



**Texas Senate Health and Human Services Committee
Interim Charge #7 –Obesity, Physical Activity, Nutrition
September 8, 2010**

Thank you for this opportunity to provide testimony today, Chairwoman Nelson and members. I am testifying today both on behalf of Texans Care for Children and the Partnership for a Healthy Texas: Conquering Obesity, of which I am Vice-Chair. Texans Care 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.

In Texans Care’s work on child obesity, we work in coalition with the Partnership for a Healthy Texas, which develops and promotes policies and programs that prevent obesity in Texas. The Partnership:

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

Why Obesity is a Concern

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). Research published in 2010 found that Texas also has the nation’s sixth-highest rate of adolescent *obesity*—excess weight that brings the most health risks—and that no state has a higher rate than Texas of obesity among 10- to 17-year-old girls.ⁱ Even the youngest children face obesity risks: more than 16% of Texan preschoolers (ages 2-5) are either overweight or obese.ⁱⁱ

Many doctors believe that addressing childhood obesity is key to reversing obesity trends in the population at large—and, economists say, states and businesses need such a reversal to avoid dire costs. Because 70 percent of overweight children today grow up to be overweight or obese adults,ⁱⁱⁱ if no action is taken, the rate of obesity among working-age Texans will jump from 29 percent today to 43 percent in a generation.^{iv} The Texas Comptroller of Public Accounts says this increase will cost Texas businesses \$15.8 billion by 2025 (up from \$3.3 billion today).^v 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.^{vi}

The Partnership is currently working with its full membership (list follows) to finalize our legislative priorities for the 82nd Legislature. The following are issues that the Partnership has worked on with this Legislature in the past that we are continuing to develop. We will have final priorities to share with your offices by September 22nd when we co-host a Texas Obesity Week event here at the Capitol with partners at the Dell Center, the University of Texas School of Public Health, and others. We invite you and your staff to join us.

How Neighborhoods and Streets Impact Healthy Weight

To a great extent, the health we take into adulthood is determined by the environment around us during childhood. Doctors and researchers say every state, neighborhood, and school has features that are either supportive of physical fitness and healthy eating or contradictory to those goals—this is what researchers call the “built environment.” Places where teens feel safe walking, biking, or getting outside experience significantly lower rates of youth obesity, even when other factors, like income and race, are taken into account.^{vii} In environments conducive to adequate nutrition and fitness, children tend not only to be healthier but also to see improved test scores, better classroom attendance, reduced dropout rates, fewer discipline problems, and better health outcomes overall.^{viii} Yet in the places without them—where access to healthy food and clean water is limited, and where options for exercise remain inconvenient or unsafe—obesity is a growing problem.

Last session, SB 161 by Senator Rodney Ellis allowed specialty license plate fees to fund the Safe Routes to School Program. Safe Routes to School funds projects like sidewalks and crosswalks that make routes safer for children to walk and bicycle, as well as education programs to help children learn to travel safely to and from school. The Partnership continues to support physical activity in the community environment by recommending policies that encourage walking and bicycling, such as Safe Routes to School, and we are working with partners to explore a “Complete Streets” approach to the built environment in Texas.

Experts agree that being healthy in adulthood largely depends on the communities we live in as children and we ask for your continued effort to improve our built environment and support physical fitness.

The Role of Schools

Children spend a great deal of their time in school, and what happens in school environments makes a difference in the state’s success preventing obesity. Ongoing challenges have been how to involve parents in school health decisions and how to hold school districts accountable for implementing coordinated school health. Last session’s SB 283 by Chairwoman Nelson addressed both—it required local school district school health advisory councils (SHACs) to have as chair or co-chair a parent that is not employed by the district, to have a student member, for the SHAC to have at least five members, to meet at least four times per year, and to report annually to the school district’s board. Further, Chairwoman Nelson’s SB 892 from last session required public school campuses to evaluate their coordinated school health program at the campus level as part of their campus improvement plan. The Partnership is investigating the best ways to increase districts’ accountability for implementing these changes to achieve their legislative intent.

Partnership for a Healthy Texas members have long supported continued improvement of physical education and physical activity in the school environment. To improve physical education and physical activity last session, SB 891 by Senator Jane Nelson provided a clear definition of physical education consistent with national standards, required that at least 50% of class time be used for physical activity and expanded the 30 minutes per day of physical activity to prekindergarten. Through a rider to the

budget, legislators also allocated \$10 million over each of the next two fiscal years for the Texas Education Agency to make grants to middle schools to support physical education and fitness programs in school districts that have proportionately high numbers of economically disadvantaged children.

Building on last session's accomplishments, the Partnership is developing proposals to support the continued improvement of physical education and physical activity through policies that increase the usefulness of FitnessGram data, implementation of national standards for physical education, and health education for Texas students. We look forward to working with your offices on specific proposals later this Fall.

