Partnership for a Healthy Texas: 2011 Agenda for Fit and Healthy Texans

Doctors and researchers say every community has features that either support physical fitness and healthy eating or are contradictory to those goals. In environments where getting good nutrition and exercise are made easy, costs to the state from serious diseases such as diabetes come down. Children become more fit and healthy, and they also experience improved test scores, better classroom attendance, reduced dropout rates, and fewer discipline problems.[i] The benefits of these healthy environments extend to everyone in a community. Yet in the places with persistent barriers to good health—where access to nutritious food is limited, and where options for exercise remain inconvenient or unsafe—obesity is a growing problem.

Obesity: The Problem and Its Costs

The evidence suggests that many Texans live in places with barriers to good health. Texas has the 13th highest adult obesity rate, and the seventh highest obesity rate for children.[ii] A study by the UT School of Public Health in Houston found among Texas fourth-graders, 42% are overweight,[iii] and so are nearly as many eighth- and eleventh-graders (39% and 36%, respectively). Even the youngest children face obesity risks: 16% of low-income Texan preschoolers (ages 2-5) is either overweight or obese.[iv] Research published in 2010 found that Texas also has the nation's *highest* obesity rate for adolescent girls.[v]

Reversing obesity trends among children and the population at large is crucial. Economists say, states and businesses need such a reversal to avoid dire costs. Because our obesity rates are already so high and since 70 percent of overweight children grow up to be overweight or obese adults,[vi] **if no action is taken, nearly half of working-age Texans—43 percent—will be *obese* within three decades**.[vii]

The Texas Comptroller of Public Accounts says **this increase will cost Texas businesses $15.8 billion by 2025 (up from $3.3 billion today)**.[viii] Type II Diabetes, an obesity-related illness, today accounts for about 9% of all spending by Texas Medicaid, but that spending could more than double by the year 2030, reaching $1.5 billion per year.[ix] Obesity is linked to many other chronic diseases that shorten the life span, from high blood pressure to heart disease to cancer.

In addition to be costly, obesity threatens the very future of Texas. Demographers and health researchers now forecast that, should obesity remain on its current trajectory, **today's children will be the first generation in centuries to live shorter lives than their parents**.[x] The public is concerned, as well. Obesity ranks as U.S. voters' top health concern for children, ahead of drugs, alcohol, and violence.[xi]

While doing nothing to address obesity is costly and shortens lives, simple policy solutions can make changes to the unhealthy environments harming children and adults alike—and make it easier for healthy choices to be the standard for Texans. We can help schools find ways to get kids moving and eating healthily, and help communities develop more places for people to be active, so they can safely walk or bike when they prefer not to drive. We can encourage child care centers to promote physical activity and nutrition so young children start off with good habits. We can ensure Texans who want to purchase fresh fruits and vegetables can do so easily and affordably. These common-sense ideas are where we have focused our priorities for the 82nd legislative session.

SCHOOL HEALTH

Schools are not responsible for the obesity epidemic, but they can do much to reverse the trend. Ample evidence suggests doing so could also play a role in improving educational outcomes in schools. Multiple studies, including Texas's own Fitnessgram reports, have shown a correlation between health and academics, with fit kids performing better, missing less school, having fewer behavioral challenges, and experiencing better odds of growing up to be healthy adults.

Improve school health and increase accountability.

Strategy 1: Physical Education and Physical Activity

- *Increasing the usefulness of Fitnessgram data by requiring reporting of de-identified, individual fitness data to the Texas Education Agency allowing the agency to accurately correlate fitness data with academic data, and make that data available to parents.*
- *Implementing national standards for physical education including minutes per week, class size, and certified teachers for grades K-12.*
- *Prohibiting schools from withholding physical activity, P.E., or recess time as a consequence for classroom behavior or academic remediation.*

Fitnessgram is used to assess students' overall fitness and activity levels in several states, including Texas. A child development organization in Louisiana correlated Fitnessgram tests taken by more than 25,000 students in 15 school districts in the 2009-10 school year. The tests measure body mass index, body strength, flexibility, and cardiovascular endurance. Researchers correlated the results with participants' standardized test scores and charted the results based on students' socioeconomic status, race, and gender.

