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ROLL NUMBER

DESCRIPTION

3046

2007 HOUSE HUMAN SERVICES

HCR 3046

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HCR 3046

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 12, 2007

Recorder Job Number: 3387 & 3389

Committee Clerk Signature

Judith Schock

Minutes:

Chairman Price: Open the hearing on HCR 3046.

Representative Phil Mueller, District 24: We are here to talk about the ND school age children and mostly their health issues with our young people, and their life styles and the choices they make. We are all very aware of the obesity issue across the nation. This can lead into heart disease, diabetes and a long list of afflictions that could be minimized if we do some things young people and their health issues. We will plan for the future health of our children in the next 2 year study by the next legislative session. I have passed out a pamphlet with information about youth risk behavior. Se attached.

Valarie Fischer, Director of School Health for the Department of Public Instruction: See attached testimony. Attachments from Public Instructions included.

Don Wright, Assistant Director of the division of Mental Health and Substance Abuse in the ND Department of Human Services: See attached testimony.

Tom Trenbeath, Chief Deputy with Attorney General for the state of ND: I think you know the Attorney General feels very strongly about the issues of the health of out youth. HCR 3046 presents an opportunity to provide coordinated guidance. Attorney General Stenehjem supports HCR 3046

June Herman, Senior Advocacy Director of the American Heart Association: See attached testimony.

Representative Kaldor: there is a national snack agreement standard?

Ms. Herman: Yes, the American Heart Association works with an alliance for healthier generation. Not only were they able to negotiate with beverage, and snack food industry being at the table and saying this is what we are going to offer as healthier options. They are going to start packaging the snack portions smaller. They are also working with the dairy industry to see what we can do in that.

Kim Senn, director of Division of Family Health and Coordinated School Health for the ND Department of Health: See attached testimony. We do know a large percentage of our youth do have asthma. Asthma is a very complex disease, and anytime you have a condition such as a cold, bronchitis or even flue on top of asthma it can worsen that condition, and can extend the illness, making the illness more serious. Students can now carry their own inhalers. We think that is a very good step. You have many schools that don't have nursing service.

Chairman Price: Any one else in favor of HCR 3046? Is there any opposition? If not we will close the hearing on HCR 3046. What would the committee like to do with this one?

Representative Porter moves a do pass consent to calendar, seconded by **Representative Kaldor** . **Chairman Price** asks for discussion, hearing none the vote was taken with, 12 Yeas 0 nays and 0 absent. **Representative Hatlestad** will carry HCR 3046 to the floor.

Date: 2/12
Roll Call Vote #:

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HC R 3046 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken As Pass Consent Calendar

Motion Made By Rep. Porter Seconded By Rep. Kaldor

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Hatlestad

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

REPORT OF STANDING COMMITTEE (410)
February 12, 2007 12:48 p.m.

Module No: HR-29-2895
Carrier: Hatlestad
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3046: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3046 was placed on the Tenth order on the calendar.

2007 SENATE HUMAN SERVICES

HCR 3046

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 3046

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: March 21, 2007

Recorder Job Number: 5365, 5367, 5369

Committee Clerk Signature

Mary K Monson

Minutes:

JOB # 5365

Senator Judy Lee opened the public hearing on HCR 3046.

All members of the committee were present.

Representative Phil Mueller from District 24 introduced HCR 3046. He passed out the survey results for 2005 for ND youth risk behavior. See attachment # 1. It addresses school age children and their issues. One of the issues it covers is obesity. It also covers other health related issues that without life style changes will cause health issues later in their lives. HCR 3046 will help ND youth make wise choices. There have been other bills dealing with related issues but the approach has been piecemeal. In two years they would like to come back and have a well focused and coordinated approach to young people's health.

Senator Lee: Do you know if they have any more current trend lines? This publication is from 2005. Do you have access to data that tells us whether we are doing better or not?

Representative Phil Mueller: I do not. There may be others here who do. We do hear that we still lead the nation in binge youth drinking.

Senator Dever: This does show trends from 2001, 2003, and 2005. This is not a criticism of the resolution but I see parents only mentioned once in the resolution. If there was a way to

emphasize the importance of parental guidance in that kind of an area, I think that would be something to look at.

Representative Mueller: I certainly agree. If in your wisdom you choose to emphasize that aspect a little bit more, this author would certainly have no issues with that. I think we all know that that is where it all starts and that's where it needs to be focused. We in the public school sector and human services sector really aid good things to happen but home is where it really does need to begin.

There was a discussion about obesity in children.

Representative Kingsbury from District 16 testified in support of the resolution because she favors healthy lifestyles for children. Education and information are keys to this issue just as they are for other health issues.

Valerie Fischer, Director of School Health with the Department of Public Instruction, testified on behalf of the DPI in support of HCR 3046. See attachment # 2. On page 2 of the testimony she pointed out that North Dakota has been given a D rating on Overweight Prevalence Ranking. She feels this resolution is important so there will be a cohesive effort to look at all youth health issues and how they are interrelated. Passage of this resolution would show legislative support.

