

Partnership for a Healthy Texas

Conquering Obesity

AARP

American Cancer Society

American Diabetes Association

American Heart Association

Center for Public Policy Priorities

Children at Risk

Children's Hospital Association of Texas

Children's Medical Center Dallas

The Cooper Institute

East Texas AHEC

Harris County Public Health and Environmental Services

Methodist Healthcare Ministries of South Texas

Michael & Susan Dell Center for Advancement of Healthy Living

National Federation of Independent Business

National Wildlife Federation

Scott and White Memorial Hospital, Temple

Secondary and Elementary Administrators for Health,

Physical Education, Recreation and Dance

Sustainable Food Center

Texas A&M School of Rural Public Health

Texas A&M Cooperative Extension

Texas Action for Healthy Kids Alliance

Texas Association for Health, Physical Education,

Recreation and Dance

Texas Association of Health Plans

Texas Association of Local Health Officials

Texas Association for School Nutrition

Texas Association of School Boards

Texas Bicycle Coalition

Texans Care for Children

Texas Diabetes Program/Council

Texas Dietetic Association

Texas Health Institute

Texas Medical Association

Texas Oral Health Coalition

Texas Pediatric Society

Texas PTA

Texas School Health Association

Texas School Nurses Organization

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Advisors:

Comptroller of Public Accounts

Senate Committee on Health & Human Services

Texas Department of Agriculture

Texas Department of State Health Services

Texas Department of Transportation

Texas Education Agency

Texas Parks and Wildlife Department

USDA Food and Nutrition Service

Partnership for a Healthy Texas Priorities for 81st Legislative Session

1. Support Implementation of Coordinated School Health

- Support funding of school health specialists through TEA
- Strengthen criteria for SHAC organizational structure to make them more effective (required # of meetings, parent chair or co-chair, report to school board yearly)
- Support funding for schools to implement coordinated school health

2. Improve Nutrition Education and Access to Healthy Foods

- Support existing Texas Public School Nutrition Policy
- Promote nutrition and nutrition education in public schools and early childhood environments
- Support the expansion of farm to school programs to reach more Texas school children
- Study the feasibility of incorporating WIC/Food Stamp programs into farmer's market locations

3. Strengthen Physical Education in Schools and Communities to Reflect Best Practice

- Establish criteria for new school construction that promotes physical education
- Collect and analyze data on physical education class sizes and physical education teacher certification
- Support daily recess
- Improve physical education in early childhood environments
- Promote built environments that integrate physical activity into daily life

4. Promote Worksite Wellness Programs

- Provide incentives for employers to establish worksite wellness programs
- Worksite wellness programs should include nutrition, physical education, and tobacco cessation counseling; and insurance discounts for preventive services
- Support private sector programs as models for the public sector
- Encourage employers to provide opportunities for employees to be active during the day, including open, safe stairwells, and other places to walk. Business and organizations should also focus on providing healthy options in vending machines and in cafeterias

5. Support Comprehensive Evidence-Based Programs at the Community Level that will have an Impact on Obesity

6. Monitor Texas Department of Agriculture Sunset Review Process to Strengthen Implementation of Nutrition Policy

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Partnership Priority: Support for Implementation of Coordinated School Health

Define The Issue

Texas children are overweight, out of shape and are heading toward an unhealthy future. Obesity rates among school-age children continue to climb. While schools are not responsible for this epidemic, they can do much to reverse this trend. Today's children have a much more sedate lifestyle than past generations. Too much television, too much computer time/video games and too much junk food have helped make our children obese.

Schools over stressed with passing TAKs, continue to reduce instructional areas that contribute to the overall well being of children; reducing PE time along with art and music because they are not required to be tested. These reductions have a direct impact on the health of our students.

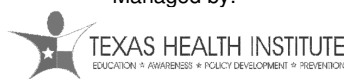
The Texas Legislature has made a commitment to the health of our children. Toward that end they have mandated that school districts implement coordinated school health programs (CSHP) in grades K-8. These programs are based on an 8-component model developed by the Center for Disease Control. CSHP focuses on helping children develop healthy habits and life-long skills through bringing together nutrition services, physical education, counseling/psychological and social services, staff wellness, health education, health services, family and community involvement and a safe and healthy school environment. Each school district is required to implement the CSHP of their choice in grades K-8. If properly implemented, a coordinated school health program not only improves the health of our children, but can increase academic scores, decrease discipline problems and improve test scores.

