

Partnership for a Healthy Texas DRAFT Priorities: 83rd Legislature

It is well known that the habits learned in childhood persist into adulthood. Whether these habits promote physical fitness and healthy eating or whether they do not, they are significantly influenced by the presence or absence of supportive community resources. In communities where exercise and access to a healthy diet are prevalent, children are healthier and attain higher grade point averages, they learn faster, and they exhibit better classroom behavior.¹ Communities lacking positive influences on health are therefore a source of concern, because their absence contributes to childhood obesity, and eventually adult obesity. This unhealthy trend is escalating; rates of obesity are increasing faster than ever, and are a troubling and costly epidemic in Texas.

The Trouble with Obesity and Its Costs

It is particularly alarming that obesity exists even at the youngest of ages. Nearly 1 out of every 4 Texas children is obese by the fourth grade.² At the high school level, 1 in 8 students is categorized as obese.³ Furthermore, according to the 2007 National Survey of Children's Health, Texas ranked 7th highest in rates (20.4%) of obesity in 10 to 17 year olds—one in five children aged 10 to 17 in Texas is obese.⁴ Obesity in adolescence is particularly dangerous as it is linked to a higher risk for acquiring type 2 diabetes, depression, cancer, stroke, and heart disease.⁵ Unfortunately these rates do not improve as Texas's youth progress to adulthood. Texas ranks 10th in the nation in obesity with 30.4% of the total population classified as obese.⁶ Even worse, 65.9% of the population is categorized as either overweight or obese, just one third of the Texas population is at a healthy weight.⁷ If this trend in Texas continues at its current pace, the obesity rate in Texas will exceed 57% by 2030.⁸

The costs of this obesity epidemic for Texas are startling. For example, obesity and its related consequences costs Texas businesses \$9.5 billion in 2009, and by 2030 it is estimated the cost will soar to \$32.5 billion annually.⁹ The majority of these expenses are associated with medical and healthcare expenditures. Indeed, 42.5% of the 2009 obesity-related costs are attributed to healthcare—over 4 billion dollars.¹⁰ Diabetes is the most cost-heavy obesity related complication. It is estimated that if nothing is done to improve the rates of diabetes in the youth, Texas Medicaid will spend \$1 to \$1.6 billion in 2030 due to diabetes alone, representing 13 to 20% of the total Medicaid budget.¹¹ Diabetes is not the only costly consequence of obesity. Other obesity-related issues include coronary heart disease, stroke, hypertension, arthritis, and cancer.¹²

Clearly, changes are needed to improve the current obesity problem in Texas. Strategies focused on early intervention and prevention initiatives at the state and local level are essential to fighting this obesity epidemic in Texas. Similarly, sound state policy to encourage and facilitate programs that increase physical activity and improved nutrition is also necessary. The Partnership supports three key priorities as targets in reducing obesity in Texas.

SCHOOL AND COMMUNITY ENVIRONMENT

Schools play a unique role in communities, and therefore have a powerful potential to help control and reverse the obesity epidemic in Texas. For five days a week a child is eating one or even two meals a day at school. This makes schools an ideal starting point for positive exercise and nutrition intervention. By supporting specific fiscal and policy priorities, Texas can take steps towards curbing the obesity epidemic through combined school and community efforts.

Fiscal Priorities:

- Preserve funding for the School Health Network within the DSHS Budget
- Support the DSHS Chronic Disease Prevention exceptional item related to obesity prevention
- Support expanded funding for the Texans Feeding Texans program, a Texas Department of Agriculture grant that helps farmers donate surplus produce to local food banks.

Programs such as the School Health Network are crucial in the fight against obesity. The network takes a school wide approach to health—PE teachers encourage physically active students, counselors support self-image, teachers provide health lessons, and the nutrition service teams provide healthy food options.¹³ This multi-faceted approach to health is critical, and has already proven to be effective in Texas—a program called CATCH (Coordinated Approach to Child Health) implemented in El Paso schools led to documented nutritional improvements in the diets of students and increased physical activity in PE classes.¹⁴ This resulted in a decrease in obesity among fourth-graders from 25.5% in 2000-2002 to 18.8% in 2004-2005.¹⁵ Progress can and is being made and these programs must continue to receive funding to support further efforts in reducing childhood obesity.

The Texas Department of State Health Services (DSHS) has also brought attention to the state's obesity problem. Their *Health Promotion and Chronic Disease Prevention Section* focuses on assisting Texans in making healthy life choices, reducing the economic impact of poor health, and supporting the education of physical activity and nutrition, diabetes, and other chronic risk factors and diseases.¹⁶ These preventative efforts are essential and all exceptional items that relate to preventing obesity must continue receiving support; the budgetary commitment to obesity prevention must be maintained.

