

Priorities for the 87th Texas Legislative Session



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

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



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**

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Program Co-Chair: Kathleen Manuel

MSD Center for Healthy Living

The work of the Partnership for a Healthy Texas is generously sponsored by Methodist Healthcare Ministries of South Texas, Inc.





The Partnership for a Healthy Texas, a coalition of over 50 organizations, has identified eight health policies for consideration by the 87th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas, particularly among school-age children.

Summary of Priorities for 2021 Legislative Session:

Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health.

1. Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee (SHAC) and allow children the opportunity to be active, practice life skills and reenter the classroom ready to learn.
2. Increase middle school physical education (PE) requirements to include moderate to vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and make 1 semester of health education required for graduation.

Eliminate food insecurity exacerbated by the COVID-19 pandemic; increase Texans' access to healthy foods and decrease their risk of obesity.

3. Fully fund the Surplus Agricultural Products Grant which ensures food banks have the produce to keep Texans from going hungry during the pandemic.
4. Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access.
5. Increase access to SNAP benefits for senior citizens by streamlining the application process.

Maintain and strengthen Texas' current public health and educational infrastructure to address obesity.

6. Promote the efficacy of the Texas' Whole Child School Health Policy approach, School Health Advisory Committees (SHACs) and physical fitness assessments which play a critical part of youth fitness and the physical education curriculum.
7. Protect and enhance current requirements around PE and Health Education.
8. Protect vital public health funding at the Department of State Health Services to combat chronic diseases including obesity.





Recess Policies for Schools

Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee (SHAC) and allow children the opportunity to be active, practice life skills and reenter the classroom ready to learn.

ISSUE: Since 2003, Texas Education Code has required local school health advisory councils (SHACs) to make policy recommendations concerning daily recess for elementary school students and the state of Texas School Health Advisory Council (TSHAC); unfortunately there is little evidence to show that the school boards have adopted a district policy. State guidance and encouragement is needed to ensure districts provide all students adequate recess time for their academic, social, and mental well-being.

BACKGROUND: Recess is a critical time for physical activity during the school day and should be considered a part of a comprehensive school physical activity program, along with regular physical education.

Recess allows children to practice life skills such as cooperation, communication, negotiation, and conflict resolution, and 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.

RECOMMENDATION: Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee (SHAC) and allow children the opportunity to be active, practice life skills and reenter the classroom healthy and ready to learn.



20 MINUTES

The minimum amount of time that the National Association for Sport and Physical Education (NASPE) recommends of recess each day for all children.

High-performing school districts were

2x as LIKELY

to have a recess policy safeguarding the minimum amount of time students have for recess



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Quality Physical Education

Increase middle school physical education (PE) requirements to include moderate to vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and make 1 semester of health education required for graduation.

ISSUE: Because of the emphasis on improving test scores in Texas public schools, the recognition of the health and well-being of our children and youth has been pushed aside. **During the pandemic, it is critical to ensure school children receive quality physical education and health curriculum.** Children and youth should receive adequate physical and health education throughout their educational experience in public schools across Texas to best prepare them for a productive and healthy adulthood.

BACKGROUND: Our nation and state's children are on a frightening health trajectory in terms of obesity and physical inactivity, which will lead to an increased burden of chronic diseases including diabetes and cardiovascular disease. Childhood obesity is a pervasive problem across Texas and has been getting worse for years.

PE courses are where students learn:

- Critical social-emotional skills to help manage emotions and handle daily tasks and challenges
- Important character values such as resilience, fairness, respect, equality and inclusion
- Fundamental motor skills needed to participate in physical activity, which is vital at all ages and stages of life

For years, rates of anxiety and depression among children and adolescents have been rising rapidly and COVID-19 has made this mental health crisis worse. Additionally, students have experienced a level of trauma during the pandemic that can be categorized as an adverse childhood experience (ACE), which- without intervention – can result in chronic disease and lifelong mental health issues. Students need trusted adults to help them deal with these challenges; physical educators are professionally trained to assist and cope with these issues. They teach students age-appropriate skills to develop the mind-body connection, which can improve mental health and overall wellness.