Dr. Pat Cooper successfully implemented coordinated school health programs in his school district in McComb, Mississippi, and the results are documented gains in student attendance, test scores and teacher productivity as well as reducing dropout, suspension and expulsion rates. According to Dr. Cooper, "Simply providing access to education will not solve anybody's problems if the nation's schools are overwhelmed. We must work together to take action for children's nutrition, fitness and overall health, to create healthy, safe, supportive schools where teachers can teach and children can learn."

Last session the legislature also mandated implementation of Fitnessgram throughout every school district for grades 3-12. This data will help guide schools in developing the best programs to improve the health of our children.

To achieve the desired results from these policies, Districts must have training, support and funding. Currently the primary support for these programs is being done by part time School Health Specialists located at the 20 Regional Service Centers. These

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specialists split their time among many different jobs and the RSC usually charges the District and/or Campus for the services of their personnel. That makes it difficult for many school districts to get the assistance they need.

This is an investment we cannot afford to pass ignore. For example, in one school district it costs \$40 every time a child misses school. In this same District there are 114 schools. If each school has at least 5 student absences each day, for 180 days of school, that costs the District \$4.1 million. In the example month of October 2007, there were over 19,000 students absent in middle schools and high schools alone. That is \$760,000 for just one month! Healthy kids don't miss school. Schools with fully implemented CSHP have fewer absences, fewer nurse visits, fewer discipline problems and the school has more funds.

The final issue is one of accountability. Whenever there is an unfunded mandate, it is difficult hold schools accountable for the implementation. One of the key ways we have of making schools accountable for health initiatives is through the School Health Advisory Councils (SHACs). These councils were mandated in 2001 by SB 19 and every school district in the state is required to have one. However, many only meet one time per year, many are not following guidelines for parent involvement and are truly not functioning as the advisory group they were intended to be. For school districts to be held accountable, and for them to have community and parental support for these health initiatives, additional changes need to be made to the SHAC requirements.

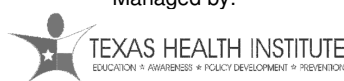
School Districts continue to struggle for funding for programs and time for curriculum. To properly implement CSHP, requires training, curriculum and dedicated staff time to be successful. To ensure that success we recommend the following:

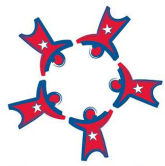
Proposed Action: Fully fund the existing school health specialist (SHS) that is currently working part time on school health programs and have them report directly to DSHS. By fully funding this position school districts will have access to their services without having the potential of being charged. The SHS would not be diverted to other tasks as defined by the Regional Service Center Executive and DSHS would be in a supervisory role, being able to clearly define expectations and assist the SHS in identifying needs

Proposed Action: Add an additional SHS that would report directly to TEA. This SHS would be dedicated to helping schools improve their PE programs and make best use of data being collected through Fitnessgram.

Proposed Action: Provide funding for implementation of coordinated school health. While schools have already invested in purchasing materials for coordinated school health, based on programs approved by TEA, many are not actually implementing the program due to

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Support Implementation of Coordinated School Health

lack of dedicated staff. We recommend that each camps receive funding that would allow for a stipend to a single staff member who would be the campus wellness coordinator. The campus could also choose to use part of the funding to purchase additional equipment and supplies.

Proposed Action: Enhance the guidelines for School Health Advisory Councils (SHAC) to make them more effective by recommending the following:

- a parent be either chair or co-chair
- the SHAC meet at least 4 times each year
- the SHAC report its recommendations and progress directly to the school board at least 1 time each year

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Partnership Priority: Improve Nutrition Education and Access to Healthy Foods

Define the Issue

Leading a healthy life requires more than a run around the block and a nutritious, balanced meal. In addition to the obvious factors of maintaining a nutritious diet and incorporating routine exercise and fitness into your life creating a healthy lifestyle requires a more global focus on your body and the world around you.

How you read nutrition labels and how long you should sit and play computer games are important lessons. To have healthy adults, we must create healthy children. Teaching children how to select appropriate foods and how to prioritize physical fitness now ensures healthier decisions and lifestyles later.