Another hurdle that Texas faces is a problem with food insecurity. Broadly, food insecurity occurs when consistent access to adequate food is limited by a lack of money or other resources.¹⁷ In Texas, 18.5% households were labeled as food insecure between 2009-2011.¹⁸ Without sufficient food access, making healthy choices can be difficult. Thus, expanding access to healthy foods is critical to obesity prevention efforts. The Texans Feeding Texans program is a program supported by the Texas Department of Agriculture that provides healthy foods to those who commonly find barriers to such access, like the three million Texans that access Texas food banks every year.¹⁹ Expanding funding to the Texans Feeding Texans program is an efficient and effective strategy to increase nutritious food consumption, and it supports local

farmers by providing them with funding in exchange for donating their fresh produce to local food banks.²⁰

Policy Priorities:

- Improve the health of schoolchildren by restoring a half credit of physical education in high school as well as health as requirements for graduation
- Support efforts to ensure advertising on school district property is nutritionally appropriate
- Support Complete Streets and Safe Routes to School
- Utilize local school health advisory councils to make policy recommendations to school district concerning the types and quantity of sugary drinks sold in school sited vending machines and a la carte offerings. They should also consider research regarding kids and sugary drinks, health and medical recommendations, and the health benefits of encouraging water consumption in making the recommendations.

Physical Education is often the first class eliminated when schools look to increase academic performance. However, the substitution of physical activity with more hours in the classroom is actually detrimental to academic performance. As reported at the American Health Association's 2010 conference, students who were categorized as physically fit in 5th grade and remained so in 7th grade exhibited the highest academic performance. The next best group was students who were not fit in 5th grade but who became physically fit by 7th grade. The third best group were those students who had lost their physical fitness over the time period, and in the poorest academically performing group were the students who were neither physically fit in the beginning (5th grade) nor the end (7th grade) of the study.²¹ These findings demonstrate the academic benefits of physical education and the positive influence that intervention can provide by restoring PE and health in high schools.

It is also important to note the impact that advertising in schools has on food choices. While it may seem minute, food advertising does affect children's food choices, purchase requests, diets, and health.²² Unfortunately, the majority of this advertising in schools is for low-nutrition foods, including snack foods, soft drinks, and fast-food restaurants.²³ In fact, a national survey showed that 67% of schools had advertising for food that were high in fat and/or sugar.²⁴ These ads come in a variety of forms, including basic posters and signs, to logos on uniforms, scoreboards, fundraising items, and buses.²⁵ Efforts to ensure nutritionally appropriate advertising can make a difference in children's health, especially since they eat between 5 to 10 meals in school each week. Potential intervention should include school districts negotiating contract terms with vendors in order to limit the sale and advertising of low-nutrition food and drinks (especially sugar sweetened beverages) on school property.²⁶

Physical fitness requires both exercise and good nutrition. A simple strategy for encouraging daily physical activity is to provide safe routes for walking or biking to school. Not only does the walking or biking to school contribute to the recommended 60 minutes of physical activity per day, but children who actively commute to school are also more likely to walk or bicycle to other locations in their neighborhood.²⁷ There are two programs that play an important role in

encouraging children to walk and bike to school. Texas currently has a Safe Routes to School (SRTS) program, under the National Center for Safe Routes to School. The SRTS program supports building and providing a safe way to walk or bike to school, and has received over \$90 million dollars since 2005 through federal SRTS funding.²⁸ Similarly, the Complete Streets program encourages building roads that enable safe access for all users, including pedestrians, cyclists, and motorists.²⁹ Texas should continue supporting both of these programs, especially since the road conditions are not adequate for current users. According to Smart Growth America, only 34% of Texas roads were in good condition in 2008 and only 11% of highway spending was directed towards repair and maintenance.³⁰

Texas should also encourage expanding the role of School Health Advisory Councils to implement policy recommendations that restrict the availability of sugary-based drinks in schools. Limiting the availability of sugar-sweetened beverages is a positive step schools can take in helping their students maintain a positive diet and healthy weight. The benefits of eliminating sugary drinks cannot be understated. According to the American Academy of Pediatrics, each 12 ounce sugared soft drink consumed daily is associated with a 60% increase in the risk of obesity.³¹ Furthermore, people who consume sugary drinks regularly—1 to 2 cans a day or more—have a 26% greater risk of developing type 2 diabetes than people who rarely have such drinks.³² These risks are very real concerns, as sugary drinks (soda, energy, sports drinks) are the top calorie source in teens' diets (226 calories per day), even beating out pizza (213 calories per day).³³ Cutting out these drinks is essential and has proven to be beneficial—research published in the *New England Journal of Medicine* showed that switching from high-calorie sweetened beverages to non-caloric drinks led to less weight gain among both obese and normal-weight children.³⁴ Clearly, childhood obesity rates would benefit from schools applying sugary-based drink standards and restrictions to meal times.

