MICHAEL & SUSAN DELL
CENTER *for* HEALTHY LIVING

Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.





CENTER RESOURCES

WEBSITE
msdcenter.org

WEBINARS
go.uth.edu/webinars

NEWSLETTER
bit.ly/MSDCenterNewsletter

EXPERT BLOGS
go.uth.edu/CenterBlogs

SOCIAL MEDIA
@msdcenter

RESEARCH AND RESOURCE STATIONS
go.uth.edu/CenterResources

TX CHILD HEALTH STATUS REPORTS AND TOOLKITS
go.uth.edu/TexasChildHealth

TEXAS RESEARCH-TO-POLICY COLLABORATION PROJECT
go.uth.edu/TXRPCProject

UTHealth Houston School of Public Health

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TEXAS IS UNIQUE

2nd LARGEST

State in the U.S.



10% of U.S. births occurred in TX (2021-2024)



Every **80 seconds** a child is born somewhere in Texas



Hispanics account for **the largest share** of Texas' total population



35% of population speaks languages other than English at home



Texas has a greater population than 18 states **combined**



5 million Texas residents live in rural areas, more than any other state



7 out of 10 Texans live within the Texas Triangle

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DISCLOSURES & ACCREDITATION

This webinar awards **1.0 Entry-Level CHES/MCHES® credit.**

Requirements for Completion: Attend the session in its entirety

An evaluation form with instructions will be sent via email within one week following the webinar to registrants who signed up for credit.

The Michael & Susan Dell Center for Healthy Living is a Designated Provider of continuing education contact hours (CECH) for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) through The National Commission for Health Education Credentialing, Inc. (NCHEC®).

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From Research to Action: A Roadmap for a Healthier Texas

