



**PARTNERSHIP FOR
A HEALTHY TEXAS**
CONQUERING OBESITY

Priorities for the 86th Texas Legislative Session



Dedicated to developing and promoting policies and programs that prevent obesity in Texas.

partnershipforahealthytexas.org



@txlegeobesity



The Partnership for a Healthy Texas began in 2006 and has grown to a coalition of more than 50 organizations. We serve to improve the public health as a valued partner in the fight against obesity and continue to have a concerted influence on Texas policy. We believe that by working together we can maximize our impact on the health of Texans and drive economic productivity by reducing the burden of chronic disease.

Mission

To develop and promote state policies that prevent and reduce obesity in Texas.



Find what works
for Texans



Set priorities for
the Legislature



Follow through
and track success

Leadership

Chair: David Lakey, MD

Chief Medical Officer and Vice Chancellor for Health Affairs, The University of Texas System

Vice-Chair & Legislative Committee Chair: Clayton Travis

Director of Advocacy and Health Policy, Texas Pediatric Society

Communications Chair: Michelle Smith

Texas State Coordinator, Action for Healthy Kids

Program Chair: Donna Nichols, MEd, CHES

Faculty Associate, Michael & Susan Dell Center for Healthy Living, UTHealth School of Public Health

Steering Committee Organization Members



Healthy Children, Healthy State: CHILD OBESITY CRISIS IN TEXAS

Michael & Susan Dell Center for Healthy Living

Obesity is a major public health crisis in Texas¹:



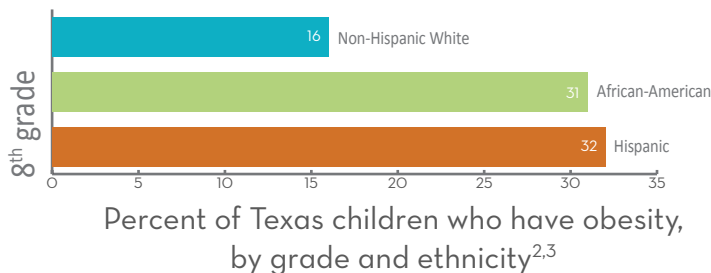
Texas has the 7th highest obesity rate for youth ages 10-17 and the 14th highest adult obesity rate in the U.S.¹



Over 600,000 Texas youth ages 10-17 have obesity.



In Texas, Hispanic and African American children have nearly twice the rate of obesity compared to non-Hispanic white children².



Childhood obesity is getting worse over time.



Trends in childhood obesity from 2004-05 to 2015-16^{2,3}

Childhood Obesity is Risky

Obesity is associated with increased lifetime risks for adverse health outcomes^{4,5}, including:

- diabetes
- heart disease
- asthma
- high blood pressure
- depression
- sleeping difficulties
- higher risk of being obese as an adult

Childhood Obesity is Costly

Childhood obesity results in extra health care costs. A child with obesity has \$12,900 more in medical costs than a child with normal weight⁶.

Educational attainment is associated with lifetime earnings⁷. Obesity in childhood is associated with poorer educational outcomes^{8,9,10}, including:

- lower GPA
- lower reading scores
- lower math scores
- more school absences

We must do more to combat obesity in Texas.

References

1. Obesity Rates & Trend Data. The State of Obesity. <https://stateofobesity.org/data/>.
2. The 2015-2016 School Physical Activity and Nutrition (SPAN) Survey: Report prepared for the Texas Department of Health Services (2018).
3. School Physical Activity and Nutrition (SPAN) Project. Michael & Susan Dell Center for Healthy Living. SPAN project details available online at go.uth.edu/SPAN.

The School Physical Activity and Nutrition (SPAN) Project is a surveillance system monitoring the prevalence of overweight/obesity in school-aged children in Texas conducted by researchers at the Michael & Susan Dell Center for Healthy Living. SPAN has been funded by the Texas Department of State Health Services since 2000 to conduct height and weight measurements across different grade levels.

4. Daniels S R Complications of Obesity in Children and Adolescents. *International Journal of Obesity* 33, no. S1 (2009).
5. Singh A S C, et al. Tracking of Childhood Overweight into Adulthood: A Systematic Review of the Literature. *Obesity Reviews* 9, no. 5 (2008): 474-88.
6. Finkelstein E A, et al. Lifetime Direct Medical Costs of Childhood Obesity. *Pediatrics* 133, no. 5 (2014): 854-62.
7. Social Security Administration. Reports, Facts and Figures | Press Office | Social Security Administration. <https://www.ssa.gov/policy/docs/research-summaries/education-earnings.html>.
8. Carey F R, et al. Educational Outcomes Associated with Childhood Obesity in the United States: Cross-sectional Results from the 2011-2012 National Survey of Children's Health. *Philosophical Transactions of the Royal Society B: Biological Sciences*. July 27, 2015.
9. Shore S M, et al. Decreased Scholastic Achievement in Overweight Middle School Students. *Obesity* 16, no. 7 (2008).
10. Geier A B, et al. The Relationship Between Relative Weight and School Attendance Among Elementary Schoolchildren. *The Canadian Journal of Chemical Engineering*. September 06, 2012.