Senator Lee: Would your plan be to include stakeholders representing some of these other groups when you are looking at participating in a study like that that the legislature might approve?

Valerie: By all means. We have a running list of the partners and the groups who have expressed interest in this. We believe that we can pull together a statewide group including parents that will be very effective in looking at this. We need to look at it from all levels, locally and statewide.

Senator Dever: Especially parents. I am wondering what kind of parent organizations, I think of the PTOs, the PTA, and those kinds of things, would be involved in that. Also when you talk about all the different individual studies, Legislative Council will pull some of those together and I would like to suggest it might be in your interest to assist in that process to pull together what studies and maybe come up with some language that would bring it down to one study.

Valerie: That is a wonderful idea and we do hope to do that as well. The parent groups, there are several of them. PTO's and PTA's is a very good way to start. There are also different entities in the nine government agencies that have parent coalitions as well, alcohol, tobacco, etc. Many of the community coalitions have parent members that we can draw from as well.

Senator Lee: I am appalled to see that fewer than half of the students have breakfast in the morning. Where are their parents!

Tom Trenbeath, Chief Deputy of the Attorney General of the State of North Dakota, spoke on behalf on Wayne Stenehjem who is strongly in support of passage of this resolution and the study that it contemplates. He read into record a letter the Attorney General wrote to the student who decorated his breakfast bag. (Audio meter 20:15). That letter demonstrates the support the Attorney General has for school nutrition. He feels the same way about the general health of the children who are the future of our state.

Charlotte Olson, Substance Abuse Prevention Coordinator for the Division of Mental Health and Substance Abuse Services with the North Dakota Department of Human Services, spoke in support of HCR 3046. See attachment # 3.

Nancy Sand with the North Dakota Education Association spoke in support of the resolution. There have been a number of references to other bills that the legislature has considered. This bill might draw all of those together. NDEA would be happy to participate with it and provide information.

Senator Dever: There have been changes in youth in the last 15 years. That must be hard for teachers.

Nancy: Yes, it is. Teachers need the assistance of parents and community.

Senator Lee: Do you know if PTO's and PTA's provide programs to help reach dysfunctional families? Do you have any thoughts about reaching them?

Nancy: I do not know the programming for PTO's, etc. Within school buildings there are counselors available. Some school districts have social workers available. Some school districts provide classes in health and physical education areas. The educators do the best they can. Most schools do have parent advisory groups. All of these efforts need to continue and maybe just add this to it.

Senator Heckaman: In a couple of the schools I have been in, they have a variety of grants and programs to bring in people during staff development hours. Some of them teach teachers how to deal with anger management problems for instance. Love and Logic classes have been offered to parents of students. Sometimes this isn't advertised for the public.

There was discussion about different classes being offered to address the at-risk behaviors and how to deal with them.

Kim Senn, Director of the Division of Family Health and Coordinated School Health for the North Dakota Department of Health, testified in support of HCR 3046. See attachment # 4. The Health Department looks forward to working with the other entities to make progress in the area of youth health issues. She said the Youth Risk Behavior Survey is done every other year on odd-numbered years. The 2007 survey will come out in late fall.

Mary Wahl, representing the North Dakota Council of Educational Leaders or school administrators from around the state, spoke in favor of the resolution. The comprehensive approach to this issue is critical for our students. It is the only way to make a difference in

improving the healthy lifestyles of our children. She appreciated the emphasis on involving parents. Studies show children spend 4-5 hours per day watching TV. This is something the schools can do nothing about. The medical and health communities can play a huge role in educating our parents with regard to their responsibilities. This resolution can facilitate the combining of the efforts of everyone involved with young people and their health.

Bonnie Staiger with the American Heart Association spoke in support of HCR 3046. She agreed with what had been said. She said it is critically important to focus on the data collection around physical education in the schools. Currently it is voluntary and haphazard and they would like to see that more specific data is collected and provided in a useable fashion to determine what is being offered in the schools with regard to physical education.

More testimony in support? None

Testimony in opposition: None

Neutral: None

Senator Lee closed the public hearing on HCR 3046.

JOB # 5367

Senator Lee opened the discussion on HCR 3046.

Senator Warner made a motion to amend HCR 3046. On line 2 after the word "cooperate" add the words "with families".

Senator Dever: Would we do the same thing on line 16 as well then?

Senator Warner: That would be an excellent choice.

The motion was seconded by Senator Heckaman.

Roll Call Vote: Yes 6 No 0 Absent 0

Senator Lee recessed the committee for a 5 minute break.

