

2013 Texas Health Perception Survey

Background

The 2010 Texas state elections resulted in a turnover of more than 50% of Texas' 181 legislators. Thus, these new or junior legislative members were largely 'unknown' to obesity prevention policy-focused partners in Texas, and did not necessarily know the history of or rationale behind existing legislation for obesity prevention efforts. In addition, new legislative members and their staff may have other priorities and would not necessarily have the relationships with health advocates, or knowledge of the extent of this public health problem and its consequences in the state.

From a scientific standpoint, data were needed on current legislative knowledge and resources on childhood obesity, so that future research studies could elicit appropriate data needed as background for public health programs and environmental changes, as well as to develop effective communications and strategic dissemination efforts for these findings. The overall aim of the 2013 Texas Health Perception Survey was to assess the knowledge, attitudes, and health beliefs of legislators elected to the 83rd Texas Legislature.

Methods

Background on the Texas Legislature

The Texas Legislature is comprised of 31 members of the Texas Senate and 150 members of the Texas House of Representatives. Texas Senators serve 4-year staggered terms while Texas Representatives serve 2-year terms on the same cycle.

The Texas Legislature meets every odd-numbered year, with the regular session beginning in January and convening for no more than 140 days. The governor may call the legislature into special session as needed. Special sessions are limited to issues in the governor's reconvening call and may last for no more than 30-days each. The most recent legislative session (the 83rd Texas Legislature, 2013) included three special sessions.

Survey and Question Development

Survey and interview questionnaires were developed using instruments from previous studies (Tabek et al, 2013; Dodson et al, 2013; Dodsens et al, 2009) as well as questions developed by the investigators, with input from an external advisory committee. These questions assessed public health and obesity prevention knowledge, attitudes, and health beliefs of legislators elected to the 83rd Texas Legislature, as well as influences on health issues, support for specific obesity initiatives, information about use of resources for obesity prevention issues, and preferences for communication. The 17-question survey was completed by legislators or their designated staff. Legislative staff who completed the survey were instructed to answer the question using the view of the legislator. The survey was available in multiple formats: hard copy, online, and administration by interview.

Questions for the qualitative interviews were developed using a similar process, with review from the study external advisory committee. All qualitative interviews were administered in-person, and interviews were recorded and transcribed.

Data Collection

Legislators and their offices were first contacted by letter and email, and then by phone or personal visit. Surveys were administered throughout the regular legislative session (January 8 to May 27), as well as throughout the three special sessions (May 27 to August 5), and a small number were administered immediately after the session. All surveys were confidential and coded to provide anonymity.

Frequencies and distributions of survey data were obtained using IBM SPSS (Chicago, IL). For the qualitative interview data, transcribed responses and/or notes were organized and grouped according to thematic elements.

More details about the study and methods will be available in a future peer-reviewed research publication authored by the investigators.