UTHealth Houston School of Public Health

MICHAEL & SUSAN DELL CENTER for HEALTHY LIVING

Texas Research-to-Policy Collaboration Project

October 20, 2026

PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

WELCOME

01. **AN OVERVIEW OF TEXAS**
Texas Legislative Basics

02. **TX RPC PROJECT OVERVIEW**
Tools for Engaging Legislators

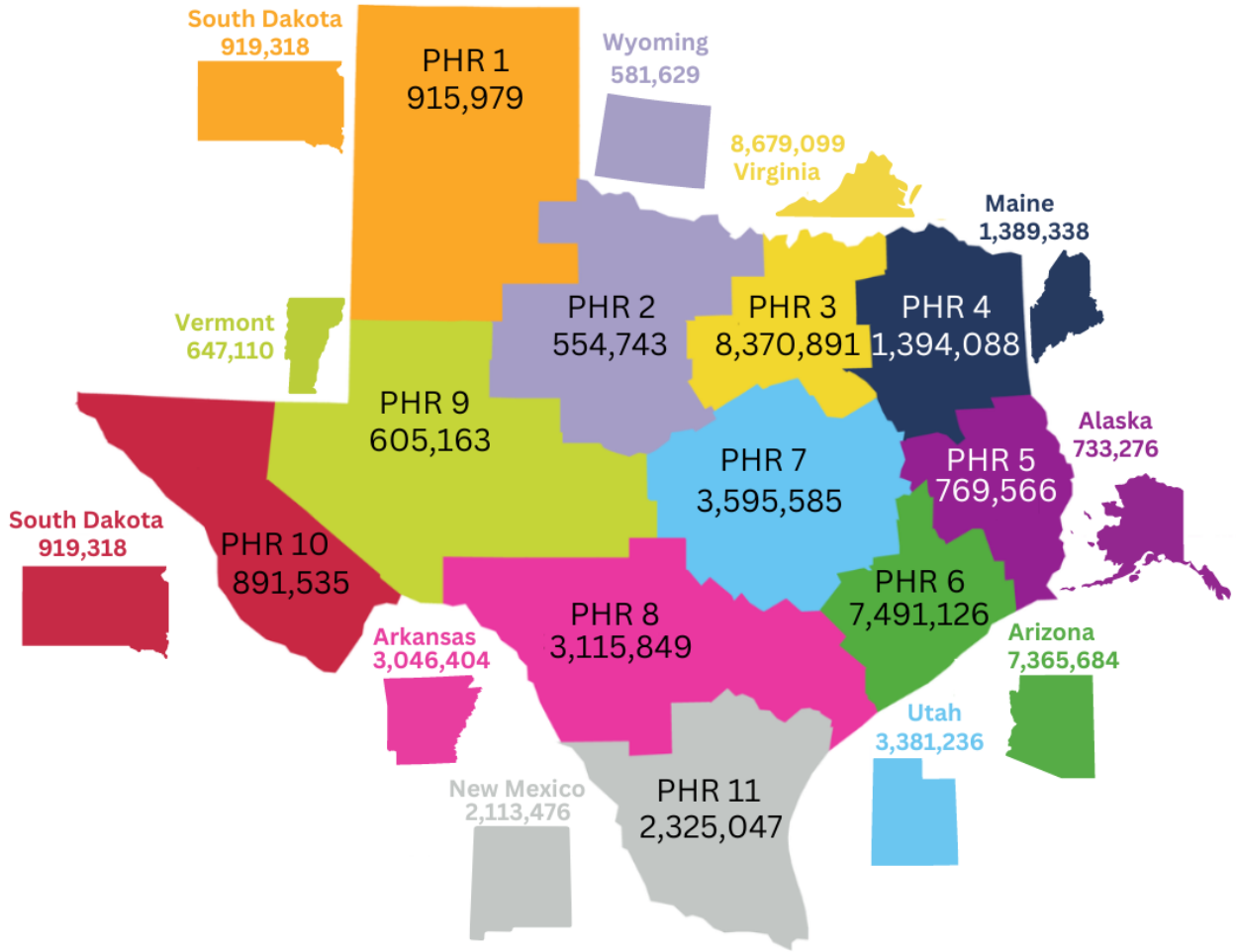
03. **PARTNERSHIP FOR HEALTHY TEXAS**
Priorities for the Upcoming Legislative Session

04. **QUESTIONS**

01.

AN OVERVIEW OF TEXAS

TEXAS PUBLIC HEALTH REGIONS (PHRs)



Source: Census Population Estimates as of July 1, 2023

LOOKING AHEAD: DATES OF INTEREST

- **November 3, 2026:** General election for federal, state, and county officers (Texas Election Code, Sec 41.001 Elections Code)
- **November 9, 2026:** Bill pre-filing begins for legislators and legislators-elect
- **January 12, 2027:** 90th Legislature convenes at noon [Sec. 5(a), Article III, Texas Constitution; Sec. 301.001, Government Code]
- **March 12, 2027:** 60-day deadline for bill filing
- **May 31, 2027:** Adjournment (sine die); session ends, veto period begins

RESEARCHER–POLICYMAKER COMMUNICATION

Barriers for Policymakers

- Limited access to and understanding of translated research [1]
- Turnover within policymaking offices [1]
- Lack of trust and established relationships [1]

Barriers for Researchers

- Limited knowledge of the policymaking process [2]
- Lack of trust and established relationships [1]

1. Jewell CJ, Bero LA. "Developing good taste in evidence": facilitators of and hindrances to evidence-informed health policymaking in state government. The Milbank quarterly. 2008;86(2):177-208.
2. Crowley M, Scott JTB, Fishbein D. Translating Prevention Research for Evidence-Based Policymaking: Results from the Research-to-Policy Collaboration Pilot. Prevention science : the official journal of the Society for Prevention Research. 2018;19(2):260-270.

