data.

**Rep. Mike Schatz:** I know they use to have more units of physical education. Do you remember how many more and when we reduced that to one? I thought we were up to two or three units.

**Valerie Fischer:** At this time I don't have that information. I could certainly attempt to find out.

**Chairman Kelsch** and several other committee members agreed that it has been one for a long time.

**Rep. David Rust:** It used to be a quarter credit. Basically, they would have to take it all four years and within that four-year period of time, you would get a full credit. Some place along the line, we might have redefined the amount of time that those quarter-credit classes became half-credit classes.

**Chairman Kelsch:** We did. That was in this committee. Rep. Herbel was, I believe, the sponsor of that.

**Perry Lauer, School Resource Officer, Bismarck Police Dept.**, appeared in support of HB 1028. He had previously testified before the interim committee, so some may have heard some of this before. **(See Attachment 3.)**

**Chairman Kelsch:** I have to tell you, though, that since you came in and testified during our interim committee, every time I see a kid with a blue container of powerade—that was one of the things that I think when you made that comment, it just blew me away. The kids would be that brave and bring that to school.

**Rep. Jerry Kelsh:** What is compressed air do?

**Perry Lauer:** Compressed air is typically used to clean off your computer. If used appropriately, it is used to get the dust off. What happens, the kids inhale that and what it does it suppresses the oxygen from your system and you actually can pass out, get a buzz from the lack of the oxygen to the brain for a period of time, those kinds of things.

**Rep. Lee Myxter:** If young people in sixth, seventh, and eighth grade are doing drugs, sex, and alcohol, would it make sense to have a health class earlier? By the time they get to 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> grade, they probably formed habits.

**Perry Lauer:** I am not familiar with any statistics in regard to that. Personally, do I think we need to reiterate that message over a longer period of time? Yes, I do. Getting it to them in the middle school ages, I think it is the appropriate time. If you look at what we have done with seatbelts, tobacco, those kinds of things, getting that message out and reiterate that. With regards to the seatbelts, this is something we started with kids at an earlier age, and I think we are starting to see the benefits because of that. Is there some truth to what you are asking, Rep. Myxter, I think there is.

**Rep. Phillip Mueller:** You referenced it numerous times that there are issues with mom and dad here, and I suppose it certainly is out of our prevue to pass laws like that or attempt to

even. In your capacity do you attempt to work with parents about some of these issues, and if so, how do you go about doing that? If you do that, does it work—do people show up?

**Perry Lauer:** As part of my job I do that. The unfortunate thing is that not every school district has the availability of a school resource officer. Bismarck Public Schools, for example, started out with two of us. Because of the success that the two of us had, we went to four. With budget restraints, we went back to three. He stressed that he didn't have as much time to do those things when they went from four to three. He gave the example of the gentleman who was a .34 showing up at school. This boy was an athlete. Mr. Lauer had worked with him in the middle school, was familiar with the family, made some referrals to where they could get help, and did some follow up on the child. The parents in this situation were very good parents who are involved in their kids' lives as opposed to some of the kids that he talks to. It is important that information should be reiterated, and not everybody is getting that.

**Rep. Mike Schatz:** How many schools in the Bismarck-Mandan area are already offering a health credit?

**Perry Lauer:** As far as in the middle schools, I do believe most of them in Bismarck do. With regard to the high school, I am not sure. I cannot speak for Mandan.

**Becky Bailey, Director of Coordinated School Health, ND Dept. of Health's Division of Family Health,** testified in support of HB 1028. **(See Attachment 4.)**

**Deanna Askew, Registered Dietitian, ND Dietetic Association,** testified in support of HB 1028. **(See Attachment 5.)**

**Jerry Kemmet, Director of Bureau of Criminal Investigation,** representing the attorney general, testified in support of HB 1028. The attorney general is the chair of the Governor's Drug and Alcohol Commission, and Mr. Kemmet is also a member of that committee. Every year they hear about the risk factors for drugs and alcohol being high in North Dakota.

Education seems to be one of the legs of the stool they need. They need education, treatment, and law enforcement. They believe that with the education, they won't see them in those other two arenas—in the treatment and, hopefully, he won't see them in the law enforcement area. About two bienniums ago, methamphetamine was a huge problem in North Dakota. They took on methamphetamine with education, and there were a lot of people out there using methamphetamine that didn't realize what that the drug did to them. With education, at least with BCI, four years ago it was probably 65% of the cases they did in the drug arena. That's down to about 25%. That proves that education works. If people know what those drugs can do to them, they will make the right choices.

**Rep. Karen Karls:** In what form did you present this meth education? Was it a class or a lyceum?

**Jerry Kemmet:** Actually statewide, we went through the school resource officers. We did a concerted effort there. We did a series of a type of lyceums within the schools. We also did some education with the public where we did some meth summits to get the people in the community involved in the methamphetamine problem. We educated them and then they went out into their communities and they did the education of the communities.

**THE FOLLOWING WERE IN OPPOSITION OF HB 1028.**

**Doug Johnson, Director of ND Council of Educational Leaders,** testified in opposition of HB 1028. They philosophically do support the generic health classes in our high schools. First of all it is their belief that it is a decision that needs to be at the local level based on local needs and decided by individual districts and they will need to accommodate those choices to support this type of class requirement. Second thing, that bill does require them two classes of physical education be offered instead of one—one half unit of phy. ed and one half of health. In that case you are increasing the amount of the responsibility for a school district by one half

being added to their curriculum. It is going to have an expense to it. Finally, the Governor's Commission at its December 16 meeting finally adopted their recommendation for required course graduation requirements. That bill is recommending for one half unit of phy. ed. or one half unit of health. They do require a full unit of phy. ed. health combination—that would be two half units of phy. ed. or one half unit of phy. ed. and one half health unit. If this bill should be given a do pass, at some point in time, it is going to have be reconciled with the bill that comes out from the commission's report that has not been released at this time. This bill has come out in different forms the last two sessions. At that point in time the discussions they had on that were requiring the offering of phy. ed. This bill will require that health be taken and so this automatically is going to increase that requirement for the course. He did have a survey that he did during 2007 situation what would happen if there was an additional requirement of phy. ed.--a cap. **(See Attachment 6.)** The question in 2007 was that if we required a district to offer phy. ed., a full unit each year, what would be the impact? In this survey what it assumed was that the discussion purposes and it was a uniform response (60 schools responded) that each school would be given a half unit of physical education added to their schedule each year. They would offer two half units every year during their scheduled program. They would have to hire nearly 41 additional health and physical education teachers to meet the requirement. The cost to hire these additional staff to meet the requirements back in 2007 was nearly \$1,235,000. When asked what impact it would have on their school districts, the superintendents cited scheduling conflicts, limited course offerings, and competing against electives. HB 1028 will make it more difficult for smaller schools where they have tighter schedules.

**Rep. Jerry Kelsh:** I heard in an earlier testimony that this is in the education budget. I don't know how much it was. It wasn't mentioned, but is it here?

**Doug Johnson:** At this point in time, the way that the commission's report will come out they haven't put a dollar amount. The only additional required courses that they were adding to the high school diploma were one additional course in math and one additional unit in science.

**Chairman Kelsch:** With all the additional resources that school districts will be receiving this go around, still it is not enough?

**Doug Johnson:** I think they're going to be stretched to meet some of these needs in particular small schools. I think it is something personally that the school districts on an individual basis will make that decision within their budgets.

**Rep. Lyle Hanson:** I don't think this survey is very valid. You don't even have the majority of the schools that apply here. It goes from cost in zero to \$65,000.

**Chairman Kelsch:** Or that former superintendent that was most recently at \$750,000. The comments were effective, but I don't think that they are totally accurate.

**Doug Johnson:** I just have to go with the information they gave me in this particular case. This was for phy. ed.—a half unit each semester for the four years. That was additional cost for that.

**Bev Nielson, North Dakota School Board Association,** asked that they keep a running list as they go through the other bills and the commission report and so forth of all the requirements. These folks were first and so they can say that there is a \$110 million or \$130 million going into schools. So, they can certainly say they can do a half unit of health. As you see the other bills come, we would appreciate it if you would keep a running list of an added math, an added science, more counselors, tutors, mentors, coaches, etc. When you get a printout for your district, you see actually how much of the money they actually will get and then prioritize.

**Chairman Kelsch:** We will hang onto this bill and look at it at the same time as we evaluate the commission recommendation.

The hearing was closed on HB 1028.

## 2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1028

House Education Committee

☐ Check here for Conference Committee

Hearing Date: February 4, 2009

Recorder Job Number: 8720

Committee Clerk Signature

*Carmen Hart*

Minutes:

**Rep. David Rust** made the motion for a **Do Not Pass** on HB 1028. **Vice Chair Lisa Meier** seconded the motion.

**DO NOT PASS, 10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING.**

**Rep. Phillip Mueller** is the carrier of the bill.

**FISCAL NOTE**  
**Requested by Legislative Council**  
12/08/2008

Bill/Resolution No.: HB 1028

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**2A. Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

We are unable to provide information regarding fiscal effect at this time.