JOB # 5369

Senator Lee reopened discussion on HCR 3046. She recognized Bonnie Staiger and asked for her input on the proposed amendment. She recommended on line 17 of the resolution after the words "educational successes; and" to add the words "provide an updated list of high school graduation requirements and district school wellness policies. This data will become a baseline resource for the interim study, and" You can continue on with the existing language.

Senator Lee: There were comments in the earlier discussion about this not being related just to physical education but to all the components so... I throw that open for everybody's deliberation here. I am not opposing your amendment. I am just saying that this wasn't just directed at physical education.

Senator Pomeroy: Bonnie, did you know that we amended it to put families in there?

Bonnie: Yes.

Bonnie: Senator Lee, in response to your comment, the section prior to where my amendment would start, in line 14 through 16, does continue to look at the broader scope.

Senator Lee: That's true.

Bonnie: So I suggest that at the end of that so it would be in the traditional educational standard, broad to specific.

Senator Warner: My concern with the changes in language, but I've always thought that we segregate too much the school from the community especially the school facility and we should be looking at ways to integrate the facilities the schools have for physical activities, gymnasiums and weight rooms especially for rural communities that cannot support YMCAs or health clubs. This would also be an aid to parents becoming healthy role models for their children to develop a healthy lifestyle. Physical activity should not be something you drop out of like clarinet after high school band.

There was some discussion about children developing lifetime fitness habits and about how to word the amendment.

Senator Lee: I understand where the amendment is going, but I am a little hesitant to call for something specific in a resolution.

Senator Dever: I think that direction is established by the interim committee with the advice of Legislative Council.

Senator Lee: Physical education is very important but if we begin to include in here specific things that we want provided to the interim committee we are opening a whole new subject area.

Senator Dever: I think what probably would be adopted is a combination of this and other resolutions.

Senator Warner moved to pass HCR 3046 without further amendment, as already amended.

Senator Heckaman seconded the motion.

Roll Call Vote: Yes 6 No 0 Absent 0

Carrier: Heckaman

Date: 3-21-07

Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HCR 3046

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 23082.0100 Title .0200

Action Taken DP as amended

Motion Made By Sen. Warner Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman 2	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner 1	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

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

REPORT OF STANDING COMMITTEE

HCR 3046: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3046 was placed on the Sixth order on the calendar.

Page 1, line 2, after "cooperate" insert "with families"

Page 1, line 16, after "cooperate" insert "with families"

Renumber accordingly

2007 TESTIMONY

HCR 3046

TESTIMONY ON HCR 3046
House Human Services Committee
February 12, 2007
Valerie Fischer, Director of School Health
328.4138
Department of Public Instruction

Madam Chair and members of the House Human Services Committee - my name is Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of DPI, I am here to testify in support of HCR 3046.

While ND students tend to excel in ACT/SAT scores, high school graduation rates and college enrollment, ND students also excel in **alcohol** consumption, **driving after drinking** and **binge drinking**. Additionally, 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. Our **tobacco** rates, while having dropped since 1999, remain high against the national average. Eleven percent of North Dakota high school students are **overweight** and another 13% are at risk for becoming overweight. Students also experience significantly higher than average **asthma**-related conditions which is the number one reason for school absenteeism in ND. Increasingly, ND youth are being treated for adult disorders of **hypertension**, **high cholesterol** and **diabetes** because of inactivity and poor food choices. Even worse, students routinely report feeling **harassed** and **bullied** at school (2005 ND YRBS) and engage in **physical fighting**, which result in suspensions and expulsions (2007 SET data).

Research suggests a direct link between physical activity and improved academic performance. Studies have found that participation in physical activity increases adolescents' self esteem, as well as their physical and mental health. They are also less likely to be regular or heavy smokers or to use drugs or alcohol, and more likely to stay in school, have good conduct, and experience high academic achievement. Studies also show that good nutrition also enhances school achievement. Healthy students make better students, and better students are high achievers.

The goal of HCR 3046 is to develop a comprehensive approach set forth by educators, parents, and health-related professionals to deal with these issues systematically and to report to the Legislature. Bills addressing these issues in isolation from each other do not provide a cohesive plan for action – this does not mean that mandates will be sought, but a plan that will benefit the legislative process, partners and students. We need to fully understand all of the issues and solutions. This resolution allows a broad study of youth behaviors which ultimately affect student academic, physical, personal and emotional health. Working with the DoH, DHS and other groups will provide beneficial. The Department urges a Do Pass on HCR 3046. I'd be happy to address any questions the committee may have of me.