EXAMPLE COLLABORATION STYLES

Characteristic	Researchers	Policymakers
Knowledge	Specialized, Narrow	Extensive, Gist
Information Sources	Journals, Conferences	News, Staff, Colleagues
Opinion Leaders	Leading Scholars	Civic or Political Leaders
Advocate Engagement	Weak	Strong
Decisions	Empirical Evidence	Public Support
Timeframe	Long, Deliberative	Short, Opportunistic
Uncertainty Tolerance	Lower	Higher

3. Brownson RC, Royer C, Ewing R, McBride TD. Researchers and policymakers: travelers in parallel universes. Am J Prev Med. 2006;30(2):164-172. doi:10.1016/j.amepre.2005.10.004
4. Choi BC. Twelve essentials of science-based policy. Prev Chronic Dis. 2005;2(4):A16.

02.

TX RPC PROJECT OVERVIEW

INTRODUCTION

Improve the health of Texans through policymaking

- Assist legislators seeking to use Texas research, data, and trusted resources

Engage state and local stakeholders in capacity-building

- Link policymakers to research for the 2027 Texas Legislative Session
- Review content and support the development of health policy resources

Respond to state legislative requests

- Facilitate researcher-policymaker connections and support requests for information to inform policy



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Texas Research-to-Policy Collaboration Project

BASELINE & POLICY IDENTIFICATION NEEDS ASSESSMENT

- Use TX RPC Policy Identification Needs Assessment to understand topics legislative offices are interested in for the session.

- Identified topics of interest help us to develop:
  - Health Policy Resources
  - Lunch & Learn presentations
  - Center webinars

POLICY IDENTIFICATION NEEDS ASSESSMENT – 2025 LEGISLATIVE SESSION

List of All Health Policy **Topics of Interest** for 2025

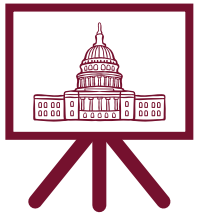
1. **Healthcare Access** (access, affordability, Medicaid/Medicare)
2. **Mental Health** (e.g., child/adolescent, services)
3. **Expanding Mental Health Services** (e.g., counseling, bullying)
4. **Border Health** (e.g., eliminate disparities)
5. **Chronic Disease** (e.g., cancer, diabetes, heart disease, obesity, etc.)

*2027 PINA currently underway

List of Top 5 **Topics to File Policy** on for 2025 Session

1. **Healthcare Access** (access, affordability, Medicaid/Medicare)
2. **Mental Health** (e.g., child/adolescent, services)
3. **Environmental Health**
4. **Medicaid/Medicare**
5. **Water/Health/Safety** (e.g., drinking water, use of water)
5. **Chronic Disease** (e.g., cancer, diabetes, etc.)

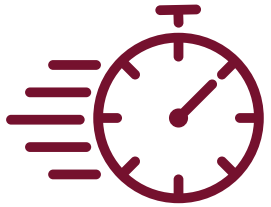
HEALTH POLICY RESOURCES TO SUPPORT LEGISLATORS



Lunch & Learn Sessions



TX RPC Project Health Policy Reports



Rapid Response Requests



TX RPC Project Newsletters



Collaboration Meetings



Texas Child Health Status Reports



Center Webinars



Texas Legislative Bill Tracker

UTHealth Houston School of Public Health

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Texas Research-to-Policy Collaboration Project

TX RPC PROJECT
HEALTH POLICY REPORTS

SNAP-Ed Programs in Texas

November 20, 2025

KEY TAKEAWAYS

1. The Supplemental Nutrition Assistance Program Education (SNAP-Ed) teaches people and families how to purchase and cook healthy meals, food preparation and safety skills, and engage in physical activity, to help them make healthier lifestyle choices.
2. SNAP-Ed leverages community knowledge and local expertise to implement programs that meet the individual needs of Texas communities.
3. Investing in SNAP-Ed strengthens Texas families by enabling them to make healthy food and physical activity choices in their communities.

