

STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

HCR24, REQUESTING THE UNIVERSITY OF HAWAII DEPARTMENT OF KINESIOLOGY AND REHABILITATION SCIENCE, IN COOPERATION WITH THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF HEALTH, CONDUCT A STUDY AND PROVIDE RECOMMENDATIONS ON IMPLEMENTATION OF NATIONAL PHYSICAL EDUCATION GUIDELINES IN HAWAII'S PUBLIC SCHOOLS

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

March 1, 2013

1 **Department's Position:** The Department of Health (DOH) supports this measure but defers to the
2 University of Hawaii at Manoa, Department of Kinesiology and Rehabilitation Science (KRS) on the
3 feasibility and needs to conduct the proposed study.

4 **Fiscal Implications:** None.

5 **Purpose and Justification:** The purpose of House Concurrent Resolution 24 is to request a study to be
6 conducted in partnership with KRS, Department of Education, and Department of Health to identify
7 barriers and steps towards increasing physical education requirements.

8 The Department supports this bill as a part of the comprehensive package of legislation
9 developed by the Childhood Obesity Prevention Task Force. The Task Force was created on July 6,
10 2012 as Senate Bill 2778 and signed into law as Act 269 by Governor Abercrombie to address the
11 growing crisis of childhood obesity in Hawaii. The task force identified twelve policy recommendations
12 that when implemented together, have the potential to reshape the environments in Hawaii where people

1 live, work, play, and learn. HCR24 is one of the twelve recommended policies from the Task Force.

2 Many studies have demonstrated the positive effects of physical education and physical activity
3 on school performance and health. Quality physical education programs have been shown to: enhance
4 learning readiness, improve academic performance, enrich self-esteem, deter antisocial behavior, and
5 reduce absenteeism. Physical activity also has substantial health benefits for children and adolescents,
6 including favorable effects on endurance capacity, muscular strength, body weight and blood pressure.
7 Positive experiences with physical activity at a young age also help lay the basis for being regularly
8 active throughout life.

9 Multiple barriers and challenges have impeded the State of Hawaii from implementing physical
10 education programs based on national guidelines. The Department is willing to work as a partner with
11 the UH, KRS, and the DOE to the study to identify barriers and solutions so children have quality
12 physical education in schools.

13 Thank you for the opportunity to provide testimony.

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House Committee on Health
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Hearing: March 1, 2013; 9:00 a.m.

HCR 24 – REQUESTING THE UNIVERSITY OF HAWAII DEPARTMENT OF KINESIOLOGY AND REHABILITATION SCIENCE, IN COOPERATION WITH THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF HEALTH, CONDUCT A STUDY AND PROVIDE RECOMMENDATIONS ON IMPLEMENTATION OF NATIONAL PHYSICAL EDUCATION GUIDELINES IN HAWAII'S PUBLIC SCHOOLS

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HCR 24, which requests the University of Hawaii, Department of Education, and the Department of Health to study the implementation of national physical education standards.

The American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society, is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Many youth are increasingly sedentary throughout their day, meeting neither physical education nor national physical activity recommendations. Moreover, physical education in schools has been decreasing in recent years due to budgetary cut backs and competing academic demands. The following are some important national statistics to consider:

- Children's physical activity levels drop dramatically between the ages of 9 and 15.¹
- Only 3.8% of elementary, 7.9% of middle, and 2.1% of high schools provide daily physical education or its equivalent for the entire school year.² Twenty-two percent of schools do not require students to take any physical education at all.³

¹ Nader PR. Bradley RH. Houts RM., et. al. Moderate to vigorous physical activity from 9 to 15 years. JAMA. 2008;300(3):295-305.

² CDC.School Health Policies and Programs Study (SHPPS) 2006. Journal of School Health. 2007; 27(8).

- Nationwide, only 51.8% of high school students attend at least some physical education (PE) classes and 31.5% of those students have daily physical education.⁴

To address this, public schools should provide all students with 150 minutes per week of physical education in elementary schools and 225 minutes per week in middle schools and high schools. This is the national standard the State should strive for. We recognize, however, that the solution is not as simple as mandating these PE requirements in all public schools. There are issues to address such as having enough qualified physical education instructors, budgeting for PE programs, issues regarding extending the school day to accommodate PE, and many other implementation barriers. Taking an in-depth look at all of these potential barriers is a necessary first step to address this problem going forward in a productive and meaningful way.

Thank you for the opportunity to provide testimony on this important issue.

³ U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Available at <http://www.health.gov/paguidelines/>.

⁴ Eaton, DK, Kann L., et al., Youth Risk Behavior Surveillance 2011. Surveillance Summaries. MMWR. June 8, 2012. 61(SS04); 1-162.



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Testimony Supporting HCR 24, “Requesting The University of Hawaii Department of Kinesiology and Rehabilitation Science, in Cooperation With The Department of Education and the Department of Health, Conduct a Study and Provide Recommendations on Implementation of National Physical Education Guidelines in Hawaii’s Public Schools”

The American Heart Association strongly supports HCR 24.