About

The Michael & Susan Dell Center for Healthy Living's Texas Child Health Status Report project utilizes state-level data from the School Physical Activity and Nutrition (SPAN) Project and national-level comparisons to provide an accurate representation of Texas child health. This project is funded by the Michael & Susan Dell Foundation.

Learn more at go.uth.edu/TexasChildHealth



The Partnership for a Healthy Texas, a **coalition of over 50 organizations**, has identified five health policies for consideration by the 86th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas, particularly among school-age children.

Summary of Priorities for 86th Legislative Session

- 1) Require school districts to institute recess policies that allow children the opportunity to practice life skills and be active.
- 2) Increase quality physical education (PE) in schools to ensure our children are active, healthy and ready to learn.
- 3) Re-establish the requirement for one semester of health education for high school graduation to ensure our youth are prepared to live a healthy life.
- 4) Update minimum standards for child care facilities for nutrition, active play, and screen time to allow the smallest Texans the opportunity to build a healthy life.
- 5) Support legislation and policies at the state level that incentivize the purchase of healthy foods with Supplemental Nutrition Assistance Program (SNAP) dollars.

Steering Committee Organization Members



Recess Policies for Schools

Support HB 455 & SB 364

Issue

Recess provides children with health, social, and academic benefits, yet no statewide policy recommendations exist.

Since 2003, **Texas Education Code** has required local school health advisory councils (SHACs) to make policy recommendations concerning daily recess for elementary school students, but the state provides no specific guidance to build these recommendations, nor any expectation that the boards adopt a district policy.

Regular activity breaks in the school day are necessary for student success. State guidance is needed to ensure districts provide all students **adequate recess time for their academic, social, and mental wellbeing.**

Background

Recess is considered unstructured time for physical activity during the school day and should be considered in addition to regular physical education as part of a comprehensive school physical activity program. Recess allows children the opportunity to **practice life skills** such as cooperation, taking turns, following rules, sharing, communication, negotiation, problem solving, and conflict resolution. Recess provides the **creative social and emotional benefits of play.**

The *National Association for Sport and Physical Education* (NASPE) recommends at least **20 minutes of recess each day for all children.** According to a recent study, *The Status of School Recess in Texas School Districts*, **high-performing school districts were twice as likely to have a recess policy** safeguarding the minimum amount of time students have for recess. **Guideline compliance depends on awareness, enforcement, and implementation guidance.**

Recommendations

- 1) **Direct TEA to develop model policies on recess periods during the school day that encourage constructive, age-appropriate outdoor playtime.**
- 2) **Require each school district board to implement a model recess policy, based on the TEA model policy and recommendations from the local SHAC.**

About Us

The Partnership for a Healthy Texas, a coalition of over 50 organizations, began in 2006, when several health-focused organizations banded together to take action. The Partnership for a Healthy Texas is now the most recognized and valued advocacy voice in the fight to end obesity in Texas.

References available at partnershipforahealthytexas.org/recess

Issue at a glance

20

minutes of recess
per day (at least) is
recommended.

73%

of TX children do not
get the daily
recommended amount
of physical activity.

0

state-level policy
recommendations
exist in TX for school
recess.

2x

Districts that are
high-performing
academically are **2x
more likely** to have a
written recess policy
than low-performing
districts.

Issue

We need quality physical education in schools to ensure Texas students are active, healthy, and ready to learn.

Quality physical education sets kids on the path to an active healthy lifestyle. Being overweight has become the leading medical disqualifier for 17-24 year olds wishing to serve in the military, making **obesity a threat to our national defense.**

Quality physical education provides students with structured physical activity alongside a planned, sequential, K-12 standards-based program of curricula. Quality PE training for instructors can help schools achieve **>80% more physical activity** time in the weekly minutes allotted for PE.

Background

Physical Education classes and recess have declined in schools nationwide over the past decade, while childhood obesity rates have continued to rise. Increasingly, **PE classes are being led by teachers or instructors who are given little or no PE-specific training or certification.**

Quality PE training could be an effective way to **nearly double daily minutes of physical activity without disrupting the school schedule.** After completing a quality PE training, schools in Ysleta ISD (El Paso) saw an **84% increase in PE class time spent engaged in moderate-to-vigorous physical activity.**

The vast majority of **parents (95%) agree that physical education should be part of a school curriculum for all students in grades K-12.**

Recommendations

- 1) Recommend all PE teachers be trained in physical education instruction.**
- 2) Request a wording change from “physical activity” to “physical education,” in current and future legislation.**
- 3) Increase PE minutes from 135 to 150 per week in elementary schools.**
- 4) Increase PE requirements for middle schools from four to six semesters.**

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References available at partnershipforahealthytexas.org/qualityPE

Issue at a glance

73%

of 17-24 year olds are unfit for military service. The leading medical disqualifier is being overweight.

73%

of TX children do not get the daily recommended amount of physical activity.

>80%

increase in physical activity time during PE class after Quality PE training.

\$33:1

return on investment for PE, through reduced healthcare costs and increased labor participation.

Issue

Texas students are not receiving the information necessary to make healthy decisions.