Currently we cannot do this in Texas because the numbers are reported as aggregates, making them impossible to match up with state academic test scores. Researchers in Texas have requested data from individual schools to correlate Fitnessgram results with test scores, but this is time consuming an ineffective. Schools collect the Fitnessgram data by student, and it is available on request to parents. In many districts, administrators have elected to send Fitnessgram data home with either student report cards or through the mail. By modifying the reporting process, Texas will allow more analysis of the relationship between fitness and test scores, attendance, and behavior.

Additionally, schools concerned with passing the TAKS test continue to reduce instructional areas like physical education and recreational time spent in recess. Many experts believe both are important. P.E. educates children about fitness and health and ensures students spend enough time per week being physically active, while recess, a time for child-led activity, is often when young children get the most exercise. Although neither gets tested, they contribute to the overall wellbeing of children, which affects academic performance. Reductions like these impact the health of students, and efforts to use recess or P.E. time to help students get ahead academically can be counterproductive.

Strategy 2: Health Education

- *Making health education a requirement for high school graduation.*

Curricular changes passed by the Texas Legislature in 2009 and decisions by the State Board of Education have put another once-mandated health offering at risk: high school health education. Following those changes, between the 2009 and 2010 school years 145 school districts statewide—or 12 percent of all the districts with high schools—did away with their health education graduation requirement. Health education is crucial for ensuring students learn about nutrition and healthy living and is an important tool for combating obesity.

Strategy 3: Accountability

- *Improving accountability by:*
    - *Requiring that yearly School Health Advisory Committee reports to school boards include information on how campuses have incorporated coordinated school health into their campus improvement plans.*
    - *Recognizing schools that are meeting and exceeding minimum standards for implementing coordinated school health.*

Many schools have been striving to make the learning environment a healthy one. School districts are recognizing that healthy kids learn better and are incorporating policies that encourage healthy choices through their coordinated school health programs (CSHPs). These programs are based on an eight-component model developed and recommended by the Centers for Disease Control and Prevention. The Texas Legislature, showing commitment to the health of Texas children, mandated that school districts implement coordinated school health programs in grades K-8.

CSHPs focus 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 children but also can increase academic scores and decrease discipline problems.

To ensure that schools continue to expand programs that improve activity levels and provide healthy meals, Texas should recognize successful campuses. Several organizations have worked on recognition programs, and we would like to see that continue, focusing on the mandates the Legislature has passed as a way to ensure these policies are being implemented.

Additionally, School Health Advisory Committees (SHACs) throughout Texas are made up of parents and concerned community members who have the authority to report to their district school boards about the effectiveness of CSHPs in schools. By requiring the SHACs to report on coordinated school health and recognizing those schools that meet and exceed CSHP standards, Texas would improve the implementation of laws passed in previously legislative sessions.

Strategy 4: School Nutrition

- *Maximizing opportunities to improve the Texas school nutrition environment through the federal Child Nutrition Act reauthorization.*

Legislation still under consideration in the U.S. Congress at the time of this writing could provide new funding and support for schools serving healthier fare in their cafeterias. Texas should take advantage of these federal opportunities as they arise.

BUILT ENVIRONMENT

Support physical activity in the community environment by supporting "complete streets" policies to encourage walking and bicycling for health, transportation, and recreation.

Today's Texans have a much more sedate lifestyle than past generations. Contributors to obesity include fewer people walking or bicycling and more driving, in part because getting places through active transportation is made difficult. However, research consistently finds that having safe, convenient opportunities to get outside and be active is linked to better health throughout a community. For example, research published in August 2010 in the *American Journal of Public Health* found that in the 50 states where active travel occurs more there is significantly less obesity, fewer cases of diabetes, and higher levels of physical activity in the population. By contrast, in states where people cannot walk or bicycle safely, for example because there are no sidewalks or bike lanes, less activity occurs and higher rates of obesity and diabetes prevail.[xii]

Places where children and teens feel safe walking, biking, or getting outside also experience significantly lower rates of youth obesity, even when other factors, like income and race, are taken into account.[xiii] The Safe Routes to School is one example of an effective public policy. The program, which helps ensure there are sidewalks and other safe passageways for students, has been shown to significantly increase weekly physical activity levels in children.[xiv]

Complete streets—roads designed for the safety for all users, including pedestrians and bicyclists—promote health. The National Institutes of Medicine recommends legislation that promotes sidewalks, bikeways, and other features of complete streets as a strategy to fight obesity.[xv]

EARLY CHILDHOOD

Improve nutrition and physical activity in early childhood programs, including support for following current Dietary Guidelines for Americans in child care settings.

