



**Texas Legislative Budget Board Hearing  
Texas Education Agency  
September 14, 2010**

Texans Care for Children is a statewide nonpartisan, nonprofit advocacy organization dedicated exclusively to the children of Texas. We look to our broad base of community-based experts—our partners and 220 members throughout the state who together represent thousands of Texas children—to inform our work and help us in developing our legislative agenda. We also co-convene various stakeholder groups which bring together a wide range of organizations, families, and advocates around our areas of focus, which are: family economic security; infant, child and maternal health; children’s mental health; child welfare; and juvenile justice and at-risk youth.

Children spend a great deal of their time in school, and what happens in school environments makes a difference in the state’s success promoting child health and wellbeing. As you examine the budget request for the Texas Education Agency (TEA), Texans Care urges you to consider the long term costs associated with budget decisions made this session.

**Child Obesity**

A study by the UT School of Public Health in Houston found among Texas fourth-graders, 42% are overweight, and so are nearly as many eighth- and eleventh-graders (39% and 36%, respectively). Texas also has the nation’s sixth-highest rate of adolescent *obesity*—excess weight that brings the most health risks—and no state has a higher rate than Texas of obesity among 10- to 17-year-old girls.<sup>i</sup> Even the youngest children face obesity risks: more than 16% of Texan preschoolers (ages 2-5) are either overweight or obese.<sup>ii</sup> The Texas Comptroller of Public Accounts says obesity will cost Texas businesses \$15.8 billion by 2025 (up from \$3.3 billion today).<sup>iii</sup> Obesity is linked to a number of chronic diseases that shorten the life span, from high blood pressure to heart disease to cancer to type II diabetes, and demographers 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.<sup>iv</sup>

**Child Mental Wellbeing**

Mental health plays an important role in a student’s ability to achieve academic success. Schools recognize this, and most have some programs and policies in place to support mental and behavioral health. The American Academy of Pediatrics has identified schools as being “the primary providers for mental health programs and services for many children.”<sup>v</sup> In fact, a national study found that 20% of students had received some mental health service during the school year.<sup>vi</sup> As the environment in which most children spend most of their days, schools are in a prime position to help identify and provide or link students to mental health services. Most schools offer some range of services to support student mental and behavioral health, but these strategies are often fragmented and limited in scope. Texas estimates 11% of its children between the ages of 9-17 have a diagnosable mental illness.<sup>vii</sup> However, many more students are confronted with social, family, or behavioral challenges that get in the way of learning. With problems unaddressed, many bright students struggle academically. Others get into

trouble, finding themselves pushed out of classrooms and towards the juvenile and criminal justice systems. Often early identification of and support for issues that arise can prevent bigger challenges that require more intensive interventions.

### **Coordinated School Health**

Coordinated school health is the research-based strategy recommended by the U.S. Centers for Disease Control and Prevention (CDC) to improve health outcomes for children and youth. Coordinated school health involves eight components that work together for health promotion: 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. Most, if not all, districts need training and technical assistance in order to implement coordinated school health well. In Texas, policymakers have provided this through a school health specialist at each of the twenty regional Educational Service Centers (ESCs). However, school health specialists have, in most cases, only been funded part time, with significant limits on their ability to focus on coordinated school health because of the multiple grants that form their patchwork funding.

Each school district in Texas is also required to have a School Health Advisory Council (SHAC), which is comprised of appointed parents, school personnel, and community members who make recommendations to the district on issues related to health education and the coordinated school health. While SHACs are required by state law to address the prevention of obesity, cardiovascular disease and Type 2 diabetes, they are encouraged to develop plans for a broader coordinated school health program, including behavioral and mental health, a healthy school environment, school counseling, and increasing school linkages to community-based resources. The levels of effectiveness and engagement of SHACs vary statewide, but each one has the potential to address the physical and behavioral health needs of students and to improve the coordination of services within the school and community.

Schools can provide students with a seamless system of prevention, early intervention, and intensive intervention as needed to promote the success of all students. Doing so requires active collaboration between various departments within a school, and also with public and private agencies outside the school. It also requires our state policymakers to make an investment in the state's human capital—its children—by **fully funding both the school health specialists, collectively called the Texas School Health Network, and the full implementation of coordinated school health. Texans Care for Children urges legislators and state leadership to reject the proposed cut to ESC funding in the TEA budget because of its short- and long-term negative impact on the health and wellbeing of Texas children.**

Before making any cuts to vital services, Texas needs a balanced approach to balancing the state budget. We urge the Legislative Budget Board to identify all reasonable options for bringing state revenue into alignment with Texans' current and future needs. Here are three ways to meet today's needs in Texas and prepare for a better future:

- A. **Use the Rainy Day Fund.** An estimated \$8 billion in savings will be available for the next budget from a fund whose constitutional mandate is shoring up state services during economic downturns.
- B. **Take advantage of available federal funding.** Texas taxpayers need our state leaders to prioritize bringing our share of federal dollars back to Texas.
- C. **Close wasteful tax loopholes, and develop new revenue sources.** The House Ways & Means Committee has been systematically reviewing tax exemptions this interim in order to help the

Legislature identify those that are outdated and that can be eliminated without hurting the average taxpayer.

Thank you for your time and commitment. If you have any questions, please feel free to contact me or the staff of Texans Care for Children at 512.473.2274.

Respectfully,

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<sup>i</sup> Singh, G.K., Kogam, M.D., and vanDyck, P.C. Changes in State-Specific Childhood Obesity and Overweight Prevalence in the United States from 2003 to 2007. *Archives of Pediatric and Adolescent Medicine*. Vol. 164, No. 7. May 3, 2010.

<sup>ii</sup> Polhamus B, Dalenius K, Mackintosh H, Smith B, Grummer-Strawn L. Pediatric Nutrition Surveillance 2008 Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009. Online at: [http://www.cdc.gov/pednss/pednss\\_tables/index.htm](http://www.cdc.gov/pednss/pednss_tables/index.htm)

<sup>iii</sup> "Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers," 1. Susan Combs, Texas Comptroller of Public Accounts. March 2007. Available: <http://www.window.state.tx.us/specialrpt/obesitycost/>. Accessed 10/2009.

<sup>iv</sup> Belleck, P. "Children's Life Expectancy Being Cut Short by Obesity." *The New York Times*. March 17, 2005.

<sup>v</sup> American Academy of Pediatrics. (2004) "School-Based Mental Health Services: Policy Statement." *Pediatrics*. 113(6). Pp. 1839-1845.

<sup>vi</sup> Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G. and J. Teich. (2005) *School Mental Health in the United States: 2002-2003*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

<sup>vii</sup> Texas Department of State Health Services. (2009) *FY 2009 State Plan for Community Mental Health Services Block Grant Application*.