Background



- SNAP-Ed is a nutrition and obesity component of SNAP and helps individuals and families make smart, healthy choices when purchasing and eating food,[1] which is consistent with the Make America Healthy Again (MAHA) strategies.[2]
  - SNAP-Ed was designed as an educational support for SNAP, the umbrella food assistance program which helps more than 3.4 million Texans access the food they need.[1]
- SNAP-Ed partners with all U.S. states and territories, working with state and local organizations to support healthy living and active lifestyles in families and communities.[1,4]
  - In the U.S., almost 2 million people participated in SNAP-Ed's direct education, such as nutrition education classes, across 314,000 sites in 2022.[4]
- SNAP-Ed has helped to support over 60,000 jobs in Texas.[5]
- Eligible individuals can enroll in programs that are consistent with the U.S. Dietary Guidelines for Americans.[1]

Types of Texas residents receive SNAP:[3]



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Texas Research-to-Policy Collaboration Project

Maternity & Perinatal Care Deserts

September 11, 2024

KEY TAKEAWAYS

1. Texas continues to face a state-wide maternal morbidity and mortality crisis, which has resulted in part from the lack of geographical access to maternity and perinatal care.
2. Traveling further to attend healthcare appointments can make it difficult to receive adequate care, increasing the likelihood of adverse outcomes.
3. Several legislative actions in Texas have addressed the strain on rural hospitals and obstetric (OB) providers, and it is important to build on this work so that rural communities can maintain care.

Hospital Closures

Many publicly funded rural hospitals have struggled in recent years due to: 1) low, stagnant Medicaid and Medicare payments; 2) increased costs; 3) declining rural populations; 4) high rates of uninsurance; and 5) widespread healthcare staffing shortages.[1-3]

Rural Hospital Closures: Nationwide[4-6] and State[5-7]

192 hospitals have closed in the United States since 2005, and **267 OB units (25%)** closed between 2011 and 2021.

25 hospitals (14%) have closed in Texas since 2005, and **17 OB units** closed between 2011 and 2021.

Only **40%** of rural hospitals in Texas still have a labor and delivery unit.[8]

- Most hospital OB unit closures across the U.S. were among facilities serving mainly Black patients.[2]
- OB units are often the first to be shut down when hospitals are struggling to keep their doors open.[8]
  - Labor & delivery (L&D) are costly. In most cases, hospitals do not profit from these services — and may even lose money — since Medicaid does not reimburse their full cost.[1,3,9]

When patients are forced to travel outside of their communities to receive obstetric care, they are likely to return to that setting for future medical needs like primary care and pediatrics.

- With dwindling numbers of patients, rural facilities **struggle to cover costs** and a cycle develops:[1,8]

Rural hospitals can't offer **as competitive a salary** as urban hospitals. → **Recruiting and retaining staff** becomes an immense challenge. → Without enough staff, hospitals may need to redirect patients, further **reducing engagement and future public funding**.

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Texas Research-to-Policy Collaboration Project

Food as Medicine

April 10, 2025

KEY TAKEAWAYS

1. Food as Medicine initiatives incorporate a multitude of supportive programs and services that bridge the connection between food, nutrition, health, and clinical care.
2. Utilizing Food as Medicine trainings for healthcare professionals, including physicians, medical students, and nurses can help patients prevent and manage chronic- and diet-related diseases.
3. Food as Medicine programs are a proven scalable solution to improving diet quality, health outcomes, and reducing healthcare costs.

Background

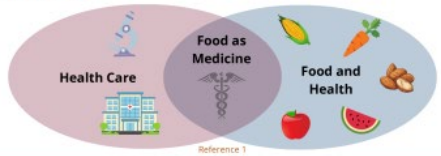
Poor diet is a major risk factor for many chronic conditions such as obesity and diabetes, and the risk for chronic disease is higher in people who experience food insecurity.[1]

The U.S. spends approximately **$4 trillion dollars per year in healthcare costs** for chronic and diet-related conditions.[1]