Healthy Students, Safe Schools

ND Department of Public Instruction
School Health Unit

US Department of Education Title IV Safe & Drug Free Schools	<i>Prevention & Promotion</i>	Center for Disease Control & Prevention (CDC) Coordinated School Health
Alcohol, Drugs, Tobacco	◀ ▶	PANT (physical activity, nutrition, tobacco) HIV / AIDS Education
Character Education Positive Behavior Supports (PBS)	◀ ▶	Counseling, Psychological and Social Services
Violence, Weapons, Safety, Climate, Environment, Bullying/Harassment, Injury Prevention	◀ ▶	School Environment
Curriculum / Training	◀ ▶	Curriculum / Training (via Teacher Centers)
21 st Century Programs Family & Community Involvement (DHS)	◀ →	Family – Community Involvement
Persistently Dangerous Schools UMIRS / data collection Gun Free Report LEA monitoring	← ▶	Youth Risk Behavior Survey PROFILES
Technical Assistance	← →	Technical Assistance
Roughrider Health Conference	◀ ▶	Roughrider Health Conference Physical Education School Nurses Health Education / Services Nutrition Services Worksite Wellness

ND Dept of Health Partnership

**North Dakota Department of Public Instruction
Coordinated School Health
Safe and Drug Free Schools**

Annual Report 2005-2006

Quick Stats

North Dakota School Violence and Drug Statistics

2305 — Total number of violent and drug-related incidents in North Dakota schools that resulted in suspension or expulsion:

- 964 reported fighting/mutual altercation incidents;
- 419 reported tobacco incidents;
- 188 reported simple assault incidents;
- 157 reported alcohol incidents;
- 155 reported drug incidents;
- 105 reported terrorizing incidents;
- 57 reported knife (blade 2.5" or greater) incidents;
- 57 reported other object incidents;
- 39 reported assault incidents;
- 26 reported robbery incidents;
- 21 reported reckless endangerment incidents;
- 20 reported aggravated assault incidents;
- 17 reported hazing incidents;
- 6 reported serious bodily injury incidents;
- 5 reported sexual imposition incidents;
- 3 reported handgun incidents;
- 2 reported rifle/shotgun incidents;
- 1 reported felonious restraint incident;
- 1 reported other firearm incident;
- 0 reported murder, manslaughter, negligent homicide, kidnapping, inciting a riot, or gross sexual imposition/rape incidents.
- *Sixty-two Suspension/Expulsion reports did not contain an incident code.*

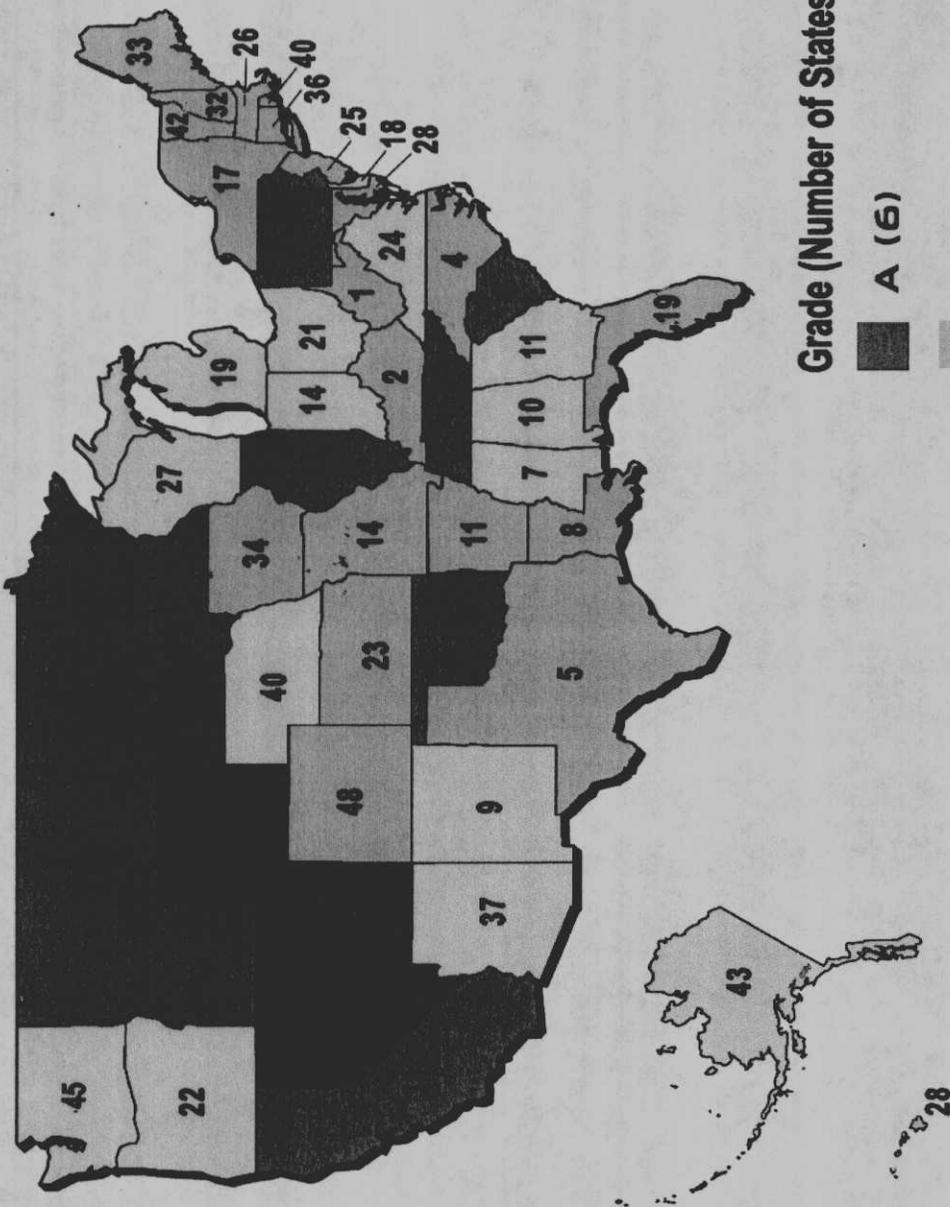
Total K-12 enrollment 2005-2006: 105,381

