2019 Interim Study Proposals to Address Obesity

The rising expense of obesity in Texas is unsustainable — we cannot afford inaction. The Partnership for a Healthy Texas develops and promotes policies, and supports evidence-based programs, that prevent obesity and improve the health of Texas communities.

Obesity is associated with increased disability, disease, and death and has substantial health, economic, and social costs. Cost-effective solutions that address poor nutrition and fitness are needed now more than ever. To improve the health of our state, the Partnership for a Healthy Texas believes now is the time to connect Texans with policies that strengthen nutrition and physical activity in their schools and communities.

Texas legislators can lead the nation in passing policies aimed at improving the health and fitness of Texans. The Partnership believes the Texas legislature should continue to strive to ensure the viability of Texas’ future workforce and create a healthy environment for Texans.

House Appropriations and Senate Finance Committees

➢ Revisit and update the Texas Comptroller’s report from 2007 and 2011 on the economic costs of obesity on the state. Specifically, identify future costs on state funded programs such as ERS, TRS, Medicaid and other safety net programs as well as the impact on Texas businesses due to absenteeism, healthcare costs and lost productivity. Recommend strategies to address the costs of obesity in the next biennium’s budget cycle and over the next decade.

Rationale: According to the Robert Wood Johnson Foundation, Texas has the 14th highest adult obesity rate in the nation, and the seventh highest obesity rate for youth ages 10 to 17. Obesity contributes to Texas’ rising rates of chronic diseases, including diabetes and hypertension, as well as maternal mortality and morbidity, thus increasing costs to state-funded health care programs and reducing working productivity.

*Consider as a joint interim charge with the House Public Health and Senate Health and Human Services Committees

House Public Education and Senate Education Committees

➢ Study the quality, amount and scope of physical education and physical activity students are receiving in school districts across the state. Examine data collected by the Texas Education Agency as outlined in Senate Bill 1873 (85th Legislature) and make recommendations that improve access to moderate to vigorous physical activity while increasing academic performance and classroom behavior.
Rationale: According to the Robert Wood Johnson Foundation, Texas has the 14th highest adult obesity rate in the nation, and the seventh highest obesity rate for youth ages 10 to 17. Obesity contributes to Texas’ rising rates of chronic diseases, including diabetes and hypertension, as well as maternal mortality and morbidity, thus increasing costs to state-funded health care programs and reducing working productivity. To combat obesity, we must intervene early and teach children healthy physical activity habits.

➢ Examine strategies to streamline and coordinate all health-related school activities. Identify venues within the school day to ensure students are receiving comprehensive skills-based health education to promote social emotional health, prevent disease, decrease absenteeism and reduce risky behavior.

Rationale: 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. 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. 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.

➢ Examine the Safe Routes to Schools program for ways the state could improve the federal/state/district partnerships and implementation of the program in areas of need; and should furthermore specifically examine the barriers that have kept some schools from fully benefiting from the program and funding.

Rationale: Safe Routes to School programs aim to make it safer for students to walk and bike to school and encourage more walking and biking where safety is not a barrier. Transportation, public health and planning professionals, school communities, law enforcement officers, community groups and families all have roles to play using education, encouragement, engineering (changes to the physical environment) and enforcement to meet a local community’s needs. We believe the state of Texas has opportunities to partner with school districts and the federal government to improve on the Safe Routes to Schools program that would dramatically improve children’s ability to walk and bike to local schools. These initiatives improve safety and levels of physical activity for students.

➢ Study the overall performance and areas for local improvement of School Health Advisory Committees (SHACs) and to recommend measures to evaluate the performance of the SHACs; including an evaluation of the barriers at the school district level to involving SHACs in good health education policy development and the overall integration into the school district board policy guidance and adoption at the individual campus levels.

Rationale: The Texas School Health Advisory Committee (TSHAC) has been up and running for years, providing excellent guidance and model policies. While some local school districts have fully functional and high performing local SHACs, reportedly there is inconsistency on the involvement and participation in other SHACs across the state. Unfortunately, there is little hard
evidence to measure performance of these SHACs in implementing good policy for the benefit of reducing childhood obesity and improving health.

**House Public Health and Senate Health and Human Services Committees**

➢ Revisit and update the Texas Comptroller’s report from 2007 and 2011 on the economic costs of obesity on the state. Specifically, identify future costs on state funded programs such as ERS, TRS, Medicaid and other safety net programs as well as the impact on Texas businesses due to absenteeism, healthcare costs and lost productivity. Recommend strategies to address the costs of obesity in the next biennium’s budget cycle and over the next decade.

**Rationale:** According to the Robert Wood Johnson Foundation, Texas has the 14th highest adult obesity rate in the nation, and the seventh highest obesity rate for youth ages 10 to 17. Obesity contributes to Texas’ rising rates of chronic diseases, including diabetes and hypertension, as well as maternal mortality and morbidity, thus increasing costs to state-funded health care programs and reducing working productivity.

*Consider as a joint interim charge with the House Appropriations and Senate Finance Committees*

For additional information or questions, please contact Partnership for a Healthy Texas Vice-Chair Clayton Travis, Texas Pediatric Society at Clayton.Travis@txpeds.org.