Out of the 170 public high schools in North Dakota, the health credits currently offered (2007-08) are:

1/4 credit - 24 public & 1 nonpublic  
1/2 credit - 121 public & 8 nonpublic  
1 credit - 14 public & 2 nonpublic

**B. Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Linda Paluck	Agency:	Public Instruction
Phone Number:	328-1718	Date Prepared:	12/12/2008

Date: 2-4-09  
Roll Call Vote #: \_\_\_\_\_

**2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
BILL/RESOLUTION NO. 1028

House Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken ☐ Do Pass ☒ Do Not Pass ☐ Amended

Motion Made By Rep Rust Seconded By Rep Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman RaeAnn Kelsch	✓		Rep. Lyle Hanson		
Vice Chairman Lisa Meier		✓	Rep. Bob Hunsakor	✓	
Rep. Brenda Heller	✓		Rep. Jerry Kelsh		✓
Rep. Dennis Johnson	✓		Rep. Corey Mock	✓	
Rep. Karen Karls	✓		Rep. Phillip Mueller		✓
Rep. Mike Schatz	✓		Rep. Lee Myxter	✓	
Rep. John D. Wall	✓				
Rep. David Rust	✓				

Total (Yes) 10 No 3

Absent 1

Floor Assignment Rep Heller

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

**REPORT OF STANDING COMMITTEE**

**HB 1028: Education Committee (Rep. R. Kelsch, Chairman)** recommends **DO NOT PASS**  
(10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). HB 1028 was placed on the  
Eleventh order on the calendar.

2009 TESTIMONY

HB 1028

Attachment  
HB 1028

**2009 HB 1028  
Testimony of  
L. Anita Thomas, J.D., LL.M.  
Attorney  
North Dakota Legislative Council**

Madame Chairman - Members of the Committee:

When we deal with high school course requirements, we have to deal with two concepts.

The first is that which a school must offer in order to be approved.  
The second is that which a student must take in order to graduate.

Under current law, in order to be approved, each public and nonpublic high school must "make available" to each student -- among other courses --

One-half unit of physical education during each school year; and  
One half unit of health.

Under current law, in order to graduate from a high school, each student must successfully complete --

One unit of physical education, which may include up to one-half unit of health.

The interim committee after hearing testimony from teachers, administrators, and police officers about what was going on in some of our schools, recommended that the high school graduation requirements be changed to require:

One unit of physical education; and  
One-half unit of health.

**15.1-21-02(4) "[M]ake available" means that:**

**a.** Each public high school and nonpublic high school shall allow students to select units over the course of a high school career from a list that includes at least those required by this section;

**b.** If a student selects a unit from the list required by this section, the public high school or the nonpublic high school shall provide the unit to the student; and

**c.** The unit may be provided to the student through any delivery method not contrary to state law and may include classroom or individual instruction and distance learning options, including interactive video, computer instruction, correspondence courses, and postsecondary enrollment under chapter 15.1-25.

Attachment 2  
HB 1028

**TESTIMONY ON HB 1028**

House Education Committee

January 12, 2009

Valerie Fischer, Director of School Health, Adult Education

328.4138

Department of Public Instruction

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Madam Chair and members of the House Education Committee – I'm Valerie Fischer, Director of School Health and Director of Adult Education for the Department of Public Instruction. On behalf of DPI, I am here to provide supportive testimony for HB 1028 which requires ½ unit of Health Education for graduation.

Last session, the Education Interim Committee selected HCR 3046 as one of the bills to further explore how we promote healthy lifestyles and create awareness about the interplay of health and educational success. Various presenters shared information about the current health issues, trends and challenges for ND youth.

Why do we advocate requiring Health Education? The purpose of Health Education is to promote the best possible health outcome for every student and to teach concepts that help students make responsible decisions regarding their current and future health. At its core, Health Education is about keeping students healthy over time, reinforcing positive health behaviors and making it clear that good health and learning go hand in hand. Prevention is education and education - prevention.

North Dakota youth lead the nation in alcohol use, alcohol use while driving and binge drinking; 30% of traffic fatalities in 2008 for ages 5-18 involved alcohol. ND students do not consume enough fruits and vegetables, generally do not eat breakfast, do not get enough physical activity and drink sweetened beverages in excess. Students do not feel safe in school, bullying behaviors

have escalated, mental health referrals and suicides continue to increase as students have no mechanism for stress management (2007 Youth Risk Behavior Survey).

Risk behaviors occur for a variety of reasons – one dominant reason is that kids just don't know the facts behind their decisions – that doesn't make them bad kids, just kids who make bad decisions and choices. Risk behaviors affect school absenteeism, academic achievement, dropout rates and disciplinary referrals, decrease participation in extra-curricular activities and limit social relationships with positive adults and role models. There are multiple national studies that support and demonstrate that Health Education is a key factor in reducing risk behaviors among teens; the latest from the Centers for Disease Control and Prevention (CDC). Across the country, forty (40) states require Health Education for graduation.

While we strongly advocate the role of parents as primary educators; schools must continue to provide a continuum of Health Education which is not designed to work against personal or parental preferences, norms or values. But for children who do not get the messages from either parents or school – well, let's not assume that the information they receive from MTV or the various web-based sites such as MySpace and FaceBook are reliable. Research tells us that with the changing family structure - less family together time, parents working multiple jobs, youth working part and full time jobs, the decrease of family meal time, the increase of youth with TV and computers in their bedroom – all are variables which lessen the time parents spend with their children. Less time with children means less interaction, less “talk time”, less sharing of values and morals. In the absence of information, kids will likely take in anything within their reach, regardless of its truth or consequences.

The short and long term results of youth risk behaviors affect both personal and academic success and will continue to tax the medical, legal, economic development and social systems of our state. Estimates are that juvenile incarcerations, treatment and the medical consequences of risk behaviors exceed \$12 million a year in ND. The personal impact of risk behaviors is not even measurable – its devastation indescribable. Any expense of requiring health education is minute in comparison.

People aren't moved to action by the data and numbers as much as by the stories shared. During the Interim Committee hearings, you heard from such people as Mary Hill from Bismarck High School; Perry Lauer, Bismarck Police Department and BPS Resource Officer; and Barb Bjorum, long time Health Education teacher from Valley City about issues youth are facing. All agree that increasing Health Education is a positive, albeit small, step to ensure that factual information is put into the hands and heads of students - where information becomes knowledge; knowledge then becomes action which allow students to make better decisions and habits affecting their lifelong health and well being.

Health Education can be taught by four (4) disciplines: science, health, physical education and Family and Consumer Science. Teacher availability is substantiated by the ND Education Standards and Practices Board (ESPB), who do not consider Health Education a teacher shortage area since there are more graduates than openings.

The last page of my testimony is a synopsis of what is generally covered in Health Education. Currently, NDCC requires schools offer, or make available one (1) unit of physical education, which may include up to one half unit of health. A review of 2007-08 data submitted by local districts to DPI (MIS and Approval and Accreditation) about Health Education is as follows:

LEA data* re: <u>offered</u> Health Education (2007-08)		
¼ unit Health Education (30 classroom hours)	24 public schools	1 nonpublic
½ unit Health Education (60 classroom hours)	121 public schools	8 nonpublic
1 unit Health Education (120 classroom hours)	14 public schools	2 non public

\* 170 public high schools reporting

A review of 2007-08 data submitted by LEAs to DPI about courses required for graduation indicate Health Education is a graduation **requirement** by 96 public (56%) districts. This survey did not specify the unit length. While we acknowledge there will be some expense for districts to move from “offer” to “require”, our previous attempts to estimate have too large of a variance without individual district interviews. The funding schools will receive this session will cover any incurred expense. Districts can and have used their annual Title IV allocation for Health Education.

Health Education is the best option with limited expenditures in that ...

- ~ It can reach the masses
- ~ It is already in place by its current requirement to be offered
- ~ It utilizes existing education professionals and resources
- ~ It has the documented validity and research to prove its effectiveness

Health Education provides *consistent and comprehensive information* to students using *current national and state standards*, during *critical times of development and engagement*; Health Education prepares our youth for decision making, resiliency skills and healthy habits for the *labor force*, to be *economically self sufficient* and ready to pursue higher education. As a result, **Health Education has the most gain for the least effort.**

We request an investment in the future of our youth by supporting and incorporating a requirement for ½ unit of Health Education as the vehicle to ensure that factual information is put into the hands and heads of students - where information becomes knowledge; knowledge then becomes action which allow students to make better decisions and habits affecting their lifelong health and well being – becoming the healthy and safe adults of your future.

This concludes my testimony. I am available to take any questions the Committee may have. If not, thank you for your time and support of HB 1028.

## **Health Education**

A comprehensive health education curriculum consists of learning which will assist students to achieve desirable understandings, attitudes and practices related to critical health issues including, but not limited to, the following:

- injury, safety, first aid, emergencies, CPR & AED
- special health concerns (asthma, diabetes, sleep)
- nutrition
- physical activity / physical education, personal fitness, effects of exercise and general well being
- growth & development ( muscular, circulatory, respiratory, digestive, nervous systems)
- care of the human body and its vital organs
- health issues of alcohol, tobacco and drug use/abuse
- scientific, social and economic aspects of community & environmental health
- consumer health, products, services, media and technology – health literate consumers
- disaster preparedness
- health promotion and disease prevention (oral health, immunizations)
- community and environment (air pollution, greenhouse effect, water pollution, radiation)
- media influences, personal decision-making
- mental health, abuse & suicide
- emotional health, stress management
- general health wellness and a positive self image
- personal health; relationships, friendships, sexual development, HIV/AIDS

Competencies include:

- analyze individual responsibility as a factor in enhancing the health of self and others;
- evaluate the short and long term consequences of safe, risky, and harmful behaviors to determine and practice ways to avoid and reduce threatening situations;
- analyze factors such as personal experience, family, culture, values, and peers to determine how they influence health beliefs, perceptions, and behaviors;
- determine the importance of demonstrating respect for self and others to develop and practice skills for communicating effectively with family, peers, and others;
- demonstrate refusal, negotiation, collaboration skills, and conflict resolution strategies to promote health and avoid harmful situations for self and others;
- evaluate health decisions and actions to predict their immediate and long term impact on the individual, family, and community; and,
- demonstrate the ability to locate and utilize valid resources to make informed decisions regarding health issues.

