



Date: March 18, 2018

To: The Honorable Michelle Kidani, Chair
The Honorable Kaiali'i Kahele, Vice Chair
Members of the Senate Committee on Education

From: Trish La Chica, Policy and Advocacy Director, Hawai'i Public Health Institute

Re: **Strong Support for SCR 25**

Hrg: March 19, 2018 at 2:45 pm at Conference Room 229

Thank you for the opportunity to testify in **strong support** for SCR25, requesting the Department of Education to report to the legislature on the status of physical education in Hawaii's public schools.

Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 40 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

In Hawaii, physical education is a required course in both elementary and high school, but not for intermediate and middle school students. Due to budget cuts and lack of resources, PE was eliminated in middle schools in 2009. According to the 2017 Hawaii Youth Risk Behavior Survey, only 15.4% of high school and 20.2% of middle school students in our state meet national physical activity recommendations. This means that majority of youth in our state do not receive federally recommended levels physical activity. Quality physical education contributes to a child's daily accumulation of physical activity and is of particular importance for children who are overweight or who lack access to these opportunities in the home environment.

Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors. School health programs can have positive effects on health and educational outcomes, and studies have shown that healthier students tend to do better in school. They have higher attendance, have better grades, and perform better on tests.

Providing meaningful and high-quality physical education and health education courses are critical to providing our students with the skills and habits necessary to achieve and maintain life-long physical fitness and wellness that can prevent obesity, cardiovascular, and other chronic diseases. SCR25 will create a baseline understanding of the status of PE in public schools and what policy changes, resources, and recommendations are necessary to meet national PE recommendations.

Mahalo for the opportunity to testify. Please pass SCR25 out of committee.

Mahalo,

A handwritten signature in black ink, appearing to read 'Trish'.

Trish La Chica, MPA
Policy and Advocacy Director



The American Heart Association strongly supports SCR 25.

Childhood obesity is a U.S. epidemic. Hawaii youths are not immune, falling at or near the national average of childhood obesity statistics, and the trend for Hawaii's youths is unfortunately climbing. More focus is needed to improve and instill both healthy nutrition and physical activity lifestyle habits in Hawaii youths. Currently, physical education is not required for Hawaii middle schools, and only one semester is required in high schools. If healthy lifestyle habits are not established at young ages, it is very difficult to change unhealthy habits in later ages.

The burden of cardiovascular disease is now growing faster than our ability to combat it due to the obesity epidemic, poor diet, high blood pressure and a dramatic rise in Type 2 diabetes – all major risk factors for heart disease and stroke. In a frightening reversal, the overall decline in CVD mortality rates have flattened to less than 1 percent per year since 2011, and rates have even worsened for our most at-risk populations. In 2015, the death rate from heart disease actually increased by 1 percent for the first time since 1969, according to the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics.

In addition, CVD has become our nation's costliest chronic disease. In 2014, stroke and heart failure were the most expensive chronic conditions in the Medicare fee-for-service program. Expenses associated with CVD are expected to soar in the coming years and surpass medical cost estimates for other chronic diseases, such as diabetes and Alzheimer's. Based on prevalence, death rates, disability and cost, CVD will continue to be the most burdensome disease Americans will face in the next decades.

The costs of obesity, which is rooted in lifestyle habits established at younger ages, is staggering, **costing \$190 billion a year in weight-related medical bills**, according to the American Heart Association. In 2011, the CDC estimated that healthcare costs exceed \$8,600 annually (per capita). Another study estimated that medical spending attributable to obesity was estimated to be more than \$1,400 higher than normal weight individuals.

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.

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Please remember the American Heart Association in your will.



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 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 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 SCR 25 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,

A handwritten signature in black ink that reads "Ronald B. Weisman".

Hawaii Government Relations/Communications Director

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Please remember the American Heart Association in your will.



SCR-25

Submitted on: 3/18/2018 1:11:20 PM

Testimony for EDU on 3/19/2018 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
PHC HNL	Testifying for Pioneering Healthier Communities of Honolulu	Support	No

Comments:

Re: SCR25, Status of PE in Schools

Requesting the Department of Education to report to the Legislature on the status of Physical Education in Hawaii’s Public Schools.

The Pioneering Healthier Communities (PHC) Initiative brings together local, diverse leaders to discuss and support strategies, policies and programs that we can accomplish together to build healthier communities in our island home. The Honolulu Committee was established in 2009. The members of PHC of Honolulu are involved in helping children and families to become healthier through schools, afterschool programs, healthcare and community initiatives.

Our State today is in the middle of an epidemic of obesity and chronic disease such as diabetes. The risk begins in early childhood; today about 1/3 of children are overweight or obese. In many of our rural and low-income communities, the problem is much more prevalent and more severe. This translates to thousands of children, adolescents and young adults with significant chronic disease risk in each of our communities.

If we are serious about supporting health, tackling healthcare costs and creating vibrant, more productive communities in Hawaii, we must prevent obesity and chronic disease before they start. This will take a sustained, comprehensive strategy involving every aspect of our society – including government, business, healthcare, employers, schools, childcare and more. This includes meaningful and high-quality health and physical education (PE) for every student in public schools. High quality health and PE class has been shown to health over the lifetime of the student. Students who engage in high quality PE have also been shown to have better focus, behavior, and academic outcomes.

Currently, the availability of high quality health and PE for Hawaii’s public school students varies tremendously across the state. While many schools have wonderful, comprehensive, innovative programs, others have little PE curriculum.

As such, we urge you to pass SCR25 so the Legislature and public can understand the status of PE in Hawaii's public schools and take the necessary actions to ensure the health of Hawaii's children.

Sincerely,

Paula Adams

Joy Barua

Michael Broderick

Jennifer Dang

Stacy Evensen

Daniela Kittinger

Daniel Leung

Michael Libertini

Ray L'Heureux

May Okihiro

Barbra Pleadwell

Diane Tabangay

Tina Tamai