Much focus legislatively over the past four consecutive legislative cycles has been on incorporating healthy behaviors into primary and secondary schools. Reaching a child in high school or even kindergarten for that matter can be too little, too late. and that combined with the staggering number of obese children in Texas -- 40 percent are overweight or obese --- and you understand why in any continuing effort to improve nutrition education and access to healthy foods some focus should now to turn to children in preschool settings and early childhood environments.

Proposed Action: Support Existing Texas Public School Nutrition Policy

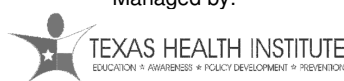
Support the Texas Department of Agriculture's efforts to promulgate rules governing the Texas Public School Nutrition Policy. This allows the Policy to go through the public rulemaking process where it can be enhanced over time as necessary with ultimate authority at the hands of the Commissioner of Agriculture. The Department of Agriculture has included this recommendation in its report to the Texas Sunset Advisory Commission.

Proposed Action: Promote nutrition and nutrition education in early childhood environments (including public schools and licensed day care facilities)

Support the Texas Department of Agriculture's Legislative Appropriations Request to fund nutrition education as a component of the Child and Adult Care Food Program (CACFP), as well as funding for nutrition education in early childhood environments that do not participate in the CACFP. In addition, support TDA's request for funding for nutrition-focused educational opportunities in after-school programs.

By way of background, the CACFP serves nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day

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Improve Nutrition Education and Access to Healthy Foods

care homes, and adult day care centers, as well as providing meals to children residing in emergency shelters and snacks to youths participating in after-school care programs.

Proposed Action: Support the expansion of farm to school programs to reach more Texas school children

Support collaboration among the Texas Department of Agriculture, public schools, food purchasing programs, farmers and private entities to expand the Farm to School program through providing access to additional funds. Additional resources would support the concept of Farm to School by giving schools the necessary resources to educate students about local agriculture and food systems while focusing on fresh, locally produced, nutritious fruits and vegetables. This can be done in part by expanding school garden and teaching tools grants available through community based organizations and schools to establish on-site teaching tools such as school gardens and off-site activities including farm visits.

Training and technical assistance are key pieces to any successful expansion of Farm to School; from educating school food service personnel so they are fully equipped to handle, prepare and serve locally grown foods to resources for farmers interested in marketing their products to schools and school districts.

Proposed Action: Study the feasibility of incorporating WIC/Food Stamp programs into farmer's market locations.

Create an advisory group of key stakeholders both within the state agencies that have oversight of WIC/Food Stamp program and farmer's markets as well as external stakeholders to discuss how to insert WIC/Food Stamp programs into the state's myriad of farmer's markets. Require the group to submit their findings to the Legislature prior to the next legislative session.

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Partnership Priority: Strengthen Physical Education Standards to Reflect Best Practice

Define the Issue

FIT KIDS ARE SMART KIDS. Improved physical fitness equals improved academic performance. This direct link is now supported by empirical studies. In addition, physical activity in children and adolescents is consistently related to higher self-esteem, lower anxiety, and stress, and reduced absenteeism and discipline problems. Active children and teens become active adults, further reducing levels of obesity, Type 2 diabetes, and heart disease.

Providing opportunities for children in our Texas schools to participate in meaningful, structured physical education taught by certified physical education teachers at all levels of their education would greatly contribute to the improved health of our Texas school children and provide them the skills to develop a lifetime of healthy living habits.

According to the 2006 Shape of the Nation, Status of Physical Education in the USA report, 36 states mandate some form of physical education in elementary school; 33 mandate it in middle/school/junior high, and 42 states mandate some physical education in high school.

National recommendations are that all elementary school students should participate in at least 150 minutes per week of physical education, and all middle and high school students should participate in at least 225 minutes of physical education, for the entire school year.

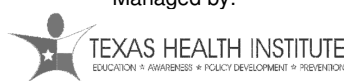
(Excerpted from 2006 Shape of the National Report, Status of Physical Education in the USA, report conducted by American Heart Association and the National Association for Sport and Physical Education)

Proposed Action: Establish criteria for new school construction that promotes physical education.