Truancy Incidents reported in 2005-2006:

- 16,744 days ND students were truant
- 2,966 students truant
- State truancy rate: 5.65 days

State's number represents Overweight Prevalence Ranking (West Virginia ranks first with the highest overweight prevalence. Utah ranks 50th with the lowest prevalence)

STATE EFFORTS TO CONTROL CHILDHOOD OVERWEIGHT PREVALENCE



Grade (Number of States)

- A (6)
- B (21)
- C (14)
- D (6)
- F (3)

A
CA, IL, OK, PA, SC, TN

B
AR, CO, CT, FL, HI, IA, KS, KY, LA, ME, MD, MA, MO, NC, NH, NJ, NY, RI, TX, VT, WV

C
AL, AK, AZ, DE, GA, IN, MI, MS, NE, NM, OH, OR, VA, WA

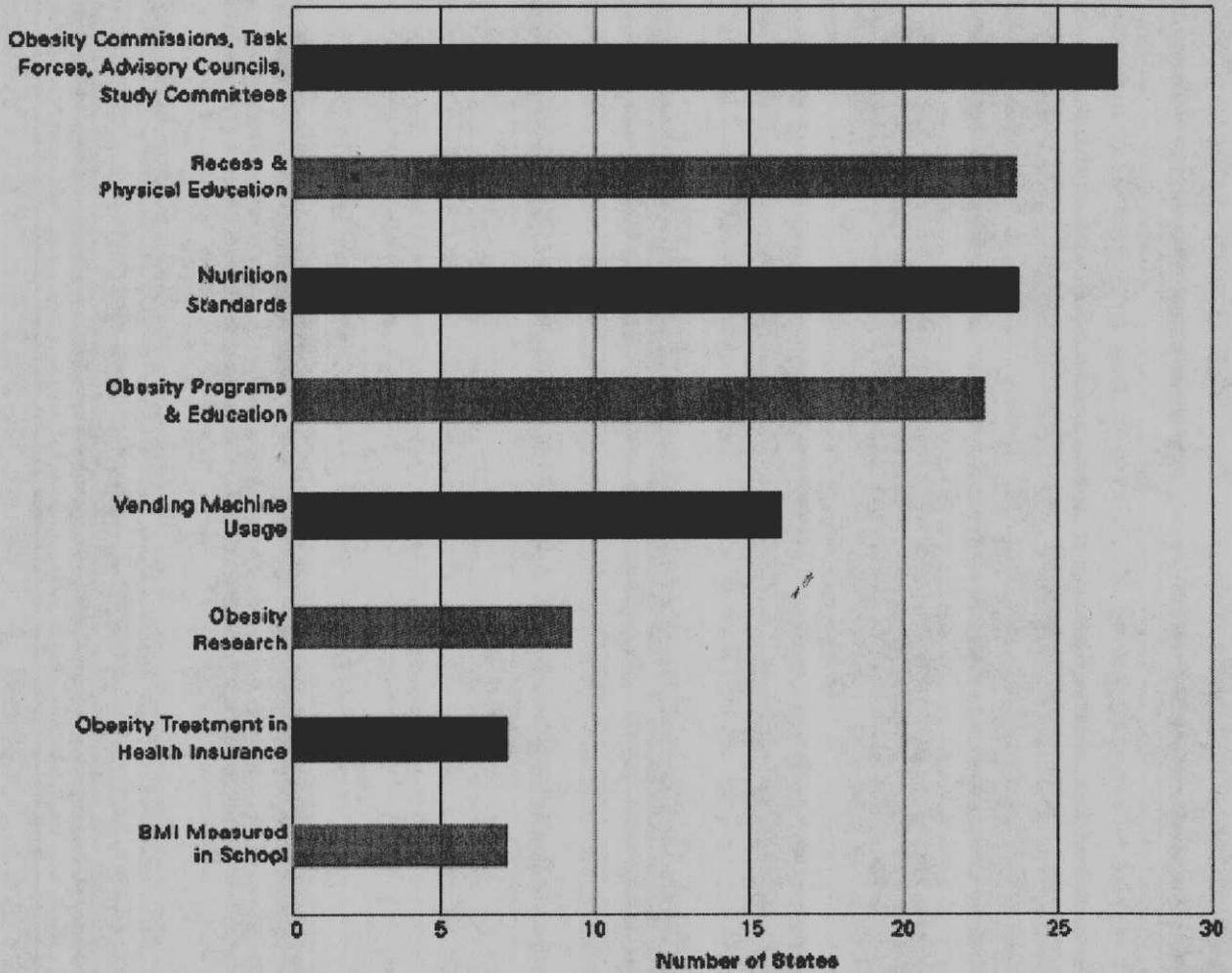
D
HI, IN, NY, ND, SD, WI

F
WV

Copyright: A. Cotten, K Stanton and Z. Acs | Schaefer Center for Public Policy | University of Baltimore
 (The rankings of childhood overweight prevalence are derived from Child and Adolescent Health Measurement Initiative (2005), National Survey of Children's Health)

2006 Enacted Legislation

Enacted Obesity Control Legislation By Type (August 2006)



Six states get an 'A' for work against kids' obesity

By Val Wadas-Willingham

(CNN) -- America is a heavy nation and getting heavier, especially young people. The number of overweight children aged 6-11 more than doubled the past 20 years, according to the Centers for Disease Control and Prevention. Health experts warn that unless we do something to stop it, those numbers will continue to rise.

Several states and cities are now taking steps to combat obesity, especially in young people. Each year, the University of Baltimore Obesity Initiative grades states on their efforts to pass obesity-reducing legislation.

This year, for the first time, six states -- California, Illinois, Oklahoma, Pennsylvania, South Carolina and Tennessee -- received A's for their legislative and public-policy work to control obesity in children. (Read the full report-<http://www.ubalt.edu/experts/obesity/>)

Among the measures hailed were bills that:

- Set nutrition standards for schools and limited vending machine access in schools
- Require measuring and reporting of each student's Body Mass Index • Require recess time and physical education classes
- Add obesity-awareness and weight-reduction programs to school curricula
- Support obesity research
- Support insurance coverage of obesity Establish public obesity commissions

Only three states -- California, New York and Tennessee -- earned the same grade for their efforts to help all age groups. (Link here to overall obesity map TK Tuesday) Still, the number of states taking steps to control the problem is climbing quickly according to the report, helping to chip away at the \$130 billion in direct medical costs caused by obesity each year.