Childhood obesity has reached epidemic proportions in the United States. About one out of six children and adolescents ages six to 19 are obese. As these children grow older, they have a much greater risk than their healthy weight peers of developing and dying from chronic diseases in adulthood. Some experts claim that by 2015, 75% of adults will be overweight with 41% obese. One important way to stop this rise in obesity and chronic disease in our children is by establishing lifelong physical activity habits with strong physical education programs and regular physical activity opportunities throughout the day in our nation’s schools.

Children must be physically active at school and learn about keeping healthy through exercise and a balanced diet. Regular physical activity is associated with a healthier, longer life and lower risk of CVD, high blood pressure, diabetes, obesity, and some cancers. If the lessons of lifetime physical activity and healthy food and beverage choices are modeled at both school and home, children will have the optimal foundation for healthy living.

Research shows that healthy children learn more effectively and achieve more academically. Unfortunately, many schools are cutting back on traditional physical education programs because of budgetary concerns and competing academic demands. Beyond the impact on chronic disease, physical inactivity and obesity place a significant burden on our society. Nearly 17% of U.S. medical costs are attributed to the treatment of obesity and estimates for treatment of childhood obesity are approximately \$14.3 billion. Obesity and lack of physical fitness in America’s youth also affect our national security. Senior former military leaders report that 27% of young Americans are too overweight to serve in the military. Around 15,000 potential recruits fail their physicals every year because they are too heavy.

The American Heart Association strongly advocates for daily, quality physical education in our nation’s schools to give children a healthy head start on life.

A GROWING SEDENTARY LIFESTYLE: SERIOUS HEALTH CONSEQUENCES

Unfortunately, even obese pre-schoolers, are showing some of the biomarkers related

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**“Building healthier lives,
free of cardiovascular
diseases and stroke.”**

to cardiovascular risk. One in three keiki entering kindergarten in Hawaii public schools are either overweight or obese.

- A recent study showed that the plaque buildup in the neck arteries of obese children is similar to those levels seen in middle-aged adults.
- Along with rising obesity rates, the rate of prescription drug use by children for diabetes, high blood pressure and high cholesterol is increasing.
- Other research suggests that regular participation in physical education classes helps reduce obesity in low-income teenagers who are disproportionately affected by the childhood obesity epidemic.
- A recent nationwide survey of school principals showed that kids are more likely to get the recommended amount of recess and physical education if they live in states or districts with policies that call for more of those types of activity.
- Sedentary lifestyles are linked to 23% of all U.S. deaths from major chronic diseases.
- Children's physical activity level drops dramatically between the ages of 9 and 15.

ACTIVE CHILDREN THRIVE ACADEMICALLY AND SOCIALLY

Physically active children are more likely to thrive academically and socially. Through effective physical education, children learn how to incorporate safe and healthy activities into their lives. Physical education is an integral part of developing the "whole" child for success in social settings and the learning environment.

- Evidence suggests that physical activity has a positive impact on cognitive ability, avoiding tobacco use, insomnia, depression, and anxiety. Other studies have shown that physically fit children have higher scholastic achievement, better classroom behavior and less absenteeism than their unfit counterparts.
- In the last several years, schools have made no progress on increasing physical education, recess, or other physical activity opportunities during the day.
- Yet, 95% of parents believe physical education should be part of a school curriculum for all students in grades K-12.

QUANTITY AND QUALITY

- The Physical Activity Guidelines recommend that children engage in at least 60 minutes of moderate to vigorous physical activity each day. It is reasonable that children should get at least 30 minutes of that time in school.
- The national recommendation for physical education is 150 minutes per week in elementary and 225 minutes per week in middle and high schools.
- The quality of the physical education program is also paramount. A high-quality physical education program taught by a certified physical education teacher enhances the physical,

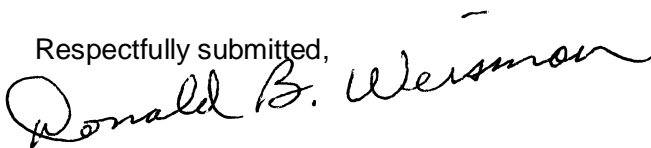
mental, and social/emotional development of all children and helps them understand, improve, and maintain physical well-being.

The American Heart Association advocates for daily, quality physical education in our nation's schools, together with other healthy lifestyle choices. We support state policy that would:

- Require all school districts to develop and implement a planned K-12 physical education curriculum that adheres to national and state standards for health and physical education, including providing 150 minutes per week of physical education in elementary school, 225 minutes per week in middle school and requiring physical education as a requirement for graduation from high school. The physical education grade should be counted toward students' overall grade point average.
- Hire a physical education coordinator at the state level to provide resources and offer support to school districts across the state.
- Offer regular professional development opportunities to physical education teachers that are specific to their field.
- Require physical education teachers to be highly qualified and certified.
- Add valid fitness, cognitive, and affective assessments in physical education that are based on student improvement and knowledge gain.
- Require that students be active in moderate vigorous physical activity for at least 50% of physical education class time.
- Assure that physical education programs have appropriate equipment and adequate facilities.
- Not allow students to opt out of physical education to prepare for other classes or standardized tests.
- Not allow waivers or substitutions for physical education.

The AHA urges legislators to support HCR 24 as a first step toward implementing one of the important cornerstones of what will need to be a comprehensive approach to addressing obesity in our state.

Respectfully submitted,



Donald B. Weisman
Hawaii Government Relations/Mission:Lifeline Director