Children develop nutritional preferences and physical activity habits long before they enter the public school system, where most obesity prevention efforts currently take place. The Surgeon General's Vision for a Healthy and Fit Nation 2010 states, "approximately one in five children are overweight or obese by the time they reach their sixth birthday**,** and over half of obese children become overweight at or before age two."[xvi] Even babies are affected. Between 1980 and 2001, the prevalence of overweight infants under six months of age almost doubled, from 3.4% to 5.9%. In 2008, the prevalence of obesity among U.S. children, ages 2–5, was 14.8%, compared with 12.4% between 2003 through 2006.[xvii] [xviii] Texas has an even higher prevalence of obesity in early childhood: 16.2% of Texas's low-income children between the ages of 2 and 5 enrolled in federally funded child health programs are overweight or obese.[xix]

Many children spend a great deal of time in child care and this affects their overall nutrition and fitness. More than 60% of young children, under the age of 7, have all the parents in their household in the workforce, meaning they received some form of child care on a regular basis.[xx] Only a handful of policies exist to promote healthy child care environments, despite that these settings act as a major force in shaping children's dietary intake, physical activity, and energy balance for years to come.[xxi]

Consider the example of screen time. The American Academy of Pediatrics (AAP) recommends that children limit activities such as watching television and playing computer games. However, researchers at the University of Washington in Seattle recently found that many children in child care watch multiple hours of television each day, often without parents' realization and in direct conflict with the AAP's recommended limits on TV viewing for young children. (Toddlers and preschoolers in the study were found to watch about five hours of TV daily, equating to almost half their waking hours and significantly reducing time to actively play.[xxii]) Texas limits screen time for children over 2 years of age to two hours a day, but the Institute of Medicine and the Surgeon General call not only for stricter limits on screen time in child care settings, but also increased participation in existing federal, state, and local nutrition and feeding programs and more training for child care providers in how to promote health.[xxiii] [xxiv] Additionally, the White House Task Force on Childhood Obesity Report[xxv] offers recommendations pertaining to child care settings, including: implementing nutrition requirements in child care settings using current Dietary Guidelines for Americans, providing training for child care providers in nutrition and physical activity, and educating and involving parents in finding appropriate environments for their children.

Early intervention is an important first step towards prevention of childhood obesity. The earlier the prevention starts the more successful in establishing the foundation for a healthy weight into adulthood. However, to ensure child care environments foster healthy eating and physical activity in young children, their family members, and child care staff, some changes will be needed. Although many child care settings currently fall short in their nutritional and physical activity offerings, they do offer untapped opportunities for effective childhood obesity prevention strategies.[xxvi] Texas can improve nutrition and physical activity requirements for children under the age of six in early childhood programs with support for following current Dietary Guidelines for Americans in child care settings. The state should also heed recommendations arising through current reassessment of Texas's child care licensing standards, as well as from an Early Childhood Health and Nutrition Interagency Council created by the Legislature in 2009.

FOOD ACCESS

Improve access to healthy foods.

For too many Texans—especially those living in low-income, urban and rural communities—finding affordable fresh produce is not easy. A growing body of studies shows that millions of Americans, including many Texans, live in communities that lack access to a supermarket within a reasonable walking distance.[xxvii] Called "food deserts," these communities lack grocery stores but often abound in fast-food restaurants and convenience stores that sell unhealthy, processed foods and offer few healthy options. Limited access to nutritious food and relatively easier access to less nutritious food may be linked to poor diets and, ultimately, to obesity and diet-related diseases.[xxviii]

The so-called "grocery gap" is the result of a convergence of social, economic, and public policy factors, including the flight of supermarkets to the suburbs, inadequate public transportation, and the lack of healthy foods at corner stores. Having supermarkets and grocers nearby increases fruit and vegetable consumption by up to one-third among some vulnerable groups,[xxix] but without access to healthy foods, a nutritious diet and good health are out of reach. Without supermarkets and other fresh food retailers, many communities also lack the commercial supports that make neighborhoods attractive, and fuel local economies.