Doctors and researchers are concerned because obesity can cause major health problems, such as heart disease and Type 2 diabetes. Researchers found obese youngsters tend to have at least one additional risk factor for heart problems later in life, such as high blood pressure or high cholesterol.

Kids who are overweight are also at greater risk for joint problems, poor self-esteem -- even sleep apnea. Taken together, these illnesses shorten life spans, diminish quality of life and put a heavy burden on the public health care system.

Kenneth Stanton, assistant professor of finance at the Merrick School of Business at the University of Baltimore and chair of the Obesity Initiative, thinks there are parallels between the battle against obesity and the battle against smoking. "The progress reminds me of about 1991 or '92, in that certain messages about obesity are coming together and gaining traction," Stanton said. "You can look at New York City's decision to ban trans fats as a significant victory, in that it made national news and there was little outcry about it."

Stanton says more states will start to include school-based nutrition standards, obesity programs and physical education classes to keep kids fit. And more school lunch rooms will replace sugary drinks with more healthful fare like juices, low-fat milk and bottled water, says Stanton.

Seven states -- Arkansas, California, Illinois, New York, Pennsylvania, Tennessee and West Virginia -- require BMI or Body Mass Index report cards, informing parents of a child's risk of becoming obese.

Testimony
House Concurrent Resolution 3046 - Department of Human Services
House Human Services Committee
Representative Price, Chairman
February 12, 2007

Chairman Price and members of the House Human Services Committee, I am Don Wright, Assistant Director of the Division of Mental Health and Substance Abuse Services with the North Dakota Department of Human Services. I am here today in support of House Concurrent Resolution 3046.

The Division of Mental Health and Substance Abuse Services coordinates with other State and local agencies through three Federal grants:

- The Substance Abuse Prevention and Treatment (SAPT) Block Grant requires 20% of the grant award to be spent for the funding of prevention activities. This funding supports eight regional and four tribal prevention coordinators. They work closely with the North Dakota Department of Transportation's Safe Communities Coordinators and the North Dakota Department of Health's District Health Tobacco Coordinators to streamline prevention services across the State. Funding is also provided for the statewide Prevention Resource Center, which maintains a large library of written and video materials including topics in substance abuse treatment and prevention. Items are loaned to any citizen of North Dakota free of charge.

