



Learn and Live.

Senate

To: House Education Committee

From: Cliff Christian, Governmental Affairs Director

Subject: Testimony in Support of HJ 17 (Representative McAlpin)

SENATE EDUCATION

EXHIBIT NO. 11

DATE 3-7-05

BILL NO. HJ-17

March 7

February 14, 2005

Obesity is one of the greatest public health challenges of our time. "This is reflected in the enormous amount of coverage given to the issue in the media, and by policymakers and public health officials." Obesity rates among American adults increased 60 percent between 1991 and 2000 — and rates doubled in children over the last 20 years. If these trends continue, obesity will overtake smoking as the nation's leading cause of preventable death, according to U.S. Surgeon General's office. "This is clearly an epidemic needing legislative solutions at all levels."

The Centers for Disease Control and Prevention estimates that if all physically inactive Americans became active, we'd save \$77 billion in annual medical costs.^o State legislators across the country have begun to take the lead in addressing the obesity epidemic. In Texas, the State Board of Education passed a rule requiring 135 minutes per week of organized physical activity in grades K-6. This follows a bill the affiliate helped pass through the legislature last session, which gave the board the authority to take this action.^o Colorado legislators declared the first week of May 2002 and each first week of May thereafter to be Shape Up Across Colorado Week to educate Coloradans about the health benefits of regular physical activity and to encourage all people in the state to make exercise a part of their lives. Funding was increased in Maryland for bike paths and sidewalks in certain "Smart Growth" areas, which will increase the opportunity for residents to be physically active. Mississippi will improve the health of state students through the creation of a physical activity coordinator to be housed at the Department of Education. The legislation also recommends 30 minutes of quality physical education daily for grades K-6 and two hours a week for grades 7-9.

The American Heart Association applauds these legislators for bringing proactive efforts to their states. These are simple solutions with results that will last a lifetime. But, we really don't need to look outside our state for good examples. If you look at Montana's Health Enhancement standards, found under OPI, I believe you would come to the same conclusion that the American Heart Association did. That is, Montana is well positioned in our Nation's fight against childhood obesity (on paper). The standards are well thought out and if, consistently, enforced by local school boards, Montana would probably be leading the Nation against this battle. But that is the rub. OPI can establish the standards, but, unfortunately, locally elected school boards, faced with an on slot of budget and curricula demands from local, state and national organizations, simply are not implementing the programs necessary to comply with these standards. Personally, I don't believe these principles will ever be fully implemented until this State looks at our priorities.

Priorities developed and owned by the entire community surrounding the curricula of a school day need to be re-thought. Is the current school day long enough? Should we consider all year schools? How about requiring ten minutes of physical education prior to each class (in addition to regular physical education classes)? Do our schools need to be farm teams for college sports, developing only the most proficient athletes or should we develop low cost sports programs where schools might have enough basketball, soccer, volleyball and/or football teams to allow the entire school population to participate at the students level. The Helena school sports programs, for instance, could be composed of units of 100 or so students. These students would then compete in sporting events against other Helena teams or Townsend, Boulder, Cascade or even Lincoln. Would logistics be a problem? Yes. I submit the need more than surpasses any hassles. Could costs increase? Not if we eliminate the enormous travel budgets for our current sports system. Could the physical education programs explode? Not with adequate safeguards. Parents, Big Brother & Big Sisters, the Boys and Girls Club organizations can all be included in this new all inclusive physical education concept. Pie in the sky? Not if we have the collective will to look outside the box, to resist pressure from the entrenched system and to honestly engage the community about the true needs of all students in our schools. Imagine what a well developed physical education program could do for the self-esteem of all the students participating at their ability levels. And, remember, obesity will soon become Montana's top killer of our people.

We must reverse this obesity scourge. Emphasis on physical education in our schools alone will not accomplish the reversal - although it will be a very good beginning. We need a collective rethink on our eating habits and our free time activities. Will it be a huge task? Yes, but we didn't get here overnight and we will not reverse obesity tomorrow. We all know how to eat an elephant (and I better add donkey for this venue). We do it one bite at a time. Let's look at re-invigorating our school physical education programs as the first bite.