Participation Rates

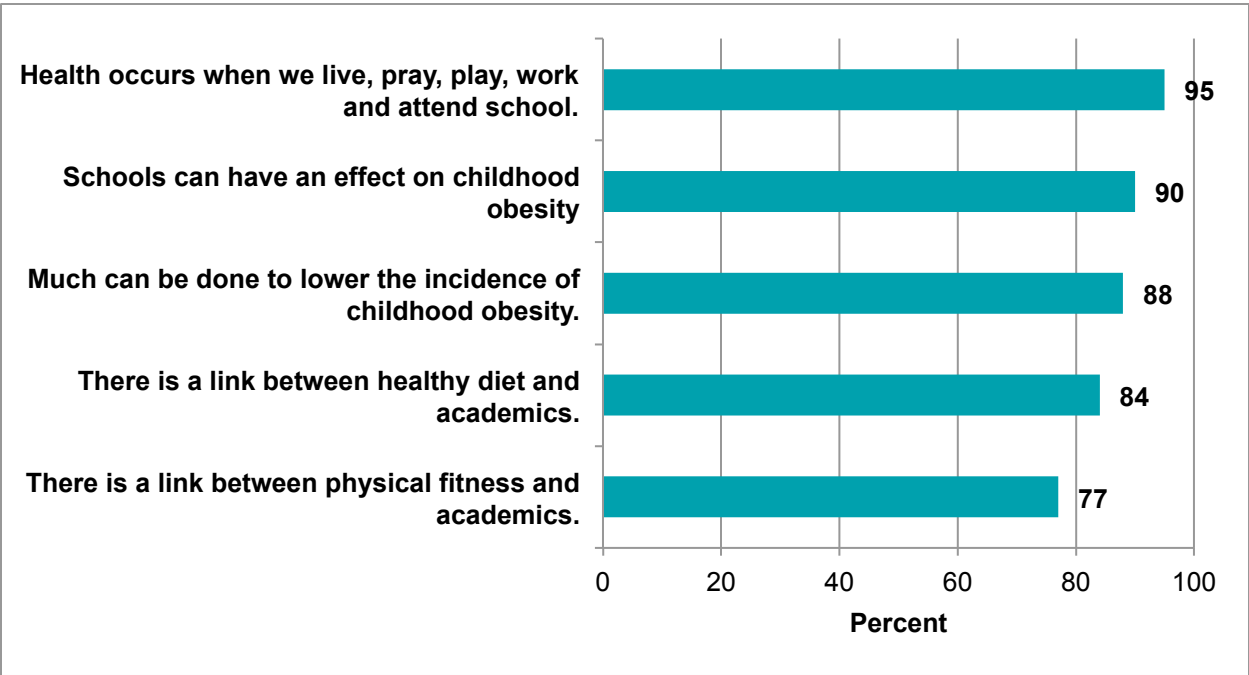
More than 46 percent of legislators (n = 83) from both political parties (approximately half Republican and half Democrat) and legislative chambers (69 from the House, 12 from the Senate, and 2 anonymously) responded to the survey. Sixteen legislators provided additional information through interviews administered in-person with a legislative aide speaking on their behalf.

Key Findings

Attitudes on Childhood Obesity in Texas

Legislators were asked about their beliefs on statements related to childhood obesity in Texas. They generally agreed that there is much to be done to lower the incidence of childhood obesity and there is a link between health and academics (See Figure 1).

Figure 1: Percent of legislators that somewhat or strongly agree with attitudes regarding childhood obesity in Texas.



Who or What Influences Decisions on Health Issues?

Legislators were asked how different types of data, groups, and information sources influence their decisions on supporting health issues or determining health priorities.

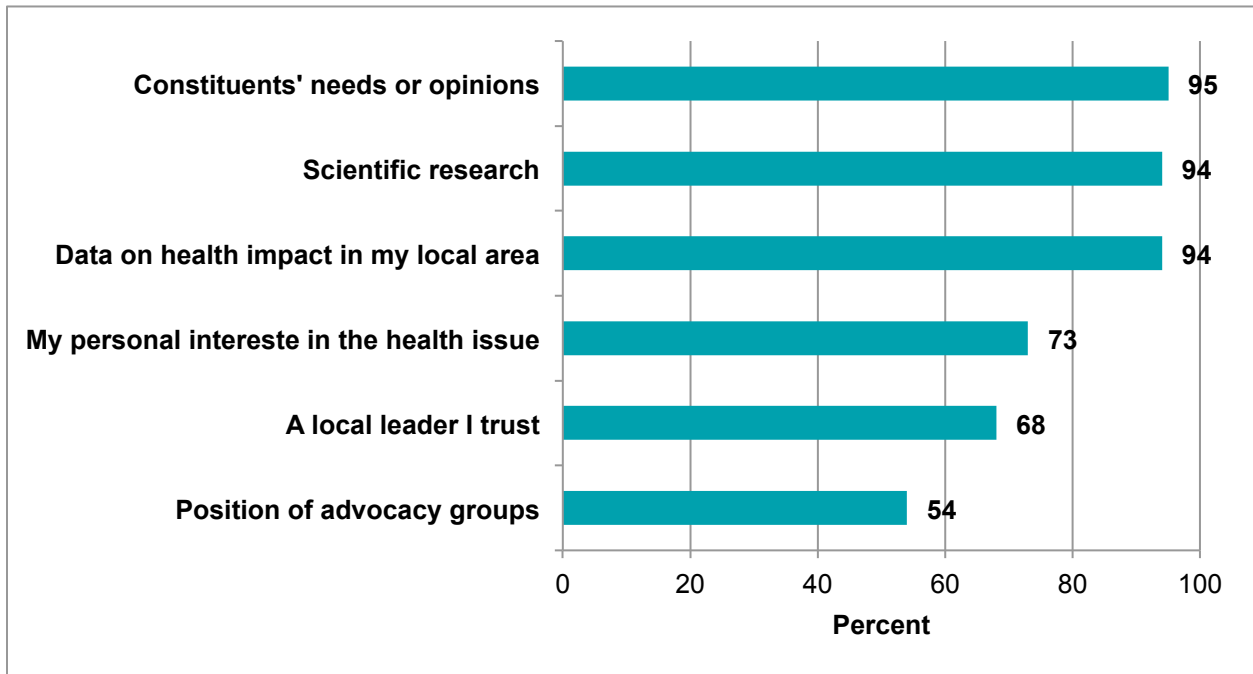
Constituents, scientific research, and district data (local and county) are the most important factors for legislators when determining their support for health issues and deciding on health legislation (see Figure 2).