Criteria should be created to provide guidance to school districts when new schools are to be constructed. The basic design of schools for any grade levels should include areas for physical education instruction and areas for unstructured play.

Proposed Action: Collect data on physical education class sizes, i.e., ratio of students to certified physical education teacher.

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Strengthen Physical Education Standards to Reflect Best Practice

National standards recommend a teacher/student ratio in physical education no greater than 1:25 (elementary) and 1:30 (middle and high) for optimal instruction. This is similar to other classroom settings.

Proposed Action: Support funding assistance to school districts for certified physical education teachers for all elementary schools.

Proposed Action: Support daily recess.

While many students choose to be active during recess, many do not. Some students enjoy using the unstructured time of recess to read, visit with friends, while others choose to swing on the swing sets and play games. Today's school day allows for virtually no unstructured time in which a child can self-select his or her activity, practice appropriate social skills, and relax. The Partnership for a Healthy Texas encourages schools to maintain the intent of recess, as a break from the structure of the day, and supports legislation that would clearly delineate that recess does not take the place of a physical education program nor the required minutes of structured physical activity.

Proposed Action: Improve Physical Education in early childhood environments.

Good habits are formed early in life. It is critical that young children have opportunities to be physically active each day. Physical education is a key component of an early childhood program that seeks to address the needs of the whole child. The Partnership for a Healthy Texas supports legislation that would encourage a physical education program in early childhood environments.

Proposed Action: Promote built environments that integrate physical activity into daily life.

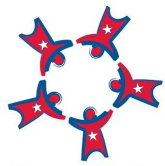
Over the past forty years various changes in the U.S. "built environment" have resulted in sedentary lifestyles and less healthy diets. Certain housing development patterns, such as a lack of sidewalks, long distances to schools, and the need to cross busy streets, discourage walking and biking to school and work. Eliminating such barriers can increase rates of active commuting for children and adults.

People who have access to safe places to be active, neighborhoods that are walkable, and local markets that offer healthy food are likely to be more active and to eat healthier food. These two types of behavior can make a significant impact toward good health and reducing obesity.

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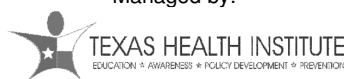
Strengthen Physical Education Standards to Reflect Best Practice

The Partnership for a Healthy Texas supports legislation that recognizes the direct link between environmental factors such as the physical layout of a community and the physical activity of its citizens. It is imperative that all children and adults have access to safe and convenient places to be physically active.

(Taken from: "The Role of Built Environments in Physical Activity, Eating, and Obesity in Childhood" by James F. Sallis and Karen Glan)

The Partnership for a Healthy Texas supports introduction of a resolution supporting Walkable Communities that encourages developers, builders, cities and other governmental entities to promote community designs that encourage physical activity by creating infrastructures such as sidewalks, bike and pedestrian trails, safe routes to schools, and transportation projects such as those that minimize low-traffic residential streets that feed into multilane, high-speed arterial streets that present serious barriers and dangers to pedestrians; those that address a lack of street-crossing aids; those that address the need to cross several roads; adding crosswalks.

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Partnership Priority: Support Policies that Promote Public and Private Sector Worksite Wellness Programs

Define the Issue

Employers are becoming more aware that overweight and obesity, lack of physical activity, and tobacco are adversely affecting the health and productivity of their employees, and ultimately, the bottom line. According to Business Week, family health-care premiums increased 87 percent since 2000. More and more research shows that poor diet and lack of exercise are major drivers of increases in healthcare costs for employers. Employers who integrate wellness in their overall objectives find they experience reduced absences, better morale, improved personal health status of employees, and reduced health care costs.

Texas Comptroller Susan Combs estimates that businesses in our State feel the greatest impact from the obesity epidemic due to higher insurance cost and lost productivity. The Comptroller estimates obesity-related expenses to Texas businesses exceeds \$3.3 billion in 2005.

In Texas, the Employees Retirement System estimates that healthcare costs for state government employees have increased by more than 50% since 2000.

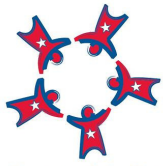
Proposed Action: Provide incentives for employers to establish worksite wellness programs, utilizing such tools as the CDC Healthier Worksite Initiative. These programs should include nutrition, physical activity, and tobacco cessation assistance; and the promotion of preventive healthcare services so that chronic conditions can be detected early when treatment will be the most effective and least expensive.