The Institute of Medicine
Committee on Preventing Obesity
in Children and Youth recommends

30 MINUTES
of daily vigorous exercise at school

The US Department of
Health and Human Services
recommends

60 MINUTES
of daily physical activity

50% of PE class time be used
for moderate or vigorous
physical activity

Elementary students must engage
in **30 MINUTES** of moderate or
vigorous physical activity daily = **135**
minutes weekly

RECOMMENDATION:

- 1) Restore the 1/2 credit (1 semester) of Health Education as a graduation requirement
- 2) Restore the 1/2 credit (1 semester) of Physical Education as a graduation requirement (total PE requirement would be 1.5 semesters)
- 3) Required 30 minutes of physical education (PE) for elementary school students.
- 4) Identify resources that will allow for relevant professional development for physical education instructors which contributes to the continued training in best practices, instructional strategies and current trends to meet the needs of the whole child.

“It is also critical to maintain a balanced curriculum with continued physical education...rather than an exclusive emphasis on core subject areas.”

American Academy of Pediatrics (2020). COVID-19 Planning Considerations: Guidance for School Re-entry.



Ensure Food Access

Fully fund the Surplus Agricultural Products Grant which ensures food banks have the produce to keep Texans from going hungry during the pandemic.

ISSUE: The Texas Department of Agriculture has proposed a \$1.98M cut to the Surplus Agricultural Products Grant for FY20-21, which would drastically reduce the purchasing power of food banks.

According to research by Texas economist Dr. Ray Perryman, every \$1 invested in the Surplus Agricultural Products Grant returns \$3.27 to the state, including \$1.65 in reduced health care costs.² With more consistent and increased access to healthy food, Texans are able to lead healthier, more productive lives, which lowers state healthcare and education costs.

BACKGROUND:

Since 2001, the Surplus Agricultural Products Grant has supported a cost-effective strategy to fight hunger, improve health, and reduce food waste. Food banks use this funding to source fresh produce that is unsellable due to imperfections or market conditions.

Between April and May, food insecurity in Texas spiked to over 27%, more than double the official rate found by the USDA in 2018.³ As a result, millions of Texans have turned to food banks for help feeding their families. Because of the massive increase in demand, the role of food banks has never been more critical or life-saving. While there has been some emergency federal aid for hunger relief, these programs have already expired or will expire at the end of 2020. In fact, food banks anticipate receiving less federal funding in FY 2020-21 than they received prior to COVID-19, despite the growth in food insecurity and demand.

Food banks will struggle to meet the increased need in low-income Texas communities due to COVID-19 without the continued support of the state through the Surplus Agricultural Products Grant.

POLICY RECOMMENDATION:

- 1) Fully fund the Surplus Agricultural Products Grant which ensures food banks can provide fresh produce to Texas families so that they get the nutrition they need to stay healthy during the pandemic and beyond.



200% INCREASE

in people seeking food assistance from Texas food banks since the onset of the COVID-19 pandemic¹

19.8M LBS

of produce will not be distributed should the cut to the Surplus Agricultural Products Grant take effect²



TWO-THIRDS

of people served by food banks have poor nutritional health due to limited financial resources³

References ¹ Feeding Texas. Internal survey of 21 food banks in the state of Texas. ² Perryman, Ray. Rep. The Economic and Fiscal Benefits to Texas of the Proposed "Feeding with Impact" Initiative. Waco, TX: The Perryman Group, 2016. ³ Schanzenbach, D. W., & A. Pitts. (2020). How much has food insecurity risen? Evidence from the Census Household Pulse Survey. Institute for Policy Research Rapid Research Report. <https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-researchreports-pulse-hh-data-10-june-2020.pdf>



PARTNERSHIP FOR A HEALTHY TEXAS

CONQUERING OBESITY

Social Determinants of Health

Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access.

ISSUE: Momentum is growing around addressing the social needs of Medicaid recipients which improve overall health care outcomes and reduce costs. Health care professionals, health plans and community-based organizations need the policy support and flexibility from state government to provide best practice interventions to address barriers to healthy food access and other social determinants of health.