Health Education provides the basis method of developing knowledge, concepts, skills, behaviors and well being in a planned, sequential, and comprehensive curriculum. Students are provided opportunities to explore the effect of health behaviors on an individual's quality of life and assist students in understanding that health is a lifetime commitment by analyzing individual factors and health decisions that promote and health and prevent disease. Health Education seeks to aid the process of thinking in ways that are both challenging and empowering, so that people are equipped to make their own decisions on what is good and healthy for them.

Attachment #3  
HB 1028

Good Morning! My name is Perry Lauer. I am a School Resource Officer employed with the Bismarck Police Department. I have been in this position for the past 7 years. For those of you who are not familiar with what a School Resource Officer is, it's a Police Officer that spends his entire day at the schools working with kids. My duties include enforcement, education and influencing kids to make better choices by my presence. The majority of my time is spent in the middle and high schools.

I am here today to talk with you about the risk behaviors that I see kids engaging in every day during the performance of my job and why I feel it is important that health education should be a required class to help alleviate some of these issues.

Drugs - Marijuana continues to be one of the primary drugs of choice amongst North Dakota teens. According to the 2007 Youth Risk Behavior Survey, 18.2% of the students in grades 9 – 12 had used marijuana one or more times in the past 30 days in the Bismarck area. These numbers appear to be quite accurate. Just last week, I personally arrested 7 teens for usage either before school or over their lunch period. This type of behavior is commonplace.

Methamphetamine, cocaine, mushrooms, ecstasy and heroin are also being used on a lesser scale.

Inhalants have become very popular and we have made numerous arrests over the past school year. Some examples of inhalants are glue, paint or sprays. The most popular of the inhalants has been the usage of compressed air. We recently had a juvenile who lost control of his vehicle and crashed after inhaling compressed air while driving. We have also had several deaths over the past few years involving adolescents and inhalants.

While tobacco usage has declined over the past 5 years, this activity is most prevalent before school and during the lunch periods. Kids are getting in their vehicles and driving around or walking off school property out onto private property to smoke. The health dangers associated with tobacco usage are common knowledge for most, yet we still have about 10% of the kids in grades 9 -12 that are smoking on a regular basis.

Alcohol continues to be the number one drug of choice. Teens use alcohol more frequently and heavily than all other illicit drugs combined. Minor in Possession/Minor in Consumption have been the number one issued citation amongst teens as long as I've been employed at the Bismarck Police Department.

Bringing alcohol to school and consuming it while in the classroom is on the rise. One of the latest trends is to put UV Blue Vodka into a Powerade container. The vodka looks the same as the Powerade. The other alarming fact about the usage in school is the Blood Alcohol Content of the teens when caught.

We have had numerous teens that have had BAC levels of .15 to .20 with a high of .34. They are walking and talking without much impairment. To be able to function at these levels, there definitely has to be a tolerance level built up which means these teens are consuming large quantities of alcohol on a regular basis.

Not only does alcohol affect the mind and body in unpredictable ways, but teens lack the judgment and coping skills to handle alcohol wisely. As a result:

Alcohol related traffic crashes are a major death among teens. Alcohol use is also linked with youthful deaths by drowning, suicide and homicide.

Young people who drink are more likely than others to be victims of violent crime, including rape, aggravated assault and robbery.

Teens who drink are more likely to have problems with school work and school conduct.

An individual who begins drinking as a young teen is four more times likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

Teens who use alcohol are more likely to become sexually active at earlier ages, to have sexual intercourse more often, and to have unprotected sex than teens who don't drink.

The amount of kids involved in sexual activity at a young age is rampant. I can't tell you how many times I've had to search kids for various reasons and found condoms or some other form of birth control in purses and wallets at the middle schools. We are talking about 7, 8<sup>th</sup> and 9<sup>th</sup> graders involved in sexual activity.

Not only are they involved in sexual activity, they are involved with multiple partners. We now have the term "friends with benefits". This is being sexually involved with persons who there is no dating relationship nor any intention of ever being one. It is being involved in sexual activity just for the sake of intercourse.

Kids are also active on the internet looking for sex.

We have a large number of teens identifying themselves as "A3's". This stands for Anytime, Anyplace and Anywhere.

The number of teens contracting sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs) is alarming. STD's are among the most common infectious diseases in the United States. According to Campaign For Our Children, Inc., "10,000 teens are infected by STDs (STIs) per day, or one teen every eight seconds! Another startling fact is one out of every four sexually active teens has an STD (STI)".

Drugs, tobacco, alcohol and sex are all topics that we as a society recognize that teens make poor choices about. Engaging in those activities have been identified as illegal until you reach a certain age.

I would now like to discuss some other areas that I believe are also risky behaviors which involve poor decision making skills. The three I have identified and would like to discuss are poor nutrition, obesity and the lack of physical activity. I believe they are all inter-related.

As teens become more independent, they tend to make the wrong choices – specifically when it comes to nutrition. Skipping breakfast is the leading bad food habit for teenagers. According to the American Dietetic Association, more than half of male teens and more than two-thirds of females do not eat breakfast on a regular basis. Breakfast is the most important meal of the day. Eating breakfast can upstart your teen's metabolism, which helps with weight control, mood and school performance.

Every day I see numerous kids coming to school with some type of energy drink in their hand. They have skipped breakfast, but need something to pick them up to start their school day. Kind of like us adults needing a cup of coffee to get us going. The amount of caffeine in these drinks varies. Hair of the Dog contains no caffeine while SoBe No Fear contains the equivalent of almost five cans of Coke.

Increased eating outside of the home is another bad food habit that teens have. Teens hit the fast food restaurants much more often than they did when they were younger. This tends to be because of school, sports and work schedules overlapping regular meal times.

Skipping meals is also common. For some teens, it's because they don't have lunch money, for others it's because they are trying to lose weight. Skipping meals does not help with weight loss and it can keep them from getting the necessary nutrients they need.

The amount of physical exercise today's youth receive is dwindling. We have kids who attend their Phy-ed class but fail to participate. Today's teens are stationary in their activity and stagnant in their creativity. This is in large part do to the high level of electronic stimulation that voids the need for their own creative devices. It requires a whole lot less energy to sit in front of a TV playing a video game than it does to go outside and participate in some type of physical activity.

Why do we have so many teens engaging in high risk behaviors, poor nutrition habits and poor decision making skills? I believe it all starts in the home. Youth are consuming alcohol and parents are saying it's OK. It's just alcohol. They cite their own usage as justification. They have accepted the fact that their child is going to consume alcohol rather than taking the stance that it is illegal and holding them accountable.

We have parents who want to be their child's best friend rather than the parent. Some take on the adage "out of sight...out of mind". We have parents who are so focused on their careers or increasing their income, they forget about their kids along the way. They are afraid or don't know how to talk with their kids about the aforementioned topics. It's easier to give their child cash to go out to eat then it is to take the time and cook a nutritional meal. Parents have left for work by the time their kids are getting up to get ready for school. It's easier to let your child entertain himself with a video game than it is to do some type of activity.

I am not going to tell you that having a required health education class is going to solve all our problems, but there will be a lot of kids who will be hearing a message that they aren't getting anywhere else. For others, it will be supplemental information. At any rate, educating our kids on making good choices can never be reiterated too many times. Education is the key to helping our youth make better choices and I believe that requiring a ½ credit of Health will certainly help this endeavor!

**Testimony**

**House Bill 1028**

**House Education Committee**

**Monday, January 12, 2009; 9 a.m.**

**North Dakota Department of Health**

Good morning, Madam Chair and members of the House Education Committee. My name is Becky Bailey, and I am director of Coordinated School Health for the North Dakota Department of Health's Division of Family Health. I am here to provide testimony related to the positive effects that health education has on our children.

Health is directly related to children's ability to maximize their academic potential. Healthy children have better attendance; improved behavior; and increased attention, creativity and test scores. Health education primarily designed to improve academic performance is increasingly being recognized as an important public health intervention.

Health education is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors.

Consider these facts from the 2007 Youth Risk Behavior Survey:

- Although the percentage of students who drank five or more drinks (binge drinking) in one hour decreased from 42 percent in 1995 to 33 percent in 2007, the rate of binge drinking by students in North Dakota is among the highest in the nation.
- Nearly 17,000 students in grades nine through 12 tried cigarettes, and almost 6,200 of those smoked their first cigarette before age 13.
- The percentage of high school students who ate five or more servings of fruits and vegetables daily decreased from 18 percent in 2001 to 16.6 percent in 2007.
- The percentage of high school students who were overweight (i.e., at or above the 95<sup>th</sup> percentile for body mass index) increased from 7.2 percent in 1999 to 10 percent in 2007.

The Department of Health has a strong history of working collaboratively with the Department of Public Instruction to provide health resources and technical assistance to schools throughout the state. We know that schools by themselves cannot – and should not be expected to – solve the nation's most serious health

problems. However, schools play a crucial role in providing education that supports and maintains the well-being of young people.