Proposed Action: Support effective private sector programs as models for the public sector.

Proposed Action: Encourage employers to provide opportunities for employees to be active during the day, including open, safe stairwells, and other places to walk. Business and organizations should also focus on providing healthy options in vending machines and in cafeterias, and adopt no smoking policies.

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Conquering Obesity

Support Comprehensive Evidence-Based Programs at the Community Level

Partnership Priority: Support Comprehensive Evidence-Based Programs at the Community Level that will have an Impact on Obesity

Define the Issue

Obesity is a critical health problem in Texas. Our healthcare costs continue to increase, yet 75% of these costs are the result of preventable chronic health conditions like obesity and the problems that can be caused by obesity (e.g., high blood pressure, high cholesterol, and type 2 diabetes). Texas' future economic well-being is inextricably tied to its health. The Texas Legislature leads the nation in obesity-prevention policies in schools, but schools alone will not be able to solve the obesity crisis. The Texas Legislature must take bold steps to help families, businesses, faith-based groups, and other community-based organizations and agencies join forces to fight obesity and prevent the resulting chronic conditions that have over-burdened our healthcare system.

Proposed Action

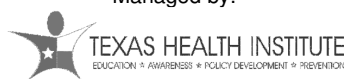
Appropriations earmarked for 15-20 (depends on total appropriation) competitive grants to communities (cities, counties, local health departments, community-based organizations) that agree to implement programs designed to:

- Increase physical activity levels
- Reduce calorie consumption and the consumption of unhealthy foods
- Increase consumption of fruits, vegetables and other healthy foods
- Increase the percent of breastfed babies (many people are not aware that breastfeeding reduces the risk of obesity in later life)

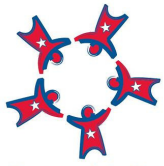
To accomplish this, funded organizations would be expected to:

- Work in collaboration with existing community-based organizations, businesses, healthcare facilities, leaders, coalitions and councils (e.g., local mayor's fitness councils)
- Commit local matching or in-kind resources
- Assess their communities to identify gaps and build upon existing resources whenever possible
- Increase the percent of businesses that provide employee wellness programs
- Increase access to safe areas where families can participate in physical activities
- Increase the number of hospitals that are Texas 10-Step or Baby-Friendly approved
- Increase the percent of restaurants and worksites that offer healthy foods
- Increase access to and availability of fruits and vegetables in all neighborhoods
- Measure the success of their programs and initiatives, and make improvements as needed

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Support Comprehensive Evidence-Based Programs at the Community Level

Supporting Data & Data Sources

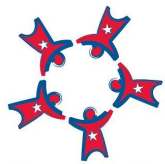
1. In 2007, two-thirds of adults in Texas were either overweight or obese. (CDC's National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System, Texas 2007)
2. In 2007, almost one-third of high-school students in Texas were either overweight or obese. (CDC's National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Surveillance System, 2007)
3. In 2004-5, 42% of fourth-graders and 39% of eighth-graders were either overweight or obese. (Hoelscher DM, Perez A, Lee ES, Sanders J, Kelder SH, Day RS, Ward J. School Physical Activity and Nutrition (SPAN) III Survey, 2004-2005. UT School of Public Health, Houston)
4. The estimated the cost of obesity to Texas businesses in 2005 was \$3.3 billion, and if nothing is done to curb the problem, this could reach \$15.8 billion by 2025. ("Counting Costs and Calories" published by the Texas Comptroller of Public Accounts in 2005)
5. In 2005, Texas Medicaid paid more than \$200 million in claims for cardiovascular disease. (Source: Texas Medicaid Program, HHSC)

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**Partnership for
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Conquering Obesity

Our Mission:

- To develop and promote policies that prevent and reduce obesity in Texas

Our Guiding Principles:

- Encourage collaboration among all interested parties in reducing obesity
- Inform policy makers about the consequences of the disease
- Promote evidence-based strategies at multiple levels: individual, family, community and policy levels
- Serve as a resource for people interested in addressing obesity prevention and treatment

Who We Are:

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Center for Public Policy Priorities
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