Committee Chairs, special interest groups, elected leadership, and legislative staff are most influential when legislators are determining health priorities in the chamber, while state agencies, party leadership, the other chamber, and mass media have little influence.

Influential sources of information on health issues include healthcare organizations, personal expertise, mental health organizations, public health organizations, legislative staff, and Texas schools of public health. Lobbyists, statewide elected leadership, faith-based organizations, and media were seen as having relatively modest influence as sources of health-related information.

Which groups do legislators believe have more of a role in fighting the obesity problem in Texas?	
Large Role	Less of a Role
Parents and Families	Farmers
Individuals	Employers
Healthcare Providers	Restaurants
Communities	Transportation Groups

Figure 2: Percent of legislators that believe the following factors are important or very important when determining their support on health issues.



Support for Obesity Prevention Measures

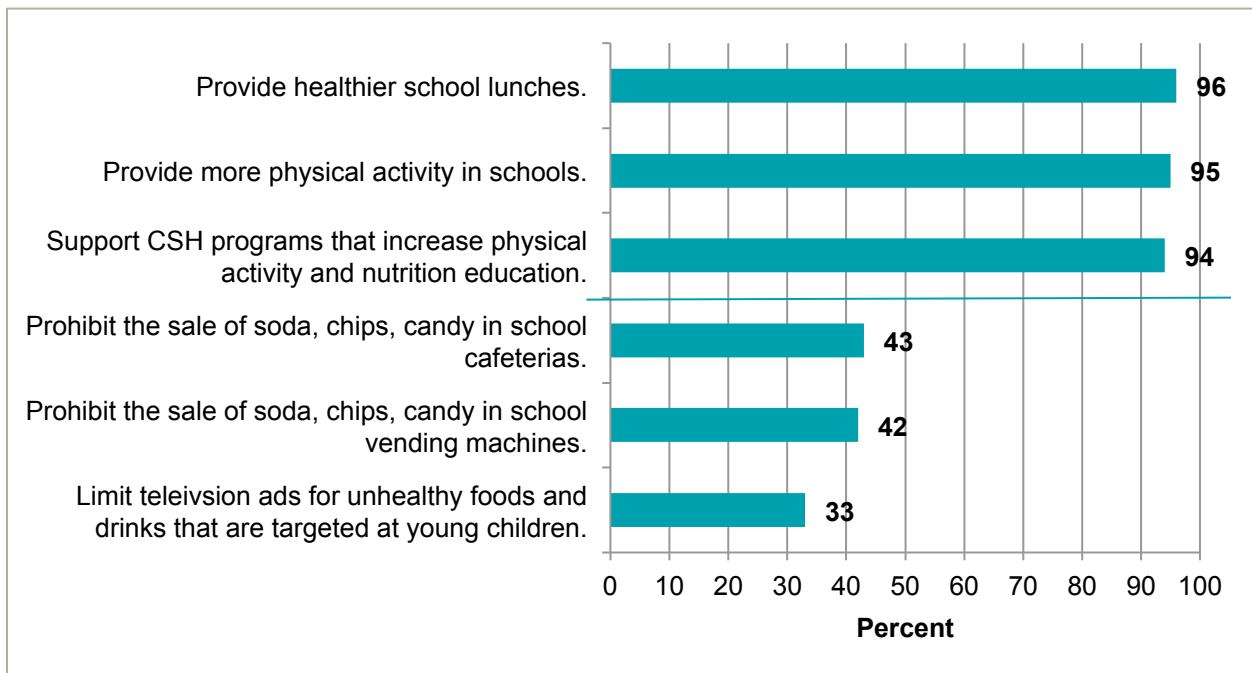
Legislators were asked how much they would support or oppose specific obesity prevention and control measures.