- Most people in the U.S. do not consume a healthy diet due to several factors, including increased consumption of ultra-processed foods, lack of access to healthy foods, and increased food costs.[1]
- Even small dietary changes can make a significant improvement in the development and severity of chronic diseases.[1]

Food as Medicine

Food as Medicine refers to the provision of healthy food resources that are used to prevent, manage, and treat health conditions in collaboration with the healthcare sector to reduce the burgeoning healthcare costs.[1]



Reference 1

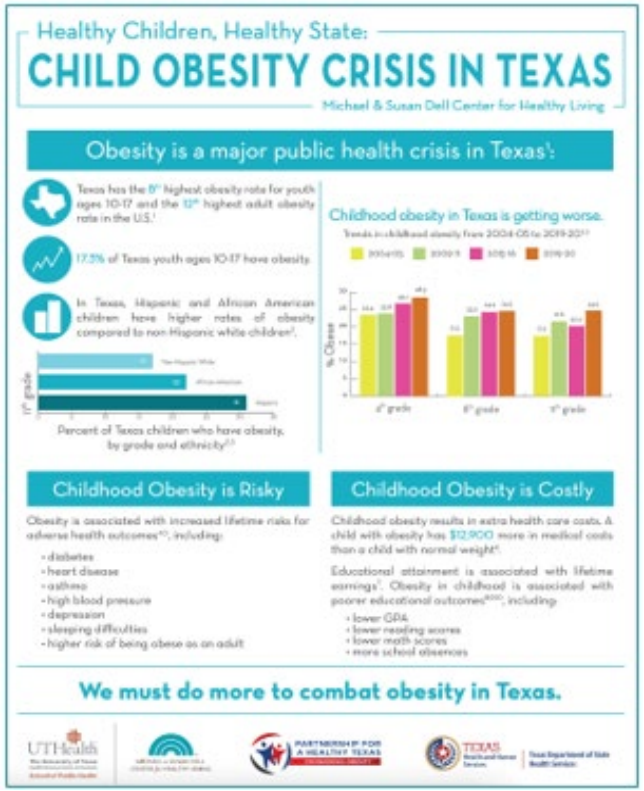
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TEXAS CHILD HEALTH STATUS REPORTS

Translate public health research into policy and practice using state-level data

- Brief, concise reports
- Useful to public health professionals and legislators



TXCHS REPORT TOPICS

- Child Obesity
- Child Nutrition
- Child Physical Activity
- Child Eating Away from Home Behaviors
- Child Oral Health
- Breakfast Consumption
- Child Screen Time
- Ultra-Processed Food Consumption
- Child Sleep Quality
- Child Sugar-Sweetened Beverage Consumption
- Vaping with Flavors
- Teen Vaping
- Vaping Ads and Teens

ADDITIONAL RESOURCES



Newsletters

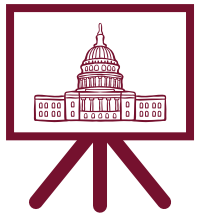
- April 2020 - Present
- 59 newsletter featuring:
  - public health news
  - publications
  - research
  - and news
- Distributed to ~400 legislators and their staff



Center Webinars

- Provide presentations and trainings on relevant public health topics
- Feature state, national, and international experts
- Topics such as:
  - Food system/ security
  - School Health
  - Maternal Child Health
  - Tobacco Use and Prevention
  - Obesity Prevention
  - and more!

ADDITIONAL RESOURCES



Lunch & Learn Sessions

- Lunch & Learn presentation provide state legislators with data to inform policy on public health topics
  - Topics chosen are based on health policy priorities identified in Policy Identification Needs Assessments
- 12 Lunch & Learn presentations from May 2022 - December 2024
  - Food Insecurity & Food is Medicine
  - Child Behavioal Health
  - Non-Medical Drivers of Health



Texas Legislature Bill Tracker

- Identify selected health policy legislative actions through an accessible organized tool
  - For researchers and policymakers
- Topics include:
  - School-Based Health
  - Family and Child Health
  - Healthcare
  - Nutrition
  - Physical Activity
  - Tobacco/E-Cigarettes
  - Environmental Health