Child Obesity in the Early Years

The Surgeon General's Vision for a Healthy and Fit Nation 2010 states that "early childhood studies show that approximately one in five children are overweight or obese by the time they reach their 6th birthday, and over half of obese children become overweight at or before age two. Even babies are affected. Between 1980 and 2001, the prevalence of overweight infants under six months almost doubled, from 3.4% to 5.9%."^{ix} In Texas, the prevalence of obesity in young, low-income children is higher than the U.S. average for this group.^x

At the same time, the number of young children receiving care in child-care settings has increased. The Surgeon General reported cited above found that 61% of children aged 0–6 years who were not yet in kindergarten (about 12 million children) received some form of child care on a regular basis from someone other than their parents in 2005. The licensed capacity for child care throughout Texas in 2009 was more than 1 million.^{xi}

Last session, two important changes were made to affect children's health in the early years. SB 282 by Senator Jane Nelson passed to allow the Texas Department of Agriculture (TDA) to set up a grant program to support early childhood education programs that provide nutrition education to children. SB 395 by Senator Eddie Lucio Jr. created the Early Childhood Health and Nutrition Interagency Council to assess barriers and best practices to improving healthy nutrition and physical activity in early childhood care settings, and to develop a plan for increasing physical activity and healthy nutrition in early childhood care settings.

The American Academy of Pediatrics (AAP) has recommended that children limit "screen time," or activities such as watching television and playing computer games.^{xii} However, researchers at the University of Washington in Seattle recently found that many children in child care watch significant amounts of television, often without parents' realization.^{xiii} Although the AAP has recommended discouraging TV viewing for children under 2 and limiting viewing for older children to between one and two hours per day, young children in the study were found to watch about five hours of TV per day, equating to almost half of their waking hours. The Institute of Medicine's Local Government Actions to Prevent Childhood Obesity report recommends putting regulations in place to limit screen time in preschool and after school programs and provide standards for time spent in active play in these programs; the report also calls for promoting participation in existing federal, state, and local nutrition and feeding programs.^{xiv} The Surgeon General's Vision for a Healthy and Fit Nation 2010 report also offers recommendations pertaining to child care settings, including: implementing nutrition requirements in child care, providing training for child care providers in nutrition and physical activity, and educating and involving parents in finding appropriate environments for their children.^{xv}

Texas is in the process of reassessing its child care licensing standards now, which includes changes to minutes of structured and unstructured daily physical activity in child care settings. The Childhood Health and Nutrition Interagency Council will issue a report to the Legislature in November. The Partnership is developing recommendations on how to best work with these processes to improve nutrition and physical activity requirements for children in early childhood programs, including the impact of implementing current Dietary Guidelines for Americans in child care settings.

Access to Healthy Foods

Some communities lack convenient places to shop for healthy foods like fresh produce. Called “food deserts,” these communities not only lack grocery stores but often have many fast-food chains and convenience stores that offer few healthy options. Texas has the lowest number of supermarkets per capita of any state in the country.^{xvi} Policies can help promote business development for those who would sell produce in underserved neighborhoods, and the mere presence of supermarkets and grocers, in turn, can increase fruit and vegetable consumption by up to 32 percent.^{xvii} The Pennsylvania Fresh Food Financing Initiative is one successful example of a public/private collaboration that has helped more than 80 grocery stores open, serving rural and isolated communities that previously lacked options for purchasing fresh fruits and vegetables. The Institute of Medicine and National Institute of Health hold it up as a model for obesity prevention.^{xviii} Houston is one of a handful of communities the Food Trust is exploring for an expansion of the initiative.

Good steps were taken last session towards the goal of better understanding and planning to address lack of access to healthy foods. SB 343, also by Senator Nelson, creates an advisory committee to study the availability of healthy foods in underserved areas of Texas. The advisory committee will report back to the Legislature with an implementation plan for a statewide program that would bring healthy foods to areas of the state that do not have access to fresh fruit and vegetable retailers. SB 1027 by Senator Kirk Watson establishes a farm-to-school task force to promote the availability of locally grown fresh foods in public schools. The task force will provide schools with training and technical assistance, create a database of available locally grown food, and implement a grant program for schools to recover the cost of purchasing locally grown fresh food.

The advisory committee resulting from Senator Nelson’s bill and the task force from Senator Watson’s bill are both due to release recommendations soon. These recommendations, along with dialogue with the Food Trust about its Houston-based initiative, are forming the basis for policy development for the 82nd Legislature. The Partnership anticipates supporting proposals consistent with this and other work around food access in Texas, and will be firming up policy recommendations over the early Fall.

Keeping Commitments to Past Success

The Partnership supports maintaining efforts to reduce the spread of obesity and related chronic diseases, raise awareness about nutrition, healthy living, and physical activity, and curb obesity’s costs. We are concerned about implementation of coordinated school health, the approach recommended by the U.S. Centers for Prevention and Disease Control, that is required to be implemented in elementary and middle schools in Texas. In many districts, implementation is weak due to lack of dedicated resources. Additionally, the Texas School Health Network—which provides training and technical assistance to schools seeking to create a healthy school environment—is at risk. Building on your hard work from past sessions, we ask for your continued support of these initiatives in the upcoming session so that Texas does not lose ground on combating the obesity epidemic.

Thank you for your time and commitment. Please feel free to contact the Partnership if you or your office needs any support on obesity prevention policy. You may reach me at 512.473.2274.

Respectfully,

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Members of Partnership for a Healthy Texas

<http://www.partnershipforahealthytexas.org/members.htm>

AARP

American Cancer Society

American Diabetes Association

American Heart Association

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

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

Trans Texas Alliance

University Interscholastic League

University of North Texas Health Science Center

University of Texas at Austin

Youth Interactive

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