EARLY CHILDHOOD

While a number of policies and efforts to combat obesity have been directed towards K-8 children, very little has been done for our youngest Texans. The obesity epidemic does indeed touch all ages—about 20% of the nation's children are already overweight or obese before they enter school.³⁵ In fact, about 10% of infants and toddlers even have high weights for their lengths.³⁶ This problem is not one that children will eventually “grow out of”—early childhood obesity tends to persist into later life and increases the risk of obesity related disease in adulthood.³⁷ Efforts must be made and targeted towards the youngest Texans to establish proper nutrition and physical activity at the earliest of ages.

Policy/Fiscal Priorities:

- Improve nutrition and physical activity in early childhood programs by strengthening the Texas Education Agency's Pre-K health standards. Encourage innovative approaches to engaging parents and childcare facilities by earmarking a specified percent of the Texas Department of Agriculture's health and nutrition grants for programs serving young children.

As mentioned, the habits of our youth almost always remain as the habits we have as adults, making intervention and prevention most successful when established at an early age. This can start even before formal schooling begins. An important first step is establishing accurate monitoring and tracking of growth from birth to age five.³⁸ For toddlers and preschoolers, positive action can include providing a daily outdoor time for physical activity and a safe indoor environment with a variety of play equipment.³⁹ A large part of improved nutrition and physical activity for early childhood programs includes adult involvement. Preschool teachers should be involved in the outdoor and indoor physical activities, sit down with the children at meal times, and eat the same foods as the kids.⁴⁰ It is also imperative to avoid withholding physical activity as punishment for bad behavior.⁴¹

FOOD SYSTEM AND ACCESS

Ensuring healthy foods are readily accessible in all communities is another important step in curbing the obesity epidemic. Barriers to accessing healthy food can make it nearly impossible to maintain an appropriate weight. According to the most recent data, as many as 4.2 million Texans (18%) live in food insecure households.⁴² Unfortunately for these 4.2 million Texans, there is a strong correlation between food insecurity and obesity. By addressing the lack of access to healthy foods, Texas can make real strides towards ending its obesity problem.

Policy Priorities:

- Support policies that address food insecurity and obesity as they relate to a lack of access to affordable and healthy foods. Improve access to healthy foods by supporting policies that allow the use of vacant state land for community gardens and incentivize private landowners to offer a portion of their land for the same purpose.
- Promote guidelines that establish nutritional content standards and that set local food procurement targets for foods offered via vending machines and food service programs located in state facilities and agencies.

While it may appear contradictory, food insecurity is strongly linked to obesity. Individuals living in food insecure areas often lack access to full service grocery stores, and individuals with limited transportation are often limited to corner and convenience stores for grocery shopping.⁴³ In cases where healthy food is available, it is more expensive compared its unhealthy and processed alternatives.⁴⁴ Furthermore, those areas with less access to healthy foods also have an increased availability of fast food restaurants where the food is nutritionally poor but much less expensive.⁴⁵ Thus, when someone of low income is food insecure, they often opt to buy the cheaper food, favoring high quantity, less nutritious options over more expensive, healthier choices. It is imperative that Texas facilitates access to healthier foods for all its residents.

One way to improve access to healthy foods is through community garden programs. A study published in the Journal of Nutrition Education and Behavior found that adults with a household member that participated in a community garden consumed fruits and vegetables 1.4 more times per day than those who didn't participate.⁴⁶ Furthermore, the adults were 3.5

times more likely to consume fruits and vegetables at least 5 times daily.⁴⁷ Gardeners themselves state that participating in community gardening provides them with better access to food (which can be very important for low income families), improved nutrition, increased physical activity, and even improved mental health.⁴⁸ Communities and neighborhoods can clearly benefit from community gardening. Texas can increase the number of community gardens by providing incentives to private landowners to offer a portion of their land for gardening. This grants landowners compensation (e.g. tax incentives) in exchange for allowing use of their vacant land for community gardens—an idea that recently materialized into passed legislation in San Francisco.⁴⁹

Additionally, Texas can make further progress by establishing nutritional content standards for food offered in state facilities and agencies. Not only do the standards provide employees, visitors, program participants, and institutionalized people with more nutritious options, but it also sets an example for the public—offering healthier options in its own work environment shows the government is dedicated to addressing the obesity problem.⁵⁰ These nutritional standards can apply to food sold in cafeterias, vending machines, highway rest stops, public hospitals, public colleges, and highway rest stops, among others.⁵¹ There are great benefits to implementing a sound food procurement policy in state facilities—the policies can change individual factors such as knowledge of how to choose healthy options, social factors such as increased positive social norms for choosing healthy foods, and environmental factors like greater access to healthy food options.⁵² These changing factors can result in increased consumer demand for and access to healthy foods from food suppliers.⁵³ Such policy would benefit the 284,729 full-time and 78,804 part-time Texas state government employees and serve as a great strategy in curbing the obesity epidemic.⁵⁴

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