In order to protect and enhance the health and safety of North Dakota students, we must equip them with the skills to make healthy choices and develop health promoting behaviors and effective coping strategies. A requirement of ½ unit of health education is an investment in our children's future.

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



January 12, 2009  
Testimony  
HB 1028

Attachment 5  
HB 1028

Chairwoman Kelsch and Members of the Education Committee:

Good morning and thank you for the opportunity to speak to the issue of high school coursework requirements, specifically the inclusion of a graduation requirement for health education, in North Dakota's schools. The 280 Licensed, Registered Dietitian (LRD) members of the North Dakota Dietetic Association, with a mission to support the public through the promotion of optimal nutrition, health and well-being; ask that you consider legislation to ensure that all children in North Dakota have equal opportunity to learn to make healthful choices.

Students in North Dakota, as in the rest of the nation, are facing a health crisis. Many are flunking healthy eating and are physically inactive. Childhood obesity is recognized as a national epidemic, resulting in earlier onset and increased prevalence of disease.

School health education that includes information about nutrition and physical activity is an important component of a comprehensive approach to improving dietary behavior, reducing sedentary behavior, and increasing physical activity among youths. A comprehensive health education curriculum provides this necessary education on nutrition and physical activity. We acknowledge that schools are not the only answer to the obesity issue - community, families AND schools need to work together. Schools are an obvious and key setting for healthy nutrition and physical activity strategies.

The ultimate goal for schools is to provide high-quality education for all students. There is sufficient evidence that promoting good nutrition and allotting more time for physical activity and physical education can lead to better academic achievement for students. Such actions are an important part of a comprehensive plan for becoming or staying a high-performing school. When groups of students make insufficient academic progress, interventions that support students' emotional and physical health — such as classroom nutrition and health education, along with quality physical education programs and more nutritious food and beverage options — can be included as part of the school's improvement plan.

Some North Dakota High School students have an opportunity to learn about nutrition in family and consumer science classes (you may know it by its former name of "Home Economics"); but that is elective coursework. Students in health education classes do receive some nutrition, but a requirement for health education would help ensure that all North Dakota students were taught the knowledge and skills to help them make lifelong, life-affecting choices about their health. The North Dakota Dietetic Association recommends a "do pass" on HB 1028.

**NDCEL Survey on Impact of Making Phy Ed Available During Each Year  
February, 27, 2007**

*Attachment 6  
HB 1028*

NDASA Region	City	District	Total 1/2 Units PE Available	Total 1/2 Units PE Required	Additional Staff Needed	Additional Staffing Costs	Comments on Additional Space Needed	Additional Comments
NE	Bisbee	Bisbee-Egeland	2	1	0	\$0		
NE	Cando	Southern	2	1	1	\$40,000		
NE	Edinburg	Edinburg #106	1	1	0	\$0	None	Most students take a half credit as 9th graders and again as 10th graders. Some juniors and seniors do take it, but most do not. The real impact would be that there would be fewer chances for them to take other electives in academic areas or music if we actually required the juniors and seniors to take PE. It would mess up the scheduling more too.
NE	Edmore	Adams and Edmore	1	1	0	\$0	No additional space would be needed.	Finding time in a schedule is the biggest issue. We utilize an eight period day to maximize our class offerings and fit the needs and wishes of our students. The legislatures need to realize that when they mandate classes it closes the doors to many electives in our small rural schools. The phy-ed class would be completing against an elective that could enhance the student's academics or fine art classes. Allow local schools districts to use their wellness plans and be creative in generating more activity in a student's life without mandates.
NE	Finley	Finley-Sharon	1	1	0	\$0	None at this time	Actually, if we are looking at healthier students, physical education or related curricular activities should be REQUIRED every year in grades 9-12 and not just MADE AVAILABLE.
NE	Fordville	Fordville-Lankin School District #5	1	1	0	\$0	None	I believe that this is a good start on getting our students healthy. With the high rate of Diabetes and Obesity I strongly believe that we need to do more as education systems on promoting a more physical life style for our students and this is a step in the right direction.
NE	Hillsboro	Hillsboro	2	1	0	\$20,000	We would be okay space wise	I just believe that with the NCLB requirements and the push by the P16 task force to increase math & science offerings, this is not the time to add to the PE offerings. Different interest groups are constantly trying to add the K-12 curriculum, we need to be realistic and set priorities for our school day.
NE	Hoople	Valley	1	1	1	\$15,000	None	If this becomes a 'requirement' we will have some students that will not be able to take some elective courses that they might want. We would have to hire another part-time staff person to teach the classes. (This could run into an added expense for the district.) If it is to 'offer' Phy Ed each year (making Phy Ed classes an elective following earning the 1 credit requirement) this will not pose as difficult a situation. It would be treated like other elective courses. We would offer it but would need a certain number of students signed up in order to have someone teach the class.

2354  
NDCEL Survey on Impact of Physical Education Available During Each Year  
February, 27, 2007

NE	Inkster	Midway	1	1	1	1	\$20,000	None	If every grade had to be offered a different curriculum it would provide an economic hardship. If, however, we could combine age groups and not be so worried about repeating curriculum but, rather, providing opportunities for exercise and healthy activities, then it would be much easier to handle. If we have to offer so many different curriculums, we would probably rely on courses from the Division of Independent Study.
NE	Mad dock	Mad dock	1	1	1	1	\$30,000	None	If this passes, it will potentially create a significant reduction in the elective offerings such as vo-ag, facs, computer & business tech, and music.
NE	New Rockford	New Rockford - Sheyenne	1	1	1	1	\$15,000	Would need another gym or another multipurpose room	I am shocked the legislature believes there is a bunch of loose time in high school schedules with consideration of raising graduation requirements etc. Please leave us alone.
NE	Northwood	Northwood Public School #129	2	1	1	1	\$27,000	none	
NE	Rock Lake	North Central #28	1	1	1	0	\$0	None really, we already have two gymnasiums	Philosophically, I support the idea, however, it would mean that curriculum offerings would be restricted. As we make efforts to teach, math, reading, language arts and now science across the curriculum in an effort to meet AYP, I am not sure another required PE helps us. There are other ways to increase physical activity. We instituted a program to take 25 min out of a period every Wednesday to walk (school wide). We are considering expanding to three days a week
NW	Alexander	27	1	1	1	1	\$20,000	None	
NW	Anamoose	Anamoose Public	2	1	0	0	\$0	We have the necessary facilities.	
NW	Berthold	Lewis & Clark	1	1	1	0	\$0	None	none
NW	Bowbells	14	1	1	1	1	\$15,000	None	This would cause us to offer fewer academic classes. Almost all our students are in sports and we don't feel that we should have to reduce our academic offerings!!!! In question #6 the number should be 1/2, but the program would accept that.
NW	Des Lacs	United #7 Public School	2	1	1	0.5	\$17,500	None; we would probably utilize the stage and weight room more through aerobics and weight training units.	
NW	Drake	Drake Public School #57	2	1	1	0	\$0	None - our classes are relatively small now	Any time a mandate comes down there needs to be funding attached. While this time it does not effect us, there are times where unfunded-mandates make significant changes in budgets.
NW	Goodrich and McClusky	Goodrich and McClusky	1	1	1	1	\$7,500	None.	By adding more PE student would have few electives to take. Would DPI allow students out for a sport to count as PE
NW	Grenora	Grenora	1	1	1	0.5	\$13,000	This would impact our space, but it really messes up our choir scheduling, as we use the same teachers for PE and music in both the high school and elementary school.	Our PE is taught by elementary teachers at the elementary level and by one instructor at the 7-10 level. If we need to offer PE to juniors and seniors, it will make more sense for us to hire a full time physical education teacher. Are there any

NDCEL Survey on Impact of Making Phy Ed Available During Each Year  
February, 27, 2007

NW	Harvey	Harvey 38	1	2	0	\$0	None.	We already offer .5 unit per year for each 9-12 grade level. To graduate students are required to have 1.5 units of pe plus .5 unit of health.
NW	Mandaree	Mandaree	2	1	1	\$32,000	another gymnasium	
NW	Max	Max	1	1	0	\$0	None	Max is currently meeting the intent of the proposed bill. If we review bill closely, it appears to me that all Class A, larger Class B and most Class B schools could meet with little or no additional costs.
NW	New Town	New Town #1	2	1	2	\$65,000	A new gym	
NW	Ray	Nesson #2	1	1	1	\$35,000	We would need an addition on the building because we share the same gym with all grades K-12.	You know, in reality, the students that need the exercise aren't going to enroll in PE on their own. You can't even get them to participate well in class now because parents of obese kids will write excuses for them and parents give in to excusing their kids that don't want to shower at school. Forcing schools to make available more elective PE is another way to force small schools to close their doors and bus kids a long ways. If you really believe that 'all' students need more PE, then make it mandatory for 'all' students and provide schools the funds to get the job done right. My PE teacher would like nothing better than to run vigorous PE classes and get every kid to sweat everyday. We also have a group of students on special medications that end up in the emergency room when they exert themselves. Two years ago we had two students go down at the same time and spent the
NW	Roseglan	White Shield	1	1	1	\$45,000	Scheduling the gym would be a nightmare. We would need the present gymnasium for 6 hours to serve 7-12 grade students. We would also need the present facility to serve our K-6 students which involves a total of 630 minutes per week. They would have to be offered at the same time as the high school.	We have a difficult time finding high qualified teachers to come out here as it is, this would put a further burden on us. This would also take up one hour of the available electives.
NW	Rugby	Rugby	4	2	1	\$30,000	We do not have sufficient space or staff to require all students to take physical education for 4 years.	We offer 4 years of physical education but require only 2 years. SB 2354 is not needed.
NW	Surrey	Surrey	3	2	1	\$30,000	One more room to accommodate a PE course.	
NW	Towner	TGU School District #60	1	1	1	\$35,000	Currently, TGU employs a full-time physical education/health instructor for grades K-12, at each site. Space is already difficult, even though we combine classes. For example, some elementary classes are combined and 9-10 and 11-12 physical education classes. (If combined class sizes are under 30.) The only alternative would be to offer zero period classes since the gymnasiums are utilized almost every evening, after school, for extra curricular	The estimated cost for additional staffing includes adding a half-time instructor in each building, salary and benefits only. It does not include what it would cost for additional space requirements, extended contracts, materials, equipment, etc. This requirement would greatly impact small school districts with K-12 schools.
NW	Trenton	#6	1	1	0	\$0	None	We currently allow 9-12 students in phy-ed in all the years they are in high school. We have a full time phy-ed instructor to make this happen.
NW	Turtle Lake	Turtle Lake-Mercer	2	1	1	\$15,000	None	We already offer PE to every student every year. I do not think we need the law as it will not change the amount of PE students will take.

