LATE

Testimony in Support of SB 2348

Aloha. My name is Mark Coronesi. I am a resident of Maui, an involved member of my Kihei Community, the President of SkyShades Hawaii, Inc. a custom Shade and Recreation Company and a Certified Playground Safety Inspector.

- I have two young children, ages 4 and 6, and their schools have little to no shade protection during recreation, meeting and waiting times.
- I also have very dear friends that are undergoing treatment for skin cancer. There is a possibility that this may have been prevented had their parents and teachers been aware of the risks they were being exposed to when they were children.
- For all of these reasons, I am here to speak in support of SB 2348, an important bill which would provide safety and protection for our most cherished possessions our keiki.

We know that Hawaii is in one of the world's highest UV zones, and we know that too much sun can be dangerous to us. Human nature, being what it is, leads us to believe that skin cancer is something that "will not happen to us", and if it does, we will deal with it later. Unfortunately, the facts surrounding skin cancer tell a different story.

Some Disturbing Facts – which you may be aware of:

- Over half of all new cancers are skin cancers ... and exposure to the sun is the primary risk factor.
- Melanoma, the most deadly form of skin cancer, is now the second leading cause of cancer for women in their 20's and 30's.
- There have been no significant advances in the medical treatment of advanced melanoma or improvements in its survival rate in the last 30 years.
- U.V. damage to our skin is cumulative. It is not something that we can reverse like we can our cholesterol levels. The longer we live and the more time we spend outside, the more exposure we accumulate.
- Cataracts, once thought to be an inevitable part of aging, are also associated with UV exposure.

- The United States Department of Health and Human Services now classifies solar radiation as a known carcinogen.
- Melanoma is now the fastest growing cancer in the U.S., with cases increasing at an epidemic rate of 3% per year.
- More than one million people will be diagnosed with skin cancer this year.
- According to the Skin Cancer Foundation and the American Cancer Society, "One in five Americans will develop some form of skin cancer during their lifetime".

Why is this important to Hawaii and to SB 2348 specifically?

We now know that skin cancer is one of the fastest growing cancers in the United States with <u>Hawaii's growth rate among the highest in the Nation</u>.

- A phone call to the Hawaii Tumor Registry will confirm that:
 - Melanoma has been the fastest growing cancer among Hawaii residents since 1975.
 - The Hawaii rate for males is nearly double what it was 25 years ago.

It is our keiki, who are especially vulnerable:

- Just one blistering sunburn during their childhood can double their risk of getting melanoma later in life.
- Melanoma, which was seen primarily in adults over age 50, now strikes kids as young as age 10. Since 1982, incidences of pediatric melanoma have more than doubled.

What can we do about it?

I am not here to suggest that we should be alarmists – although the facts about skin cancer are startling.

 My presence here today in supporting HB 2348 is to promote the awareness that there are safe alternatives available, and that we should embrace them in order to keep our children, our teachers and ourselves safe.

This bill gives us the chance to make a difference. It is in the early years of their lives where our schools have the "opportunity" to educate and protect our keiki against UV damage. Passing this bill will help to make it a "responsibility".

I would also encourage that this bill be broadened to:

- 1) Include private schools, preschools and day cares and not just be limited to public schools.
- 2) Add a mandatory education program into our schools to teach our students about the risks and prevention of skin cancer.
- 3) That a reasonable approach be adopted to implement this proposed bill, based upon a simple equation such as, "% of area involved"; or a "square foot per child" requirement for shade.

Thankfully, we know more about skin cancer today, than we did in previous generations. But "knowing" - is just not enough. It is "actions" such as the passing of this bill that will make a difference.

If we <u>did not</u> know about the dangers of UV exposure to our children ... and we carried on without doing anything different to protect them, then I guess we would just be "naive".

But, we <u>do</u> know the dangers. If we chose <u>not</u> to doing anything to mitigate them then what are we?

Remember, based on current statistics, doing nothing means that one in five of our children, will grow up to develop skin cancer!

Mahalo for your time and your consideration of HB 2348.

Addendum

WHY SHADE

There are many reasons that a school might want to improve the quality and increase the amount of accessible shade on school grounds. The most obvious and one of the most important reasons is that shade provides protection from solar UV radiation. Due to the scheduling complexities of physical education classes, sporting events, and other outdoor activities, students are often exposed to solar UV radiation during the peak sun hours of the day between 10:00a.m. and 4:00 p.m. For some schools and for some students, using sun protective methods, such as hats or sunscreen, or implementing policy changes could prove to be problematic. Providing shade in areas where students already participate in outdoor activities can afford passive protection from the sun's damaging rays.

Extending Periods of Physical Activity

In adults, regular physical activity is linked to enhanced health and reduced risk for the development of many chronic diseases. Lifelong physical activity patterns are often developed in childhood and adolescence. In the section on preventing physical activity related injuries in CDC's Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People, the use of shaded spaces or indoor facilities to reduce the incidence of heat-related illnesses is recommended. Not all schools have indoor facilities designed for active play; however, providing shade on existing outdoor play areas could reduce the temperature in those areas by as much as 10° to 20°, increasing the period of time that students could engage in active outdoor play.

A large proportion of Hawaii 4 & 5 year olds enter public schools with weight problems:

- •14 % Overweight
- •15% 'At-risk' for overweight
- •29% Combined 'at-risk' and overweight

School Complexes with the Highest Percentage of Childhood Overweight and 'At-risk' by County

County	School complex	% Overweight	% 'at-risk'	Total overweight and 'at-risk'
Oahu	TOTAL	14.4	13.8	28.2
	Kahuku	20.2	16.4	36.6
	Walalua	22.4	17.2	39.4
Hawaii	TOTAL	16.2	15.1	31.3
	Honokaa	16.2	18.2	34.4
	Pahoa	17.1	19.5	36.6
Kauai	TOTAL	13.9	16.0	29.9
	East Kauai	17.1	18,5	35.6
	West Kauai	16.1	21.8	37.9
Maui	TOTAL	18.4	13.5	31.9
	Baldwin	18.6	17.1	35.7
	Molokai	17.6	13.2	30.8

"Duty of Care" Considerations

Links and Resources

The Curt and Shonda Schilling

Melanoma Foundation: www.shadefoundation.org/

The Skin Cancer Foundation: www.skincancer.org/

The SunWise Program: www.epa.gov/sunwise/index.html

The National Council on Skin Cancer Prevention: www.skincancerprevention.org

Sources

- 1. National Cancer Institute, 2007 SEER Database
- 2. Pfahlberg A, Kolmel KF, Gefeller O. Adult vs childhood susceptibility to melanoma. Is there a difference? *Arch Dermatol*, Sept 2002; 138: 1234-1235.
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- 10. Source: Christenson LJ, Borrownman TA, Vachon CM, Tollefson MM, Otley CC, Weaver AL, Roenigk RK. Incidence of basal cell and squamous cell carcinomas in a population younger than 40 years. *JAMA*. 2005;294:681-690.
- 11. Archives of Dermatology, 2007
- 12. American Cancer Society 2006http://www.acs.org/
- 13. U.S. Department of Health & Human Services
- 14. Mayo Clinic 2006http://www.mayoclinic.com/
- 15. Taylor CR et al. "Photaging/Photodamage and Photoprotection" *J. of American Academy of Dermatology*, 1990: 22
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