

Honorable Chairman Rick Ladd
House Education Committee
Legislative Office Building
North State Street, Concord, NH 03301

January 19, 2022

Honorable Chairman Ladd and Committee Members,

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, non-partisan, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am here today to speak in opposition to HB 1639 relative to the Youth Risk Behavior Survey in Schools.

Schools are a community within a community. While we would like to think of their purpose as solely to promote academic excellence, it is important to acknowledge that the learning environment and the ability of schools to teach students is greatly impacted by the social environment of the school. Governor Sununu's School Safety Task Force, which NAMI NH served on, recognized the importance of this in their 2018 report which emphasized that school culture is the critical first step to preventing school violence.

The school learning environment is directly impacted by many of the same troubles faced by our society. These include drugs and alcohol, mental illness, and serious emotional disturbance, bullying and domestic and sexual violence. Schools may also be indirectly impacted by other societal issues such as homelessness, divorce, and poverty. There is no magic that will prevent these issues from impacting students, as well as staff and thus the school environment and culture.

Having surveys such as the Youth Risk Behavior Survey, which have been tested and validated nationally, provide schools and communities as well as law enforcement and social service providers with critical data to identify changing trends and high areas of risk which are essential for targeting prevention and intervention efforts which will ultimately improve the safety and learning environment and culture for all students and educators.

For instance, with suicide being the second leading cause of death of youth and young adults in our state ages 10-34 (see accompanying chart from the US Center for Disease Control), NAMI NH has used the Youth Risk Behavior Survey to identify schools where students YRBS responses have the highest reports of hopelessness (depression) and suicidal thoughts. We have then worked with those communities to provide suicide prevention training and programs to promote mental health and wellness. The standardization of the YRBS from school to school and from state to state is what makes the YRBS so effective and allows for this type of targeted intervention.

Find Help, Find Hope.

YRBS data can also be critical when applying for Federal Grants such as the Five Year, \$3.7 million dollar Garrett Lee Smith Youth Suicide Prevention Grant awarded to New Hampshire. Grant reviewers look to YRBS data as a standardized data source in ensuring that grant awards go to states with the highest need.



NH Leading Causes of Death: 2015-2019

NAMI NH fully supports providing advance copies of the survey to parents and community members as well as allowing parents and or students to opt out of taking the survey. However, we are opposed to requiring written permission of a parent or legal guardian as a condition for participating in a survey. This requirement will make it nearly impossible to obtain a return rate which can provide statistically valid results.

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Short Gestation 33	Unintentional Injury 13	Malignant Neoplasms	Malignant Neoplasms 11	Unintentional Injury 351	Unintentional Injury 818	Unintentional Injury 45	Malignant Neoplasms 866	Malignant Neoplasms 2,822	Heart Disease 11,250	Malignant Neoplasms 13,926	
2	Congenital Anomalies 29	Congenital Anomalies	Unintentional Injury	Suicide 11	Suicide 192	Suicide 160	Malignant Neoplasms 211	Unintentional Injury 658	Heart Disease 1,399	Malignant Neoplasms 10,137	Heart Disease 13,416	
3	Maternal Pregnancy Comp. 15	Homicide	Homicide	Unintentional Injury	Heart Disease 20	Malignant Neoplasms 49	Suicide 193	Heart Disease 577	Unintentional Injury 484	Chronic Low Respiratory Disease 3,136	Unintentional Injury 4,448	
4	Placenta Cord Membranes 15	Influenza & Pneumonia	Benign Neoplasms	Congenital Anomalies	Malignant Neoplasms 18	Heart Disease 49	Heart Disease 118	Suicide 272	Chronic Low Respiratory Disease 397	Alzheimer's Disease 2,267	Chronic Low Respiratory Disease 3,641	
5	Respiratory Disease 10	Malignant Neoplasms	Congenital Anomalies	Benign Neoplasms	Homicide 14	Liver Disease 15	Liver Disease 88	Liver Disease 169	Diabetes Mellitus 277	Cardiovascular Disease 2,203	Cardiovascular Disease 2,486	
6	Circulatory System Disease	Diabetes Mellitus	Heart Disease	Chronic Low Respiratory Disease	Chronic Low Respiratory Disease	Homicide 13	Diabetes Mellitus 31	Diabetes Mellitus 161	Liver Disease 277	Unintentional Injury 1,566	Alzheimer's Disease 2,296	
7	Hruterine Hypoxia	Heart Disease	Acute Bronchitis	Influenza & Pneumonia	Congenital Anomalies	Cardiovascular 11	Homicide 25	Chronic Low Respiratory Disease 81	Suicide 523	Diabetes Mellitus 1,226	Diabetes Mellitus 1,646	
8	Bacterial Sepsis		Diseases Of Appendix	Nephritis	Cerebrovascular	Congenital Anomalies	Cerebrovascular 17	Cardiovascular 73	Cardiovascular 176	Influenza & Pneumonia 1,070	Suicide 1,271	
9	Unintentional Injury			Pneumonitis	Diabetes Mellitus	Diabetes Mellitus	Chronic Low Respiratory Disease 16	Septicemia 36	Nephritis 84	Nephritis 810	Influenza & Pneumonia 1,167	
10	SDS				Four Tied	Two Tied	Congenital Anomalies 11	Congenital Anomalies 24	Septicemia 85	Parkinson's Disease 786	Nephritis 906	

Source: CDC WISQARS, 2014 -2018



Thank you for the opportunity to provide testimony on this legislation. I would be happy to answer any questions which you have.

Sincerely,

Holly A. Stevens, Esq.