UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Written Testimony Before the
House Committee on Education
Wednesday, March 16, 2016 at 2:00 p.m.
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SB 2387 SD2 – RELATING TO PHYSICAL EXAMINATIONS

Chair Takumi, Vice Chair Ohno, and members of the Committee:

Thank you for an opportunity to testify in support of SB 2387 SD2, which requires children to undergo a physical examination prior to attending seventh grade beginning with the 2017-2018 school year.

Almost three-fourth (3/4) of all adolescent mortality is a result of motor vehicle accidents, homicide, suicide, and unintentional injuries (CDC, 2010). Unhealthy lifestyles and risk factors for chronic disease, such as smoking, poor nutrition, and mental health problems, begin in childhood and adolescence and track into adulthood. Youth are also at risk for suicide from underlying depression. In 2011, among youth in Hawaiʻi:

- 29.5% reported that they felt sad or hopeless almost every day for 2 or more weeks in a row
- 15% said they would attempt suicide in the past 12 months
- 1 in 4 are overweight or obese, and in some communities over 50% of adolescents are overweight or obese
- 37% reported that they ever had sexual intercourse

Except for routine immunizations and mandated sports physicals, many youth do not receive health screening for depression or chronic health conditions such as obesity. As academic success of Hawaii's youth is intimately linked to their health, health screening of school age youth has great promise for strengthening the fabric of society. Research shows that poor health such as mental health disorders, uncontrolled asthma, poor nutrition and sleep disorders are closely linked to poor academic outcomes.

On the other hand, research also shows that academic success is a primary predictor of subsequent adult health outcomes. For example, in Hawaiʻi, the prevalence of diabetes

among those who did not graduate from high school is 10.6%, twice that of those who graduated from college (4.8%).

Primary care providers are in a unique position to screen for chronic disease risk factors and behaviors and provide guidance, brief counseling and care coordination for the adolescent and his/her parents. Many national expert panels have recommended that youth visit their physicians regularly throughout childhood for preventive health care. However, in today's busy world this often does not happen; physicians frequently only see children and adolescents when they are sick or injured.

The Department of Education is concerned that this measure may exclude children from school due to non-compliance. The Senate has addressed this by adding language to the Bill, in the last hearing, that will (1) allow a child to attend school provisionally upon written notice that the child has an appointment for a physical exam, and (2) supports families who have not submitted forms with information about healthy lifestyles and obtaining health insurance.

Unaddressed but treatable health conditions, such as depression and uncontrolled asthma, contribute to school absenteeism. A seventh grade health screen would connect students, and their families, to a medical home that could address such conditions. Mandating health screening by a primary care provider as they enter their adolescent years offers great promise for advancing the health of our keiki, ensuring that they are healthy and ready to learn.

Thank you for this opportunity to testify.