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TX RPC PROJECT LEGISLATIVE BILL TRACKER

7 Texas Legislative Session tracked:
2013, 2015, 2017, 2019, 2021, 2023, 2025

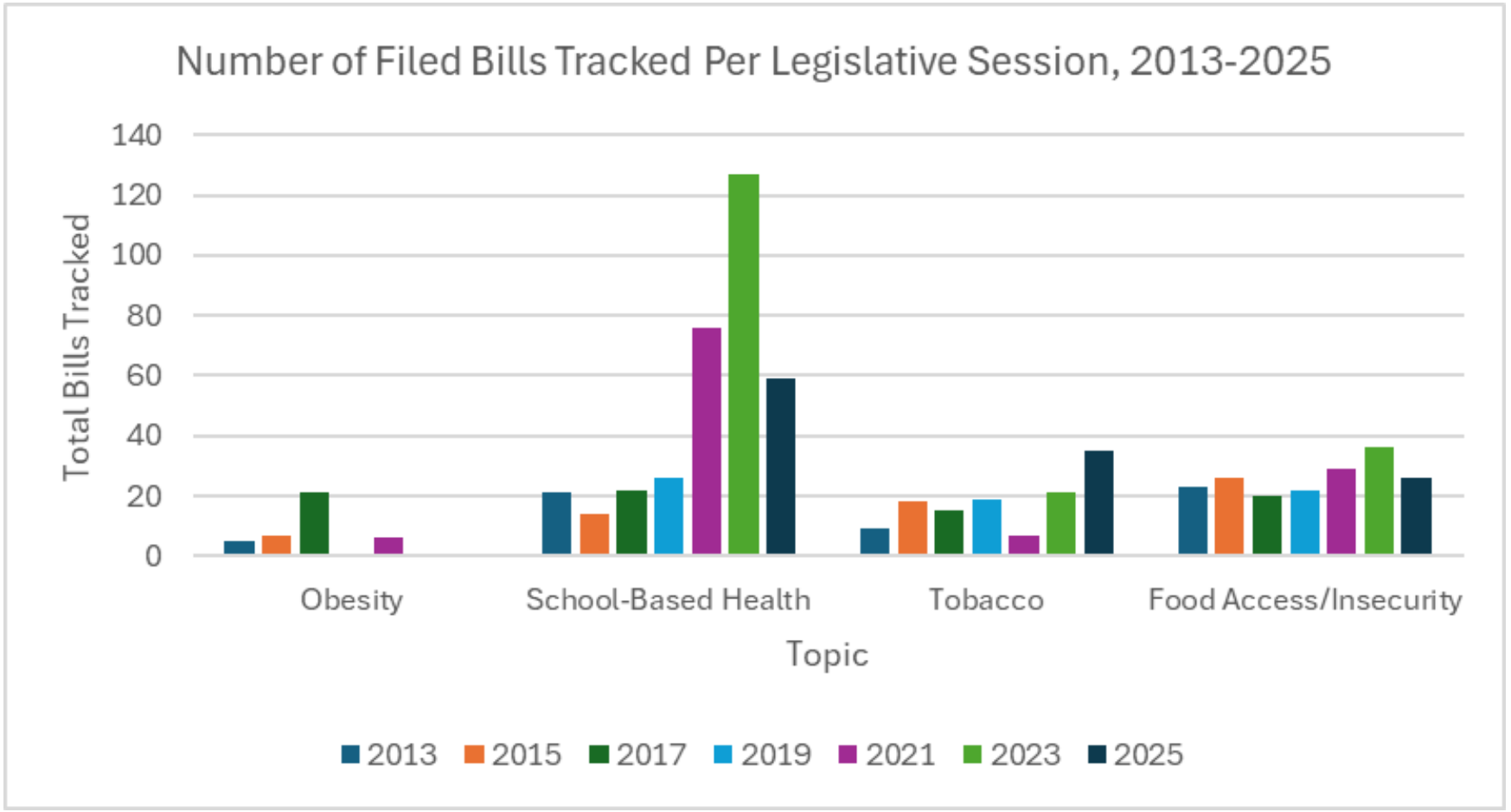
Align tracked bill topics with evidence and political landscape