- The Governor's portion of the Safe and Drug Free Schools and Communities Grant provides communities with funding to implement substance abuse prevention programs, policies, and strategies. This complements the school funding monitored by the Department of Public Instruction. The Division partners with the Departments of Public Instruction, Health, and Transportation to review grant applications submitted by communities for model program implementation. The Division also works with the

Department of Public Instruction to obtain a listing of school and communities prevention programs in operation across the State.

- The Enforcing Underage Drinking Laws grant is used by the North Dakota Highway Patrol to provide state and local law enforcement with overtime hours to focus efforts on party patrols and off-sale activities focused towards minors. The Office of the First Lady also uses funding from this grant to provide statewide media campaigns concerning such issues as parent-child communication about alcohol use. Finally, funds are used by the North Dakota Supreme Court to provide juvenile drug courts in Bismarck, Fargo and Grand Forks.

In addition to these cooperative efforts, the Department is involved with the Prevention Advisory Council. This group is in the process of enhancing communication among State entities that are providing substance abuse prevention services throughout the State. An Interagency Substance Abuse Prevention Team made up of these entities will be meeting to discuss research findings, training needs, state planning, program implementation and services evaluation.

In closing, the Department of Human Services is committed to the physical and emotional health of children and families. Collaborative efforts between public and private entities are critical to the promotion, education and awareness of healthy choices and the impact on educational success. This study will allow for the opportunity to identify new and creative ways to inform and promote healthy lifestyle choices for children and families in North Dakota.

This concludes my testimony. I would be happy to answer any questions. Thank you.

Heart Disease and Stroke. You're the Cure.



Learn and LiveSM

Testimony
HCR 3046

House Education Committee
Monday, February 12, 2007

June Herman
Senior Advocacy Director
American Heart Association

American Stroke
Association.

A Division of American
Heart Association 

Good morning, Chairwoman ^{Price} ~~Ketch~~ and members of the House Education Committee. My name is June Herman, and I am the Senior Advocacy Director for the American Heart Association. I encourage your "Do Pass" on this resolution.

From a heart health perspective, we can suggest a number of areas that would lend itself to this study work. Some of these areas of review could benefit from additional action this session to provide you with a richness of information to benefit your review.

Subject Area	60 th Legislative Session	Study Options
HB 1451 – School vending bill	Milk "MOU" may trigger further work this session, and interim review	Benefits of adding nat'l snack agreement standards for the future
SB 2354 - one-half unit of physical education during each school yea 9-12, once every four years the unit must be a concept-based fitness class. The current requirement is for schools to offer one-half unit total for all four years of high school.	Will some level of school objection justify inclusion of a "waiver process" for passage of this bill?	Review waiver information: 1) Students opting for PE 2) Those unable to be accommodated 3) Identified barrier
SB 2309 – Establishes graduation requirements	Require reporting of current school board graduation requirements	Information will provide important baseline data of current school requirements
Joint Power Agreements – would structure lend itself to regional "Health School Program" managers, and alignment of state, federal, private and community resources/efforts for improved school health opportunities?	AEDs in schools – regional work on athletic and school AED system of response	Consider report of the Healthy School Program initiative, funded by the Robert Wood Johnson Foundation, with Alliance for a Healthier Generation. http://www.healthiergeneration.org

A "Do Pass" for interim study work on the above, and other suggested subjects, could significantly advance the health and safety of one of our greatest resources – our kids.

Testimony

House Concurrent Resolution 3046

House Human Services Committee

Monday, February 12, 2007; 10:30 a.m.

*Same
given to
Senate*

North Dakota Department of Health

Good morning, Madam Chair and members of the House Human Services Committee. My name is Kim Senn, and I am director of the Division of Family Health and Coordinated School Health for the North Dakota Department of Health. I am here today to testify in support of House Concurrent Resolution 3046.

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 concerning. For example:

- The percentage of high school students who ate five or more servings of fruits and vegetables daily decreased from 18 percent in 2001 to 13.8 percent in 2005.
- The percentage of high school students who were overweight (i.e., at or above the 95th percentile for body mass index) increased from 7.2 percent in 1999 to 11.2 percent in 2005.
- On average in 2005, 31 percent of seventh and eighth graders and 22 percent of ninth through 12th graders watched three or more hours of TV during the school day.
- In 2005, nearly 20,000 students in grades nine through 12 had tried cigarettes, and almost 6,000 of those smoked their first cigarette before age 13.
- Although the percentage of students who drank five or more drinks (binge drinking) in one hour decreased from 42 percent in 1995 to 34 percent in 2005, the rate of binge drinking by students in North Dakota is among the highest in the nation.

This data helps to illustrate that the educational and physical needs of children simply cannot be separated. This legislative study is an important step to addressing health issues that affect our student population. We must work together in developing strategies that address health issues and encourage comprehensive healthy lifestyles. This is an opportune time for a legislative study, as a strong partnership exists between the Department of Health and

Department of Public Instruction, thus setting the stage for the enhancement and/or development of partnerships with other agencies and entities such as the Department of Human Services, YMCAs and Parks and Recreation.