BACKGROUND: There are more than 4 million Texans who receive healthcare through the Medicaid program, almost all of whom are enrolled in a managed care organization (MCO,) which is responsible for coordinating an individual's care while keeping overall costs low and meeting key health outcome measures. MCOs are given latitude to innovate in their local communities by providing value-added services not typically thought of as direct medical care to address an enrollee's needs. For the past few years, Texas MCOs and primary care medical homes have given more attention to social determinants of health (SDoH)¹ or conditions in one's environment that effect their overall health and wellbeing. **Access to healthy food and exercise helps prevent the onset of chronic health conditions including obesity.**³

RECOMMENDATIONS:

- 1) Reward MCOs that invest in their communities by prioritizing applicants in the Medicaid managed care Request for Proposal (RFP) process that address social determinants of health through primary care medical homes including barriers to accessing healthy food for their members.
- 2) Ensure reimbursement for the full array of social determinant of health screenings including food insecurity for primary care physicians.
- 3) Ensure investments made by Medicaid managed care organizations in social determinants are sustainable by covering social services as allowable costs, incorporating SDoHs in Medicaid rate-setting and limiting "premium sliding" due to effective SDoH work.

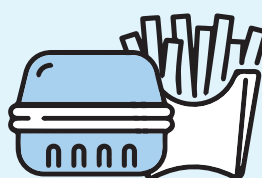
The US spends **more on healthcare** than other high-income countries, but **less on social services** while **maintaining low health outcomes** such as life expectancy.



4.4M TEXANS

are enrolled in Medicaid and the Children's Health Insurance Program

17 managed care organizations cover **13** service delivery areas across Texas.



32%

of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13 percent of non-recipients⁴

References ¹ Episcopal Health Foundation. (November 20, 2019). New learning collaborative aims to find best ways for health plans to address underlying, non-medical causes of poor health for Medicaid patients in Texas. Retrieved from: <https://www.episcopalhealth.org/enews/new-learning-collaborative-aims-find-best-ways-health-plans-address-underlying-non-medical-causes-poor-health-medicaid-patients/> ² Nehme E, Castedo de Martell S, Matthews H, Lakey D. 2020. Addressing Social Needs through Integrated Healthcare and Social Care: Case Studies, Key Issues, and Recommendations to Advance Practice in Texas. Austin, TX: Texas Health Improvement Network/UT System Population Health. ³ Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. The Journal of nutrition, 140(2), 304-310. <https://doi.org/10.3945/jn.109.112573> ⁴ 2018 Food and Health Survey. (May 16, 2018) Food Insight. Retrieved from: <https://www.foodinsight.org/2018-food-and-health-survey>.



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SNAP Access

Increase access to SNAP benefits for senior citizens by streamlining the application process.

ISSUE: Texas has the fifth-highest rate of senior food insecurity in the nation, with 10.7% of Texas seniors at risk for hunger.¹

Not only does Texas have one of the highest rates of food insecurity among seniors, the state has low rates of senior enrollment in the Supplemental Nutrition Assistance Program (SNAP). Because of barriers in the application, only half of the roughly 500,000 income-eligible Texas seniors are enrolled in SNAP.

BACKGROUND: We can improve the health of our seniors by helping them enroll in SNAP to increase their access to good nutrition. **Increasing access to SNAP can decrease the negative effects of food insecurity, allowing seniors to age in place with dignity.** A 2017 study found that access to SNAP reduces a senior's likelihood of admission into a hospital by 14% and a nursing home by 23%.⁴

Several factors contribute to the low participation rate among seniors, including difficulties navigating the application process, limited mobility and access to technology, and lack of awareness or knowledge of the program.

The Texas Legislature can improve access to SNAP for seniors by simplifying the SNAP enrollment process and using data matching with Medicaid to identify and enroll seniors in SNAP.

RECOMMENDATIONS:

- 1) Increase access to SNAP benefits for senior citizens by streamlining the application process by:
 - a) Implementing a simplified application process for low-income seniors (60+) who are eligible for SNAP. Senior households would be certified for 36 months using a shortened application form with limited documentation requirements. No reporting would be required between certification periods unless there are significant changes in income or assets.
 - b) Implement data matching with Medicaid to help identify and assist seniors in applying for SNAP. Many seniors on Medicaid are also eligible for SNAP but are not enrolled. Data matching conducted by HHSC would enable community partners to identify and assist seniors on Medicaid in applying for SNAP.



Texas' ranks the **5th highest** in the nation for food insecurity for senior citizens.