# NDCEL Survey on Impact of Physical Education Available During Each Year February, 27, 2007

NW	Underwood	Underwood	1	1	0	\$20,000	No new space requirement, but would require change in instructor/student schedules to accommodate 4 more periods of PE	The only way I can see that would positively impact students to address the activity/obesity issue would be to require an 'activity' PE class (not a health or nutrition class alone) in conjunction with instruction on proper diet and exercise. Second Thought: What will be the parent's responsibility in all areas.
NW	Velva	Velva Public School Dist. # 1	1	1	1	\$40,000	None	We feel that once students become Juniors and Seniors, they should no longer be made to take PE courses. Many students are involved in extra-curricular activities in which they get a lot of exercise. Older students do not want to be in PE courses. We would rather see requirements increased in other core areas.
NW	Washburn	Washburn Public School	1	1	1	\$40,000	We would possibly have enough gym space.	Our freshman take a 1/2 credit of PE and as sophomores they take another 1/2 credit to meet the one credit requirement. If students are forced to take another PE class each year, they will not be able to take other electives. To take another PE, students would have to drop elective classes such as business, Ag Education, Family and consumer Sciences or upper level math and sciences. Approximately 75% of our 7-12 students participate in an extracurricular activity.
NW	Williston	Williston public school district # 1	1		2	\$100,000	We would have to make renovations to the current PE facility to accommodate some of them, but to catch all of them each year would require an addition to the campus costing around \$750,000 and up.	Why is the school always selected to displace the ill of society and parents? It is the parent who allows complacency in the child. Rather than additional PE classes in the day, why not put the dollars to youth clubs after school? That is the time when they veg out and lay around, and the time when they get into trouble.
NW	Wilton	Montefiore	2	1	1	\$12,000	None	Our PE is taught by elementary teachers at the elementary level and by one instructor at the 7-10 level. If we need to offer PE to juniors and seniors, it will make more sense for us to hire a full time physical education teacher. Are there any out there?
SE	Ashley	Ashley School District #9	1	1	1	\$26,000	None	Physical activity is a personal choice that people make and my opinion is that forcing students to take PE every year will not have a positive impact on their future decision making. The financial implications for small schools are going to be tremendous - staffing and space requirements may be overwhelming for some!
SE	Casselton	Central Cass Public School	2	1	1	\$35,000	We would either need to build another gymnasium or expand our class sizes to over 50!	An extra Phy Ed would take away some students for electives, music, band and CTE. At what point do we not have class. A class of 2 or 3 students would not be good for either the student nor our budget.
SE	Colfax, Abercrombie	Richland Public #44	2	1	1	\$34,000	None	This survey doesn't allow us to put in portion of an FTE. Our staff would need to be increased by .28 FTE.
SE	Enderlin	Enderlin School Dist. No. 22	1	1	0.28	\$9,800	No additional space needed. We have two gyms.	
SE	Gwinner	North Sargent			0	\$0	none	

**NDCEL Survey on Impact of Making Phy Ed Available During Each Year  
February, 27, 2007**

SE	Jamestown	Jamestown Public Schools	3	1	3	\$150	I think we could do that without too much trouble in our new school, but it would take a great deal of coordination between the teachers.	The biggest problem we would have is students working it into their schedules. They are busy now trying to fit everything in. Would this mean our students would take less math or science or foreign language or music? Of course it would.
SE	Kulm	Kulm	3	1	0.14	\$5,000	We would need another gym facility.	
SE	LaMoure	LaMoure	2	1	1	\$30,000	We currently have enough space, equipment could be an issue	
SE	Lisbon	Lisbon Public Schools #19	3	1	1	\$40,000	None	we doubt that all students would want a full unit each year or even .5 units each year.
SE	Milnor	Milnor	0.5	0.5	1	\$35,600	None, as we have access to two gymnasiums	Besides the cost of an additional instructor, we would also incur additional costs for equipment and supplies needed to expand the PE offerings.
SE	Montpelier, ND	14	1	1	1	\$26,000	I would have the room, but I would not have an open period for the students. If they are taking advanced classes they do not have free periods. If I were to offer the class on students with study halls would be able to take it. It would also be a schedule nightmare because no teachers have free period. The gym is only open the first period and a half in the mornings.	It would be nice to make it available to the students but with limited time, space, and students it would be a nightmare.
SE	Oakes	Oakes Public Schools	2	1	1	\$30,000	We would need new space. All current gym space is scheduled every period of the day for students in grades K-12.	I am not very supportive of this. What good is a requirement that you have to offer but not mandate.
SE	Pingree	Pingree-Buchanan	1	1	1	\$30,000	It would be impossible for us to offer that many phy eds. We do not have the staff to do it and we only have 60 kids in high school so who would we offer it to.	
SE	Strasburg	Strasburg	2	1	0	\$0	None	We require all Freshmen to take Phy Ed and Health Sophomores, Juniors, and Seniors can take PE each year if they wish.
SE	Wyndmere	Wyndmere	1	1	1	\$15,000	At this time I don't think we would have space issues.	By requiring additional PE requirements, other elective courses will suffer to the point that teachers of elective classes could find their teaching contract reduced.
SE	Zeeland	Zeeland	4	1	0	\$0	None	
SW	Beulah	Beulah School District	2	1	1	\$30,000	We would need an additional gym. \$1,000,000	Please how are you defining take a PE class every year. It this one semester of PE = .5 credits or a full year 2 semester of PE = 1.0 credits. I have answered all of the above as if it means one semester of PE .5 credits per year. If it means one full year of PE 1 credit per year then double everything
SW	Golden Valley	Golden Valley Public School	1	1	0	\$0	None	I have not followed this bill to close. As our school will not be open next year. Each school will have different situations depending on the make up of their staff, room, space ect.
SW	Mandan	Mandan School District	2	2	0	\$0	Every high school student must take .5 unit of Phy. Ed. each year in high school at the present time. The requirement of SB 2345 would not require our district to add any staff members.	This will not help for testimony but for clarification. In question 4 above we currently offer 10 different physical education classes each for .5 unit.
SW	New Salem	New Salem School District 30 007	1	1	1	\$30,000	We only have one gymnasium - would have to make larger classes.	Teach five periods a day, both semesters, for phy ed grades 9 - 12. Teach two periods a day, both semesters for phy ed grades 7-8.

NDCEL Survey on Impact of Adding Phy Ed Available During Each Year  
February, 27, 2007

SW	Scranton	#33	1	1	1	1	\$40,000	None		This was a simple means of gathering info. Maybe we should do this with more serious bills?
SW	Selfridge	Selfridge	1	1	1	1	\$28,000	We would need additional gymnasium space that we do not have!	We are providing adequate P.E. Classes. More emphasis and responsibility has to be put on the students home life and habits. The schools can only do so much.	
SW	South Heart	South Heart	1	1	0		\$0	With one gym and a K-12 school, extra required PE would put a burden on scheduling enough minutes for gym usage.		
SW	Tower City	Maple Valley	2	1	0		\$20,150	None		
Totals>>>					41		\$1,204,700			

2007 NORTH DAKOTA

# YOUTH RISK BEHAVIOR



SURVEY RESULTS

## North Dakota Department of Public Instruction

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## Healthy North Dakota

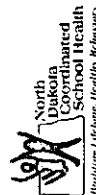
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Cooperative Agreement No.  
1U87DP001235-01

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# CONTENTS...

TOBACCO .....	1
ALCOHOL & DRUG USE .....	2-3
DIETARY BEHAVIORS .....	4
PHYSICAL ACTIVITY .....	5
WEIGHT .....	6
VIOLENCE/INJURY .....	7-8
PREVENTION .....	9
SEXUAL BEHAVIOR .....	10-12

## HISTORY & PURPOSE...

The Youth Risk Behavior Survey was developed in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends and compare state health risk behaviors to national health risk behaviors and is intended for use to plan, evaluate and improve school and community programs.