Food Access in Texas

- Texas has the lowest number of supermarkets per capita of any state in the country.
- Nationally, on average, there is 1 supermarket for every 8,620 people. In Texas, each supermarket serves almost 11,000 people.
- Texas' major cities, including Houston, Dallas, and San Antonio, are also underserved compared to most of the nation's major metropolitan areas. When measured against the national rate of per capita supermarkets, the Greater Houston area, for example, has 185 too few.
- Preliminary efforts to map supermarket distribution in Texas show that supermarkets are not evenly distributed based on population density and that many low-income areas—both urban and rural—lack access to supermarkets. Residents in many of these same communities suffer from higher rates of diet-related diseases.
- Among the southern states, Texas, Alabama, Arkansas and Oklahoma have the highest percentage of non-metro counties that are classified as food deserts. The largest food desert region in the non-metro South is in the western portions of Texas and Oklahoma.

Sources: The Food Trust (preliminary findings from a study of supermarket access in Texas scheduled for release in the Fall, 2010) and "Food Availability & Food Deserts in the Nonmetropolitan South." Troy Blanchard, Mississippi State University, and Thomas Lyson, Cornell University, a Publication of the Southern Rural Development Center.

Strategy 1: Improve access to farmer's markets and other retailers offering fresh fruits and vegetables.

Reversing the rising tide of obesity will require a solution that includes closing the grocery gap in low-income neighborhoods across Texas. Fortunately, recent studies and experiences indicate that the gaps in healthy food access can be closed through incentives to attract supermarkets to underserved areas and the development of sustainable, small-scale grocers to provide affordable, healthy foods to residents of low-income neighborhoods.[xxx] In addition, expanding the availability of farmer's markets and Farm-to-School program in Texas can help bring healthy foods to underserved groups and communities while supporting efforts to build strong regional food and farm systems. Such steps to make healthy and affordable foods accessible to all Texans are most successful when linked to policies that create jobs, increase economic investment and activity in low-income areas, and revitalize neighborhoods.

The **Pennsylvania Fresh Food Financing Initiative** is a public-private partnership of The Food Trust, The Reinvestment Fund, and the Greater Philadelphia Urban Affairs Coalition. FFFI is an innovative state program that helps finance the infrastructure costs and credit needs of supermarkets wanting to locate in underserved communities across Pennsylvania when conventional financial institutions are unable to meet those needs. The Pennsylvania Legislature appropriated $30 million over three years to the program, and The Reinvestment Fund leveraged this investment to create a $120 million initiative, which has become a model for communities nationwide committed to combating obesity and improving food access. FFFI is being studied by the Institute of Medicine and the National Institute of Health as a national public health model and was named one of the nation's most innovative government programs by Harvard University in 2008. As of December 2009, FFFI has helped finance 83 supermarket projects in 34 Pennsylvania counties, and these projects are expected to create or retain 5,000 jobs.

For many years, policymakers and communities have been testing a variety of strategies to increase access to fresh produce and other health foods, including:

- Incentives or financing to attract or develop grocery stores and supermarkets in underserved areas (see sidebar on Pennsylvania Food Financing Initiative);
- Establishing or expanding the availability of alternative vendors of fresh produce such as farmers' markets, community gardens, farm-stands, community-supported agriculture programs, and mobile vendors, and ensuring that food assistance benefits like SNAP (formerly known as Food Stamps) and WIC can be used at farmer's markets;
- Improving transportation to grocery stores and farmer's markets;
- Increasing the stock of fruits, vegetables, and other healthy foods at neighborhood corner stores or small groceries;
- Farm-to-School programs (see strategy below).