10.7% of Texas senior citizens are at risk for hunger¹

ONLY 50%

of income-eligible Texas seniors are enrolled in SNAP due to confusing barriers in the application process²



of senior households served by the Feeding America network report having to make choices between food and medical care³

References ¹ Ziliak, J. & Gunderson, C. (2020, May). The State of Senior Hunger in America in 2018. <https://www.feedingamerica.org/sites/default/files/2020-05/2020-The%20State%20of%20Senior%20Hunger%20in%202018.pdf> ² Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans. ³ Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans. ⁴ Benefits Data Trust. Seniors and SNAP. <https://bdtrust.org/seniors-and-snap/> ⁵ Feeding Texas. (2014, October). Senior SNAP Outreach Best Practices Toolkit. <https://nutritionandaging.org/senior-snap-outreach-best-practices-toolkit/#wbounce-modal> ⁶ Finkelstein, Amy and Matthew J. Notowidigdo. "Take-up and Targeting: Experimental Evidence from SNAP." NBER Working Paper, 2018.



Whole Child School Health Policy

Promote the efficacy of the Texas' Whole Child School Health Policy approach, School Health Advisory Committees (SHACs) and physical fitness assessments which play a critical part of youth fitness and the physical education curriculum.

ISSUE: COVID-19 is undoing the work the Legislature has supported for healthy kids over the past 20 years. Students attending school virtually has meant less physical activity, more screen time, and increased poor eating habits, according to research from the UTHealth School of Public Health.¹ Teachers are reporting students visibly gaining weight and having issues staying focused virtually. Steps previous Legislatures have taken to help ensure children are healthy and ready to learn must be maintained.

BACKGROUND: The Texas Legislature requires each school district's board to appoint a group called the School Health Advisory Council (SHAC) to help districts incorporate parent and community input by researching, reviewing and making recommendations on health topics impacting the district. SHACs provide a structured format for parent input while leaving local control and ultimate decision-making authority with the school district. We must keep these important advisory groups and where possible find ways to better support their work.

Research shows that fit students perform better inside and outside of the classroom. Developed by The Cooper Institute in Dallas, the FitnessGram assessment plays a critical part of the youth fitness and physical education process by providing a feedback system for students, teachers and parents. Using this tool, schools report anonymized aggregated results to TEA annually. **In many cases, the Fitnessgram report may be the only health measure some families have.** Fitness assessment data helps inform SHACs, drive decisions for curriculum programming, and assists families in making healthy behavior modifications.

References ¹ Pietrobelli, A., Pecoraro, L., Ferruzzi, A., Heo, M., Faith, M., Zoller, T., Antoniazzi, F., Piacentini, G., Fearnbach, S.N., & Heymsfield, S. B. (2020). Effects of COVID-19 lockdown on lifestyle behaviors in children with obesity living in Verona, Italy: a longitudinal study. *Obesity*. ² Dunton, G., Do, B., & Wang, S. (2020). Early Effects of the COVID-19 Pandemic on Physical Activity and Sedentary Behavior in US Children. ³ Sallis, J. F., Adlakha, D., Oyeyemi, A., & Salvo, D. (2020). An international physical activity and public health research agenda to inform COVID-19 policies and practices. *Journal of Sport and Health Science*. ⁴ Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *The Lancet Public Health*, 5(5), e243-e244.



Studies indicate the pandemic and stay-at-home orders are impacting child health behaviors related to obesity.²

- During stay-at-home orders, children and adolescents have:^{1,2}
 - » Decreased time spent playing sports and participating in physical activity
 - » Increased sedentary time and screen time
 - » Increased consumption of sugar-sweetened beverages and unhealthy foods
- Socioeconomic inequities may be exacerbated by COVID-19, as many families have limited resources available to purchase healthy foods and exercise at home during lockdowns.^{2,3,4}

RECOMMENDATION: The recommended approach for SHACs is to have their work based on the CDC's Whole School, Whole Community, Whole Child model which encompasses an expanded version of the eight components of a Coordinated School Health program required for grades K-8 in Texas.

We recommend the following:

- 1) Continue to use the Coordinated School Health/ Whole Child model for grades K-8
- 2) Preserve Fitnessgram as the tool for tracking child health through our schools.
- 3) Keep SHACs to maintain local control, advising on all health issues and serving as a resource to districts

We are not asking for an expansion of these policies during this volatile time, but merely to maintain what we have and ensure these policies are in place and implemented when students return to campus. This will give them the best chance of regaining lost ground related to their health and ensure they are healthy, active, and ready to learn.

Protect Health Education

Protect and enhance current requirements around PE and Health Education.