North Dakota began participating in the YRBS survey in 1995. Students in grades seven and eight and nine through 12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

The six priority health risk behaviors, often established during childhood and early adolescence and resulting in unintentional and intentional injuries, include:

- Tobacco use.
- Dietary behaviors.
- Physical activity.
- Alcohol and other drug use.
- Sexual Behavior/STDs/HIV/AIDS/unintended pregnancies.
- Violence/injury.

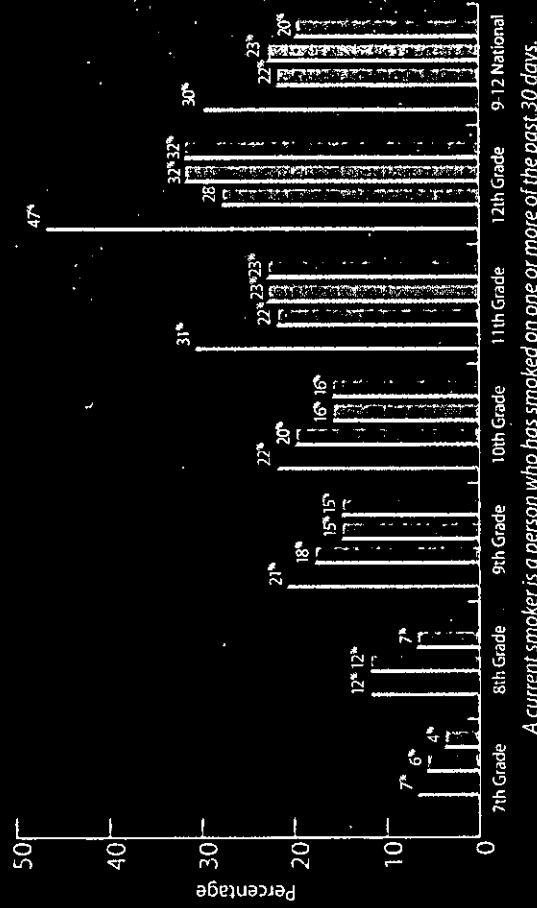
During the spring of 2007, the North Dakota Department of Public Instruction and the North Dakota Department of Health conducted the eighth biennial YRBS. The survey was completed by 6,745 seventh and eighth grade students and 9,750 students in grades nine through 12. These results can be used to make important inferences about all North Dakota students in grades seven through 12 due to the random, research-based selection process.

The 2007 data are compared to the 2007 national and 2005, 2003 and 2001 state weighted survey results to indicate trends where applicable. Other information sources are footnoted.

# CIGARETTE SMOKING...

ND 2003 ☐ ND 2005 ☐ ND 2007 ☐ NATIONAL 2007 ☐

## STUDENTS WHO CURRENTLY SMOKE



## North Dakota in 2007...

Nearly 17,000 students in grades nine through 12 had tried cigarettes, and almost 6,200 of those smoked their first cigarette before age 13.

During the past 12 months, 57 percent of current smokers in grades nine through 12 tried to quit.

## OTHER TOBACCO PRODUCTS...

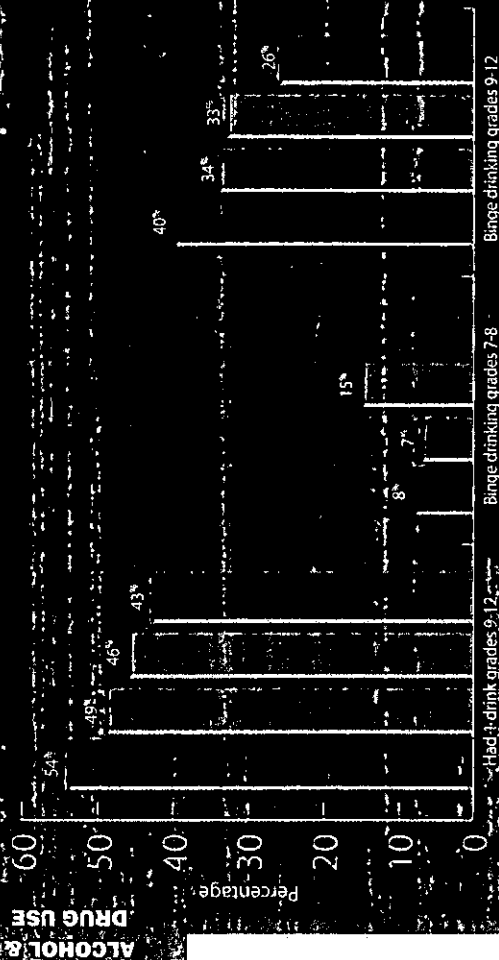
Used chewing tobacco (including snuff and/or dip) or cigars on one or more of the past 30 days.

	Chewing Tobacco				Cigars			
	ND Grades 7-8	2003	2005	2007	2003	2005	2007	2007
Overall	3%	3%	5%	3%	4%	4%	4%	3%
Males	5%	5%	7%	4%	4%	4%	5%	4%
Females	1%	1%	4%	1%	4%	3%	3%	2%
ND Grades 9-12								
Overall	10%	10%	11%	12%	13%	12%	11%	11%
Males	16%	16%	18%	20%	17%	16%	15%	15%
Females	4%	4%	3%	3%	9%	8%	7%	7%
National 9-12								
Overall	7%	7%	8%	8%	15%	14%	14%	14%
Males	11%	11%	14%	13%	20%	19%	19%	19%
Females	2%	2%	2%	2%	9%	9%	8%	8%

# ALCOHOL USE...

ND 2003 ND 2005 ND 2007 NATIONAL 2007

## ALCOHOL USE DURING THE 30 DAYS PRIOR TO THE SURVEY



"Although we've made steady progress in reducing underage drinking and associated behaviors among students in grades nine through 12, it is clear that the problem of underage binge drinking among seventh and eighth graders is still a challenge in the state of North Dakota. This underscores the reality that we still have work to do in this arena. We need to continue to encourage our children as early as possible to make good choices so they can live healthier, happier lives."

- First Lady Mikey Hoeven  
Healthy North Dakota Spokeswoman

# DRINKING & DRIVING...

Percentage of students who rode with a driver who had been drinking after drinking one or more times in the last 30 days.

	Rode with a driver who had been drinking		Drove when drinking	
	2003	2005	2007	2007
ND Grade 9	35%	31%	25%	10%
ND Grade 10	39%	31%	22%	18%
ND Grade 11	41%	40%	29%	27%
ND Grade 12	56%	48%	40%	36%
ND Grades 9-12	43%	37%	32%	22%
National 9-12	30%	29%	29%	10%

## North Dakota in 2007...

Of the 19 traffic fatalities of youth ages 10 to 19 in 2007, nine were alcohol-related accidents.

# DRUG USE...

TRENDS IN INHALANTS, COCAINE, METHAMPHETAMINES & STEROIDS AMONG NINTH THROUGH 12TH GRADE STUDENTS



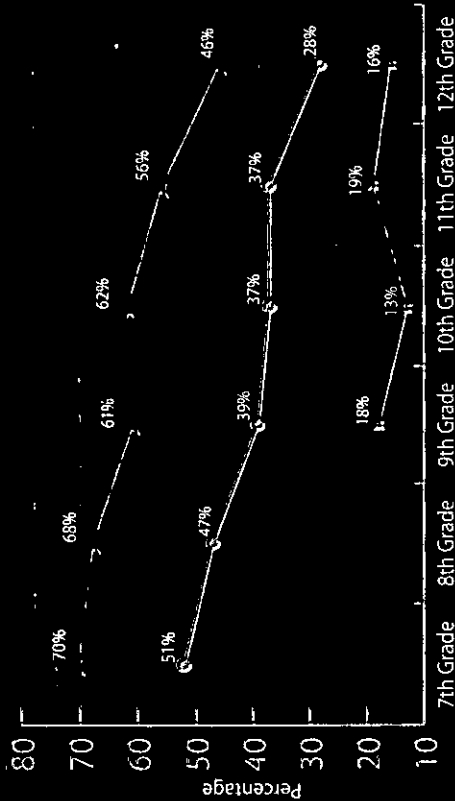
- Used inhalants one or more times during their lifetime
- Used cocaine one or more times during their lifetime
- Used methamphetamines one or more times during their lifetime
- Used steroids one or more times during their lifetime

## North Dakota in 2007...

30% of students 9th through 12th grade used marijuana one or more times during their lifetime.

## DIETARY BEHAVIORS...

### LY MEALS, BREAKFAST, FRUITS & VEGETABLES



Ate a meal with family yesterday

Ate breakfast last seven days of the week

Ate five or more servings of fruits and vegetables daily

### North Dakota in 2007...

Seventy-two percent of students in grades nine through 12 ate at a fast food restaurant one or more times in the past week.

## BEVERAGE CHOICES...

STUDENTS, WHO DURING THE PAST 7 DAYS, DRANK 1 OR MORE GLASSES OF MILK.