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

TESTIMONY ON HCR 3046

Senate Human Services Committee

March 21, 2007

Valerie Fischer, Director of School Health

328.4138

Department of Public Instruction

Madam Chair and members of the Senate Human Services Committee - my name is Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of DPI, I am here to testify in support of HCR 3046.

While ND students tend to excel in ACT/SAT scores, high school graduation rates and college enrollment, ND students also lead the nation in **alcohol** consumption, **driving after drinking** and **binge drinking**. Additionally, ND students do not eat **breakfast**, do not get enough **physical activity** and drink **sweetened beverages** in excess. Our **tobacco** rates, while having dropped since 1999, remain high against the national average. Eleven percent of North Dakota high school students are **overweight** and another 13% are at risk for becoming overweight. Students also experience significantly higher than average **asthma**-related conditions which is the number one reason for school absenteeism in ND. Even worse, students routinely report feeling **harassed** and **bullied** at school (2005 ND YRBS) and engage in **physical fighting**, which result in suspensions and expulsions (2007 SET data).

Research suggests a direct link between physical activity and improved academic performance. Studies have found that participation in physical activity increases adolescents' self esteem, as well as their physical and mental health. They are also less likely to be regular or heavy smokers or to use drugs or alcohol, and more likely to stay in school, have good conduct, and experience high academic achievement. Studies also show that good nutrition also enhances school achievement. Healthy students make better students, and better students are high achievers.

The goal of HCR 3046 is to develop a comprehensive approach set forth by statewide stakeholders to identify the most pressing issues and offer solutions in a systematic manner and to report to the Legislature. Bills addressing these issues in isolation from each other do not provide any substantial remedy for action; while this does not mean that mandates will be sought, it does mean a cohesive plan that will benefit the legislative process, partners and students will be introduced. We need to carefully study and understand all the issues and solutions. This resolution allows a broad study of youth behaviors which ultimately affect student academic, physical, personal and emotional health. The Department urges a Do Pass on HCR 3046. I'd be happy to address any questions the committee may have of me.

**Testimony
House Concurrent Resolution 3046 - Department of Human
Services
Senate Human Services Committee
Senator Lee, Chairman
March 21, 2007**

Chairman Lee and members of the Senate Human Services Committee, I am Charlotte Olson, Substance Abuse Prevention Coordinator for the Division of Mental Health and Substance Abuse Services with the North Dakota Department of Human Services. I am here today in support of House Concurrent Resolution 3046.

The Division of Mental Health and Substance Abuse Services coordinates with other State and local agencies through three Federal grants:

- The Substance Abuse Prevention and Treatment (SAPT) Block Grant requires 20% of the grant award to be spent for the funding of prevention activities. This funding supports eight regional and four tribal prevention coordinators. They work closely with the North Dakota Department of Transportation's Safe Communities Coordinators and the North Dakota Department of Health's District Health Tobacco Coordinators to streamline prevention services across the State. Funding is also provided for the statewide Prevention Resource Center, which maintains a large library of written and audiovisual materials including topics in substance abuse treatment and prevention. Items are loaned to any citizen of North Dakota free of charge.

- The Governor's portion of the Safe and Drug Free Schools and Communities Grant provides communities with funding to implement substance abuse prevention programs, policies, and strategies. This complements the school funding monitored by the Department of

Public Instruction. The Division partners with the Departments of Public Instruction, Health, and Transportation to review grant applications submitted by communities for model program implementation. The Division also works with the Department of Public Instruction to obtain a listing of school and communities prevention programs in operation across the State.

- The Enforcing Underage Drinking Laws grant is used by the North Dakota Highway Patrol to provide state and local law enforcement with overtime hours to focus efforts on party patrols and off-sale activities focused towards minors. The Office of the First Lady also uses funding from this grant to provide statewide media campaigns concerning such issues as parent-child communication about alcohol use. Finally, funds are used by the North Dakota Supreme Court to provide juvenile drug courts in Bismarck, Fargo and Grand Forks.

In addition to these cooperative efforts, the Department is involved with the Governor's Prevention Advisory Council. This group is in the process of enhancing communication among State entities that are providing substance abuse prevention services throughout the State. An Interagency Substance Abuse Prevention Team made up of these entities will be meeting to discuss research findings, training needs, state planning, program implementation and services evaluation.

In closing, the Department of Human Services is committed to the physical and emotional health of children and families. Collaborative efforts between public and private entities are critical to the promotion, education and awareness of healthy choices and the impact on educational success. This study will allow for the opportunity to identify



new and creative ways to inform and promote healthy lifestyle choices for children and families in North Dakota.

This concludes my testimony. I would be happy to answer any questions.
Thank you.