Legislators are more likely to support measures that are focused on educating the public, improving health, or increasing access while not limiting or prohibiting the sale of items or advertising (see Figure 3).

- Provide healthier school lunches;
- Provide more physical activity in schools;
- Support Coordinated School Health¹ programs that increase physical activity and nutrition education;
- Support health education in high schools;
- Increase access to healthier food, specifically fruits and vegetables;
- Educate parents about childhood obesity and healthier eating habits for children;
- Improve nutrition and physical activity in early childhood programs; and
- Ensure new schools and subdivisions are walking and biking friendly

“Increasing access is a better option; need incentives not restrictions.”

Figure 3: Percent of legislators who support specific obesity prevention and control measures (top 3 and bottom 3).



Measures considered most important in terms of priority and with the greatest chance of passage during the 83rd Legislative Session included:

- Improving early childhood programs, especially nutrition and physical activity standards;
- Using School Health Advisory Committees² to improve health of school children;
- Enhancing the environment to promote physical activity and nutrition; and
- Supporting evidence-based strategies to decrease sugar-sweetened beverage consumption.

What do Legislators believe are the greatest obstacles to passing childhood obesity measures?

- Balancing government responsibility with self-responsibility
- Finding funding
- Obtaining community buy-in
- Adding more educational mandates for public schools

Use of Health-Related Resources

Legislators were asked about their use of information resources when preparing and reviewing health legislation.

What would make research more useful to legislators?

- Providing hard numbers that are specific to Texas
- Communicating frequently with weekly or bi-weekly reports (especially in the interim)
- Providing information in an easily digestible format (infographics, figures, etc)
- Providing the information they need to know in an email or document with web links to more information

News and health websites (online and paper), along with the Texas Medical Association, are the resources most commonly used by legislators for obesity, nutrition, and physical activity information.

Legislators believe research information is an influential factor for childhood obesity legislation.

Legislators would like more interim studies completed on obesity in Texas.

Communication of Research Findings

Legislators were asked about the best methods and strategies to communicate research related to childhood obesity issues.

Health professionals (especially pediatricians) and researchers (especially those in higher education) are listed as the most credible messengers for childhood obesity messages.

Effective methods to engage legislators on childhood obesity issues and increase passage of legislation include:

- Build personal relationships with legislators;
- Visit with legislators early and find a champion;
- Start small and present legislators with an issue that they are supportive of or can care about;
- Use local media to present the issue since legislators have to address anything from their local paper; and
- Get interest groups on board.

When discussing legislation related to childhood obesity, legislators prefer the use of the term 'childhood obesity' since it is specific to the issue and spells out the problem. 'Health' and 'wellness' could be viewed as too broad a description of the problem.

According to legislators, testimony can be used to influence a positive decision on policy by meeting or communicating with the legislator prior to any testimony to brief them on the issue; having an expert present the data with a personal story included was also mentioned as being effective.

Summary

Overall, the survey of Texas legislators found widespread support for many obesity prevention measures. Attitudes tended to emphasize reliance on the balance between personal and governmental responsibility, as well as a focus on schools and early childhood education as being important in obesity prevention legislative efforts. Better communication strategies, as well as partnering with credible messengers, would be helpful in disseminating new and relevant research findings and health information to Texas legislators.

References

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¹ Coordinated School Health is an integrated, systematic set of planned, sequential, school-affiliated strategies, activities and services designed to advance student academic performance and promote their optimal physical, emotional, social and education development. Generally, these are multi-component programs that include classroom curricula, a physical activity program, initiatives in the cafeteria, and corresponding parent materials (Texas Department of State Health Services)

² A School Health Advisory Committee (SHAC) is a group of individuals representing segments of the community, appointed by the school district to serve at the district level, to provide advice to the district on coordinated school health programming and its impact on student health and learning. (Texas Department of State Health Services)

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