	Males			Females		
	2003	2005	2007	2003	2005	2007
ND Grades 7-8	49%	48%	47%	34%	34%	36%
ND Grades 9-12	31%	33%	32%	21%	21%	19%

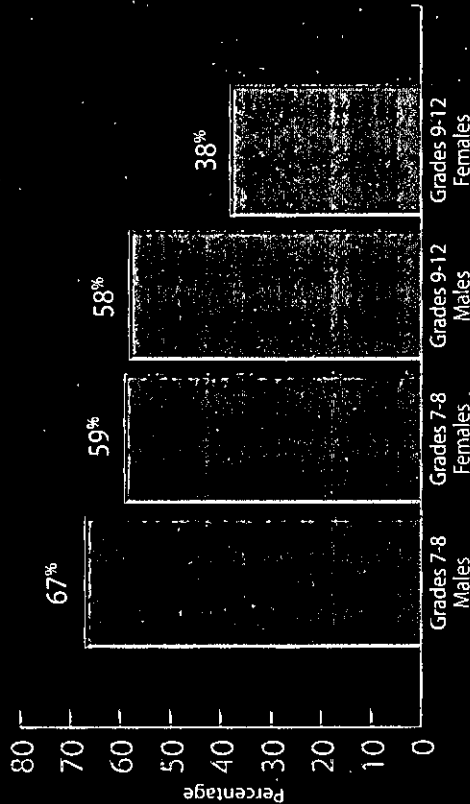
STUDENTS, WHO DURING THE PAST 7 DAYS, DRANK 1 OR MORE 100% FRUIT JUICE BEVERAGE.

	Males			Females		
	2003	2005	2007	2003	2005	2007
ND Grades 9-12	84%	83%	84%	84%	82%	83%

## PHYSICAL ACTIVITY...

Students in grades nine through 12, especially females, are less likely to get the recommended amount of weekly physical activity than are students in grades seven and eight.

### WERE PHYSICALLY ACTIVE AT LEAST 60 MINUTES PER DAY ON FIVE OR MORE OF THE PAST SEVEN DAYS



### North Dakota in 2007...

On average, 30 percent of seventh and eighth graders and 25 percent of ninth through 12th graders watched three or more hours of TV during a school day.

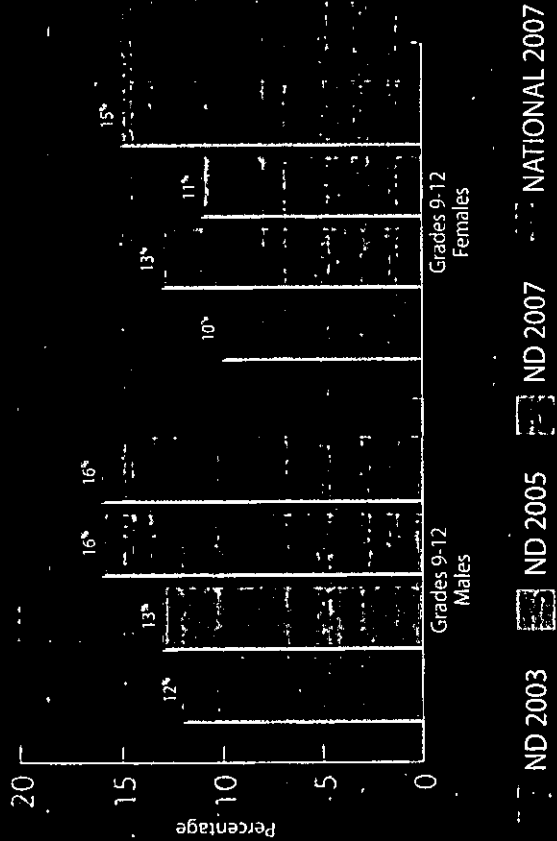
## PHYSICAL ACTIVITY

"The choices children make often become habits that follow them into adulthood. It's important for children to establish safe and healthy behaviors during the early years so they can live long, healthy lives. Parents, schools, churches, physicians and communities all have a role in helping children make healthy choices."

— State Health Officer Terry Dwelle, M.D., M.P.H.T.M.

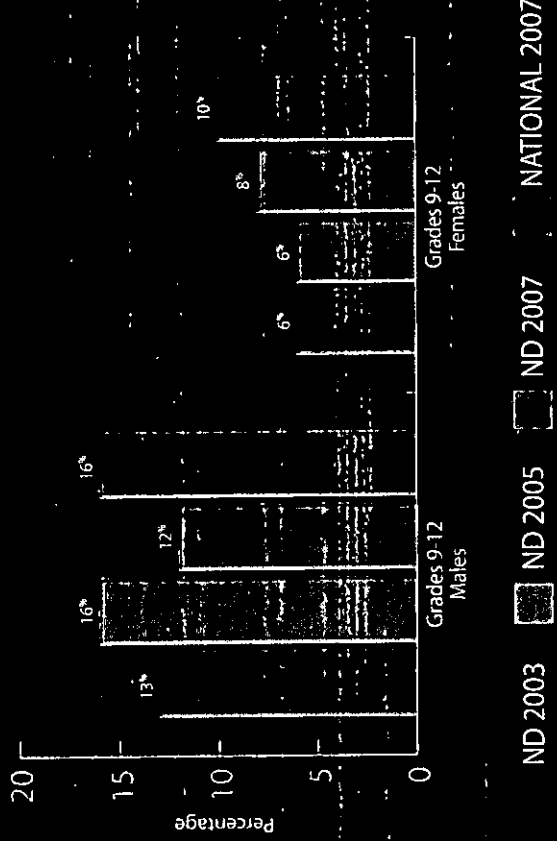
# WEIGHT....

## STUDENTS AT RISK OF BECOMING OVERWEIGHT\*



\*85th to 94th percentile for height and weight

## STUDENTS WHO ARE OVERWEIGHT\*\*



\*\*95th percentile or greater for height and weight

# SUICIDE...

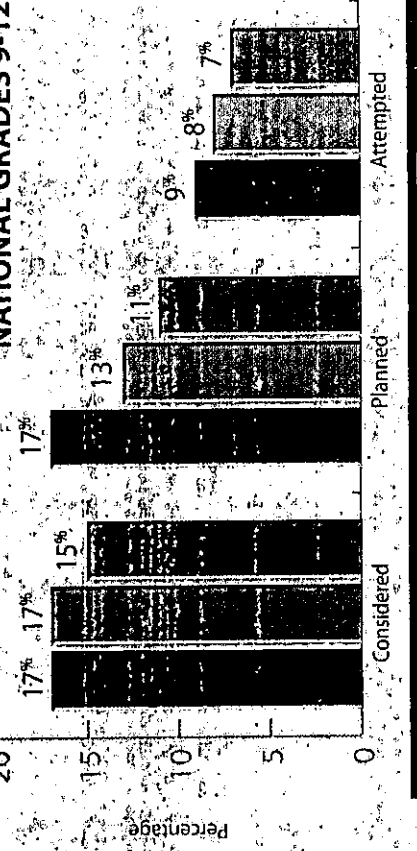
## ND GRADES 7-8



## ND GRADES 9-12



## NATIONAL GRADES 9-12



2003 RESULTS 2005 RESULTS 2007 RESULTS

In North Dakota in 2007, there were nine reported suicides of youth ages 10 through 19. All individuals were male.

## VIOLENCE...

STUDENTS WHO WERE INVOLVED IN A PHYSICAL FIGHT ON SCHOOL PROPERTY ONE OR MORE TIMES DURING THE LAST 12 MONTHS

	Males			Females		
	2003	2005	2007	2003	2005	2007
ND Grades 7-8	N/A*	30%	19%	N/A*	12%	7%
ND Grades 9-12	11%	15%	14%	6%	6%	5%
National 9-12	17%	18%	16%	8%	9%	9%

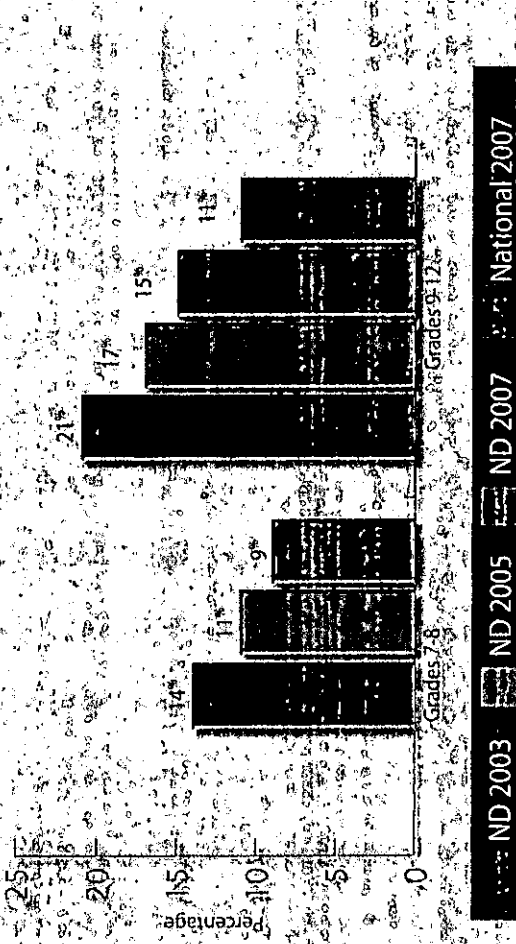
\* Not available

## North Dakota in 2007...

Thirty-four percent of seventh and eighth graders and 26 percent of high school students reported that they have been bullied on school property by others students one or more times in the last year.