ISSUE: Physical and health education are critical academic subjects. Comprehensive skills-based health and physical education programs are a critical component of a well-rounded education for students from pre-K through 12th grade. Physical inactivity and poor nutrition are contributing to high rates of heart disease, diabetes, and other related chronic diseases.

BACKGROUND: Just as physical education provides the skills needed to live an active life, health curriculum provides students with the knowledge and skills necessary to practice healthy behaviors and teaches students how to recognize the influence of responsible decision-making on quality of life. **By providing effective health education programming, schools can help students develop health literacy skills so they are able to access information, resources, and services in order to maintain and promote healthy lifestyles.**

RECOMMENDATION:

- 1) Restore the 1/2 credit (1 semester) of Health Education as a graduation requirement
- 2) Restore the 1/2 credit (1 semester) of Physical Education as a graduation requirement (total PE requirement would be 1.5 semesters)
- 3) Required 30 minutes of daily physical education (PE) for elementary school students.
- 4) Identify resources that will allow for relevant professional development for physical education instructors which contributes to the continued training in best practices, instructional strategies and current trends to meet the needs of the whole child.

Physical and health education provides:

- Academic and social benefits
- Development of motor skills
- Knowledge and behaviors for active and healthy lifestyle into adulthood
- Self-efficacy
- Emotional intelligence





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CONQUERING OBESITY

Protect Public Health Funding

Protect vital public health funding at the Department of State Health Services to combat chronic diseases including obesity.

ISSUE: While state budgets are constrained due to the pandemic, the Texas Legislature must find a way to keep our state's public health infrastructure fully funded and operational. Chronic disease prevention and health promotion are equally as vital as responding to infectious disease pandemics as these programs keep Texans healthy and productive throughout their lives.

BACKGROUND: The COVID-19 pandemic has wreaked havoc on state economies and Texas is no exception. Declining revenues have created a significant projected state budget shortfall. Lawmakers have responded by requiring state agencies to reduce their current FY 2020-2021 budgets by 5% through a combination of cuts and hiring freezes. The Texas Department of State Health Services (DSHS), our state's public health department, was exempt from this round. However, state agencies have also been asked to reduce their FY 2022-2023 by another 5% in which DSHS is not exempt. This equates to a target reduction of \$32.9 million during a global infectious disease pandemic. Currently, no cuts are envisioned for obesity related chronic disease prevention and health promotion in the DSHS Legislative Appropriations Request.¹ However, other related chronic disease prevention program such as the Diabetes Prevention and Control program and Heart Disease and Stroke Activities are slated for partial reductions.

While the department's role to respond to COVID-19 is extremely important, public health is more than emergency response. **A well-funded public health infrastructure is vital to promoting healthy behaviors and combating chronic disease like diabetes, heart disease and obesity.** The DSHS Obesity Prevention Program² works to make healthy choices easier for all Texans wherever they live, work, and play by:

- Improving key social determinants that most impact obesity
- Improving health equity
- Increasing resources and capacity of local health departments and community organizations to address obesity



\$32,929,840

Required target reduction to
DSHS for FY 2022 – 2023

34.5%

Obesity prevalence rate in Texas, 2018³

- Transforming environments in Texas with evidence-based interventions addressing physical activity and healthy eating; and
- Collecting and evaluating intervention data to ensure successful, impactful, and efficient use of public health resources.

State general revenue investment in the Obesity Prevention Program creates an infrastructure that makes Texas a competitive applicant for obesity related federal grant funding opportunities. Without at least a partial fiscal commitment from the state legislature we are in danger of losing out on federal funds in the future.

RECOMMENDATION:

- 1) Fully fund the Department of State of Health Services, including requested exceptional items, amid a global pandemic.
- 2) Defend against cuts to all forms of public health services including chronic disease prevention and health promotion.

References ¹ Texas Department of State Health Services. (October 9, 2020). Legislative Appropriations Request for Fiscal Years 2022-2023. Retrieved from: https://www.dshs.texas.gov/legislative/lar/ABEST-Submission_Printshop/ ² Texas Department of State Health Services. (2016 – 2021). Obesity Prevention Program. Health Promotion and Chronic Disease Prevention Section. Retrieved from: https://www.dshs.texas.gov/obesity/pdf/OPP_StratPlan_01032018.pdf ³ 2018 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services. Retrieved from: <https://www.dshs.texas.gov/obesity/pdf/2018-Obesity-Prevalence-map.pdf>