A **comprehensive skills-based health education** program is a critical component to a high school student's well-rounded education and is needed to support **healthy and academically successful students**.

Various **state mandates require schools to implement specific topics** such as bullying prevention, tobacco prevention, Parenting and Paternity Awareness (PAPA), and CPR instruction, yet **the venue for implementation (Health Education) has been limited**.

Background

In 2009, the Texas Legislature cut health education as a high school graduation requirement. This greatly decreased the number of students exposed to critical information around drug use, healthy relationships, mental health, infectious disease control, and even topics like responsibility and compassion.

Adolescents who participate in health education are better able to **access, understand, and advocate for health information and services**. This can help students maintain or enhance their health and influence the health behaviors of those around them or in their care.

Health education can enhance efforts to **decrease absenteeism, reduce risky behavior, promote social and emotional health, prevent disease, and increase students' ability to be college and career ready**.

Recommendations

- 1) **Restore the requirement that all Texas high school students receive the 0.5 health education credit as a graduation requirement.**

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References available at partnershipforahealthytexas.org/HealthEd

Issue at a glance

0

credits in Health Education are required for high school graduation in Texas.

2009

Health Ed was eliminated as a graduation requirement by the 81st Texas Legislature.

1

venue (Health Ed) for a variety of currently required state health topics.

0.5

credits should be restored as a high school graduation requirement.

Issue

Child care licensing standards must be improved to ensure kids achieve and maintain a healthy weight and lifestyle.

Early care and education programs play a **critical role** in helping kids eat healthy, stay active, and maintain a healthy weight.

The state already requires child care providers to comply with minimum standards for nutrition, physical activity, and screen time. However, these **minimum standards are not aligned with nationally-recognized best practices for child health.**

Background

About **75% of kids under age 6** spend much of their day in child care outside the home, meaning that child care programs are the places where kids are forming nutrition and physical activity habits. In fact, **nearly 1 million young kids in Texas are cared for in licensed or regulated child care programs (child care centers or homes).**

Since 1971, Texas has regulated minimum standards for child care licensing. Parents place trust in the state to set the bar at a level that aligns with best practices and updates to the standards are overdue. For example, **current standards allow for 2-5 year olds to have two hours of screen time per day—double the recommended amount for a 24-hour period in this age group.**

Recommendations

- 1) Update minimum standards for nutrition to align with the Child and Adult Care Food Program (CACFP) administered by the Texas Department of Agriculture.**
 - CACFP provides clear, scientifically-backed, age-appropriate guidance that is regularly reviewed and updated; research shows children in CACFP programs receive foods of higher nutritional value.
- 2) Direct Childcare Licensing to update minimum standards for active play and screen time to align with the AAP and Caring for our Children best practices for early education.**

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References available at partnershipforahealthytexas.org/childcare

Issue at a glance

31%

of 2-5 year olds from low-income families in TX are overweight or obese.

5x

Overweight or obese preschoolers are **5x more likely** to be overweight or obese in adulthood.

1 million

kids in TX are cared for in licensed or regulated child care programs.

23

states & the District of Columbia have aligned their nutrition standards with CACFP.

SNAP Incentive Programs

Support HB 3541 & SB 1834

Issue

All Texans need access to affordable healthy foods, and SNAP incentive programs offer a solution.

Low-income families are disproportionately impacted by obesity. Unhealthy food is inexpensive in the short-term, but the consumption of fresh fruits and vegetables – which may carry a higher price tag – is directly linked to a reduced burden of chronic disease and obesity.

Texas should take steps to **promote the availability of SNAP incentive programs state-wide, like the popular Sustainable Food Center Double Dollars project**, to benefit the health of the most vulnerable Texans while also boosting local agriculture.

Background

SNAP is a program that helps millions of individuals and families with low-incomes buy groceries. Almost **30% of all Texas children benefit from the SNAP program** and over **half of SNAP recipients in Texas are under 18**. SNAP benefits are **100% federally funded**, and the **state provides 50% of the cost of administering the program**. **Every dollar spent on the SNAP program generates \$1.80 in economic activity.**

Through the Farm Bill, the **federal government set aside \$250 million over 5 years for SNAP “incentive” programs** to encourage fresh produce consumption. These programs typically give SNAP recipients an extra dollar for every dollar of SNAP benefits spent on locally-grown fresh fruits and vegetables, making healthy food more affordable and effectively doubling the SNAP customer’s buying power.

Farmers, grocery store owners, farmer’s market vendors, and small retail stores also reap the benefit from higher sales of locally-grown produce. Several successful SNAP incentive programs exist at the local level in Texas, but **no state-level programming or investment exists.**

Recommendations

Direct the Health and Human Services Commission to study local SNAP incentive programs across Texas and create a state pilot to incentivize the purchase of fresh fruits and vegetables in the SNAP program.

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References available at partnershipforahealthytexas.org/SNAP

**Issue
at a glance**

30%

of Texas children
benefit from the
SNAP program.

>50%

of SNAP recipients are
under the age of 18.

\$250M

in federal funding is
on the table for
incentive programs.

\$1.80

of economic activity
is generated for
every dollar spent on
the SNAP program.