The 2009 Texas Legislature acted to close the grocery gap and increase the consumption of fresh produce with passage of Senate Bill 343, which established the Healthy Food Advisory Committee to study the retail availability of healthy foods in underserved areas of this state. The committee is due to release recommendations prior to the beginning of the 82nd Legislative session. Nationally, federal officials have also taken steps to close the grocery gap and increase access to healthy foods to combat obesity. In December 2009, a bipartisan group of 39 members of Congress issued a resolution in the House of Representatives recognizing the need for national policy to address limited access to healthy food in underserved communities. The President's 2011 budget calls for more than $400 million to establish a national Healthy Food Financing Initiative, which also is a key component of the First Lady's campaign to reduce childhood obesity. Legislation to create a Healthy Food Financing Initiative is expected to be introduced in both chambers of Congress next spring.[xxxi] [xxxii]

Strategy 2: Strengthen farm-to-school linkages.

Farm-to-School programs connect local farmers to schools to stimulate regional agricultural production and increase children's consumption of fresh, local produce. In Texas, the 2009 Legislature passed Senate Bill 1027, establishing the inter-agency Farm-to-School Coordination Task Force to increase the ability of schools in the state to purchase locally produced foods to feed students. The Task Force will release official recommendations to the Texas Legislature before the start of the 82nd session in January 2011.

CURB OBESITY'S COSTS

Support essential funding to reduce the spread of obesity including its related chronic diseases, and raise awareness about nutrition, healthy living, and physical activity.

- *Fund existing obesity prevention initiatives, including coordinated school health programs and the Texas School Health Network.*
- *Identify and maximize funding that promotes a healthier Texas, curbs consumption of unhealthy products, reduces the obesity-related health costs that get passed on to taxpayers and businesses, and reaps future savings for Texas.*

Texas has been at the forefront among Southern states in creating policies that encourage healthy school environments and work to turn the tide on obesity. These include the mandate for elementary and middle schools to implement coordinated school health programs and the creation of the Texas School Health Network, which provides training and technical assistance to schools as they develop healthier environments.

Without dedicated resources, however, some past accomplishments are at risk. To achieve the desired results from existing policies, school districts must have training, support, and funding. Currently the primary support for these programs has come from part-time School Health Specialists located at 20 Regional Education Service Centers statewide. Recently, two ESCs decided not to accept funding from the Department of State Health Services to support these positions because multiple funding streams make the reporting requirements too onerous. These specialists split their time among many different jobs and the ESC and can also charge 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. These positions can be vital to the successful implementation of coordinated school health programs, which in turn are vital to reducing obesity in our state.

Texas and its school districts cannot afford to wait to address obesity. For example, in one school district with 114 schools, it costs $40 every time a child misses school. If each school has at least five student absences per day for 180 days of school, the cost to the district is $4.1 million. In October 2007, there were over 19,000 students absent in middle schools and high schools in one school district, costing $760,000 for the month! Healthy kids don't miss as much school. Schools with fully implemented CSHP have fewer absences, fewer nurse visits, fewer discipline problems, and more funds to effectively educate students.

The increase in obesity and diet-related diseases in Texas are major public health problems that will have substantial economic consequences for our healthcare system. In addition to impacting the quality of life of millions of Texans, overweight and obesity cost the state an estimated $10.5 billion in 2001. If this trend persists, the annual costs associated with obesity are projected to reach $15.6 billion by 2010 and could soar to $39 billion by 2040. [xxxiii] The obesity problem in Texas costs businesses over $3 billion annually right now. More than ever, Texas needs resources to turn the tide on an epidemic that is hurting nearly every business, school, and community in the state. This is a critical moment for obesity prevention, and we can't give up the fight by cutting back on critical programs that prevent obesity's spread in our schools and communities.

SUPPORTERS OF THIS AGENDA

AARP
American Cancer Society
American Diabetes Association
American Heart Association
Bike Texas
Center for Public Policy Priorities
Children's Hospital Association of Texas
Children's Medical Center Dallas
The Cooper Institute
East Texas AHEC
Get Active Texas - Texas Orthopaedic Association
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
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
Trans Texas Alliance
University Interscholastic League
University of North Texas Health Science Center
University of Texas at Austin
Youth Interactive

Advisors to the Partnership for a Healthy Texas:
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

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