**Montana Office of Public Instruction
2004 School Health Profiles Report
Overall Principal/Teacher Results***

	Percent
HEALTH EDUCATION	
Percent of schools that require health education for students in any of grades 6-12	95
PHYSICAL EDUCATION AND PHYSICAL ACTIVITY	
Percent of schools that require physical education for students in any of grades 6-12	99
Among schools that require a health education course, percent that teach physical activity and fitness	100
Among schools that require a health education course, percent that teach about developing an individualized physical activity plan	71
Percent of schools in which the lead health education teacher received staff development during the past 2 years on physical activity and fitness	55
Percent of schools in which a newly hired physical education teacher or specialist is required to be certified, licensed, or endorsed by the state in physical education	93
Percent of schools that offer students intramural activities or physical activity clubs	59
Among schools that offer intramural activities or physical activity clubs, percent that provide transportation home for students who participate in after-school intramural activities or physical activity clubs	13

**Montana Office of Public Instruction
2004 School Health Profiles Report
Overall Principal/Teacher Results***

	Percent
NUTRITION AND FOOD SERVICE	
Among schools in which students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, percent in which fruits or vegetables are available for purchase	27
Among schools in which students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, percent in which 100% fruit juice is available for purchase	86
Among schools in which students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, percent in which bottled water is available for purchase	90
Among schools that require a health education course, percent that teach nutrition and dietary behavior	100
Percent of schools in which the lead health education teacher received staff development during the past 2 years on nutrition and dietary behavior	38
TOBACCO USE PREVENTION	
Percent of schools that provide referrals to tobacco cessation programs for faculty and staff	21
Percent of schools that post signs marking a tobacco-free school zone	69
Among schools that require a health education course, percent that teach tobacco use prevention	99
Percent of schools in which the lead health education teacher received staff development during the past 2 years on tobacco use prevention	41

**Montana Office of Public Instruction
2004 School Health Profiles Report
Overall Principal/Teacher Results***

	Percent
HIV, STD, AND PREGNANCY PREVENTION	
Among schools that require a health education course, percent that teach HIV prevention	95
Among schools that require a health education course, percent that teach STD prevention	89
Among schools that require a health education course, percent that teach pregnancy prevention	77
Among schools that require a health education course, percent that teach abstinence as the most effective method to avoid HIV infection	91
Among schools that require a health education course, percent that teach how to correctly use a condom	29
Percent of schools in which the lead health education teacher received staff development during the past 2 years on HIV prevention	52
Percent of schools that adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS	57
Among schools with an HIV policy, percent whose policy addresses attendance of students with HIV infection	92
Among schools with an HIV policy, percent whose policy addresses maintaining confidentiality of HIV-infected students and staff	97

**Montana Office of Public Instruction
2004 School Health Profiles Report
Overall Principal/Teacher Results***

	Percent
ASTHMA	
Percent of schools that provide a full-time registered nurse, all day every day	13
Percent of schools that obtain and use an Asthma Action Plan for all students with asthma	39
Percent of schools that education school staff about asthma	43
Percent of schools that educate students with asthma about asthma management	37
UNINTENTIONAL INJURIES AND VIOLENCE	
Percent of schools that require visitors to report to the main office or reception area upon arrival	99
Percent of schools that maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime	44
Percent of schools that use staff or adult volunteers to monitor school halls during and between classes	89
Among schools that require a health education course, percent that teach accident or injury prevention	92
Among schools that require a health education course, percent that teach violence prevention	89
Percent of schools that have a written plan for responding to violence at school	89
SCHOOL HEALTH COUNCILS	
Percent of schools that have a school-level or district-level school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues	32

* Two questionnaires were mailed to 340 regular secondary public schools containing any of grades 6 through 12 in Montana in the spring of 2004. The survey results are representative of the 313 principals (response rate = 93%) and 311 health education teachers (response rate = 92%) who completed questionnaires. The School Health Profiles are a collaboration between the Montana Office of Public Instruction and the Centers for Disease Control and Prevention's Division of Adolescent and School Health. Data from Profiles can be used to improve school health programs.