## SEAT BELTS...

STUDENTS WHO RARELY OR NEVER WORE A SEAT BELT

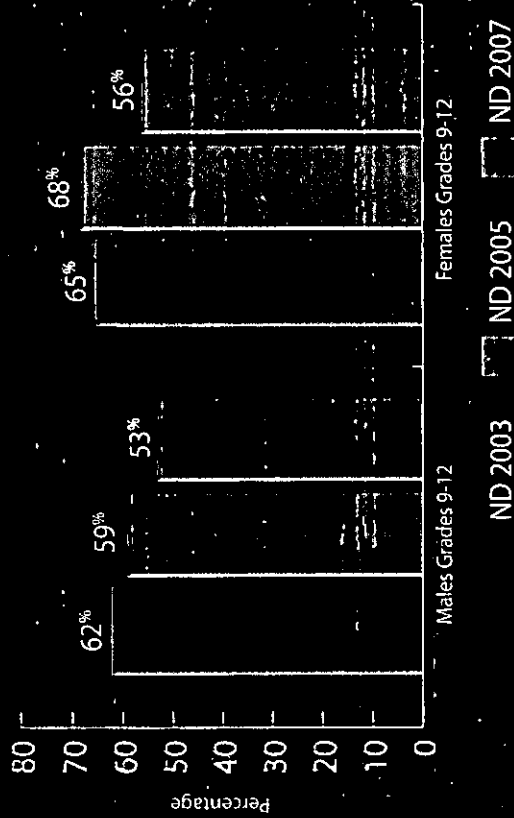


## North Dakota in 2007...

Forty-one percent of seventh and eighth graders and 33 percent of high school students reported that they always wear a seat belt when riding in a car.

## ORAL HEALTH...

STUDENTS WHO REPORTED ONE OR MORE CAVITIES IN THEIR PERMANENT TEETH



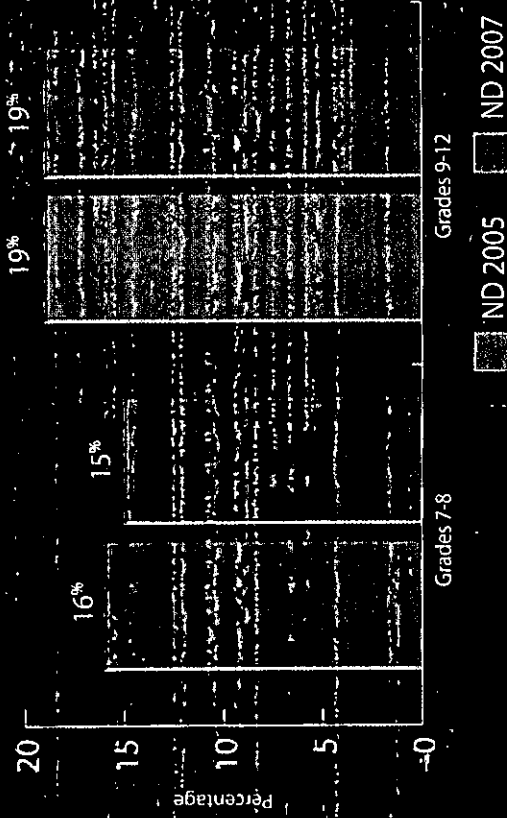
## North Dakota in 2007...

Sixty-five percent of high school students brush their teeth two or more times per day.

Seventy percent of students in grades seven and eight and 77 percent of students in grades nine through 12 reported visiting the dentist in the past year.

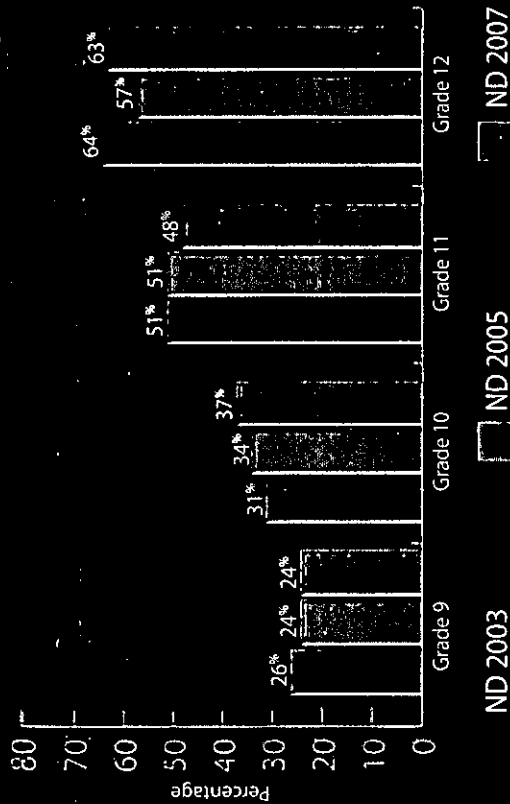
## ASTHMA...

STUDENTS WHO HAVE BEEN TOLD THEY HAVE ASTHMA



# SEXUAL BEHAVIOR...

PERCENTAGE OF NORTH DAKOTA STUDENTS IN GRADES NINE THROUGH 12 REPORTING INTERCOURSE DURING THEIR LIFETIME



## North Dakota in 2007...

Forty-six percent of North Dakota students in high school have ever given or received oral sex.



Research shows that 43 percent of North Dakota youth are having sex, and the results of their actions inc.

# TEEN PREGNANCIES...

AGES 12-19\*

	2003	2005	2007
TEEN PREGNANCIES	794	806	829
LIVE BIRTHS	634	631	696

\*Vital records, North Dakota Department of Health, 2007

## North Dakota in 2007...

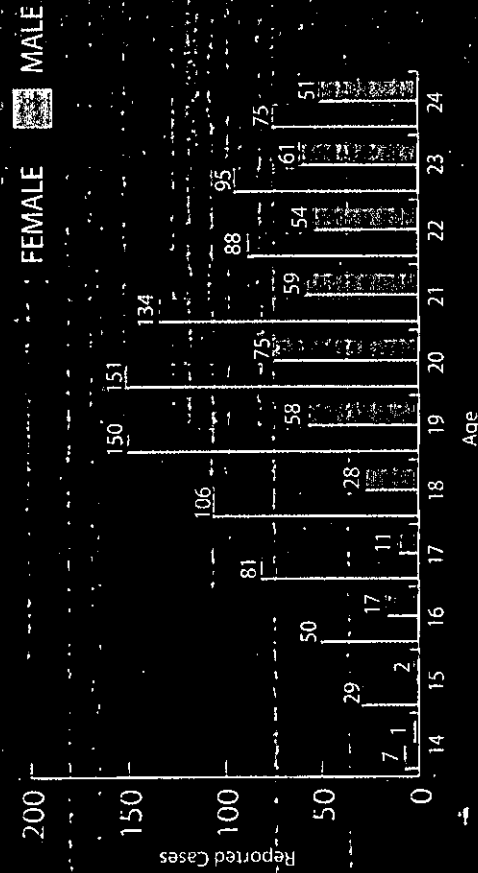
Twenty-eight percent of students in high school reported drinking alcohol or using drugs before their last sexual intercourse.

Seven percent of high school students indicated they had been forced to have sexual intercourse when they did not want to.

Nine percent of high school students reported they had been hit, slapped or physically hurt by a boyfriend or girlfriend in the last 12 months.

# SEXUALLY TRANSMITTED DISEASES/INFECTIONS...

NORTH DAKOTA 2007\*  
NUMBER OF STDs, INCLUDING CHLAMYDIA AND GONORRHEA, BY AGE AND SEX



\*North Dakota Department of Health Surveillance Data, 2007

## NUMBER OF SEXUALLY TRANSMITTED DISEASES/ INFECTIONS REPORTED IN 15- TO 19-YEAR-OLDS\*

	Chlamydia	Gonorrhea
2003	541	26
2004	557	26
2005	466	24
2006	516	30
2007	493	17

\*North Dakota Department of Health Surveillance Data, 2007

### North Dakota in 2007...

Eleven percent of high school students reported they have had sex with four or more people in their lifetime.

Sixty-four percent of high school students indicated they used a condom during their last sexual intercourse, and 25 percent of high school females used birth control pills.

### HIV/ AIDS...

Individuals age 15 through 24 accounted for 62 percent of the gonorrhea and chlamydia cases.\* This indicates that unprotected sexual activity, which is also a risk behavior for acquiring HIV, is occurring at a very large degree among this group.

\*North Dakota Department of Health Surveillance Data, 2007

## PRIMARY RESEARCH STUDIES

North Dakota Youth Risk Behavior Survey  
North Dakota Department of Public Instruction  
North Dakota Department of Health  
2001, 2003, 2005 and 2007.

## FOR MORE INFORMATION

**Youth Risk Behavior Surveys**  
[www.dpi.state.nd.us/health/YRBS/index.shtm](http://www.dpi.state.nd.us/health/YRBS/index.shtm)  
[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

**Tobacco**  
[www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco)

**Alcohol/Drugs**  
[www.nd.gov/dhs/services/mentalhealth/prevention.html](http://www.nd.gov/dhs/services/mentalhealth/prevention.html)

**Dietary Behaviors/Physical Activity**  
[www.ndhealth.gov/ch](http://www.ndhealth.gov/ch)

**Suicide Prevention**  
[www.ndhealth.gov/ch](http://www.ndhealth.gov/ch)

**Sexual Behavior/HIV/AIDS**  
[www.ndhealth.gov/disease](http://www.ndhealth.gov/disease)  
[www.ndhealth.gov/hiv](http://www.ndhealth.gov/hiv)

**Asthma**  
[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)

**Resource Guide for School & Community Development**  
[www.dpi.state.nd.us/health/YRBS/guide.pdf](http://www.dpi.state.nd.us/health/YRBS/guide.pdf)