53 bills tracked in 2013
↓
460 bills tracked in 2023
↓
368 bills tracked in 2025

8,719 BILLS FILED IN 2025

Tracker Topic & Subtopic	Bills Filed During Session (n=)
School-Based Health	
School-Based Health (General)	24
School Active Transportation/Built Environment	1
Behavioral Health	15
Physical Activity	--
School Nutrition	13
Vaccines (per school guidelines)	6
Family and Child Health	
Maternal and Child Health	34
Early Childhood Intervention	17
Nutrition	
Nutrition (General)	17
Obesity	--
Food Access/Insecurity	26
Physical Activity	
Physical Activity (General)	1
Active Transportation/Built Environment	--
Healthcare	
Healthcare Access	48
Medicaid/Medicare	83
Telehealth	10
Oral Health	--
Vaccines	9
Tobacco/E-Cigarettes	
Tobacco/E-Cigarettes (General)	35
Substance Use	14
Environmental Health	
Environmental Health (General)	8
Heat Safety	--
Water Safety	7
Grand Total	**368**

TOTAL NUMBER OF BILLS FILED BY TOPIC, PER LEGISLATIVE SESSION: 2013–2025



03.

PARTNERSHIP FOR A HEALTHY TEXAS

PARTNERSHIP FOR A HEALTHY TEXAS

CONQUERING OBESITY

Clayton Travis, MSSW
Texas Pediatric Society, PFHT Vice-Chair

Joel Romo
Texana Public Affairs, PFHT Legislative Committee Chair

www.PartnershipforaHealthyTexas.org • @txlegeobesity





PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

Our History:

- The Partnership began in 2006 when key health-related organizations banned together to address the ever-growing problem of obesity in Texas Communities.
- The Partnership brings together a wide coalition of research experts, stakeholders, and advocates committed to addressing obesity through evidence-based policy initiatives.
- The Partnership is the only statewide policy coalition dedicated solely to ending obesity in Texas.



Steering Committee Organizational Members

American Diabetes Association.

American Heart Association.

BikeTexas
Advancing Access, Safety, and Education

CATCH
COORDINATED APPROACH TO CHILD HEALTH

children at Risk

Texas Academy of Nutrition and Dietetics

Every Texan
Formerly Center for Public Policy Priorities

Feeding Texas

Healthy Living Matters
Connecting Policy to the Future
A Houston/Harris County Childhood Obesity Prevention Collaborative

Methodist Healthcare Ministries
of South Texas, Inc.
"Serving Humanity to Honor God"

HEALTHIER TEXAS

Texas Children in Nature Network
Healthier, Happier, Smarter.

sfc
SUSTAINABLE FOOD CENTER

TAHPERD
Promoting Healthy Lifestyles
Texas Association for Health, Physical Education, Recreation & Dance

Texans Care for Children

Action for Healthy Kids

Texas Hospital Association

TexasMedical Association

Texas Pediatric Society
The Texas Chapter of the American Academy of Pediatrics
Incorporated in Texas

Texas PTA
everychild.onevoice.



Partner Coalitions

LIVE SMART TEXAS

Texas Public Health Coalition

Educational Resources

UTHealth
The University of Texas
School of Public Health
Austin

MICHAEL & SUSAN DELL
CENTER for HEALTHY LIVING

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®



PARTNERSHIP FOR A HEALTHY TEXAS

CONQUERING OBESITY

Mission:

To develop and promote state policies that prevent and address obesity in Texas



Find what works for Texans

Set priorities for the Legislature

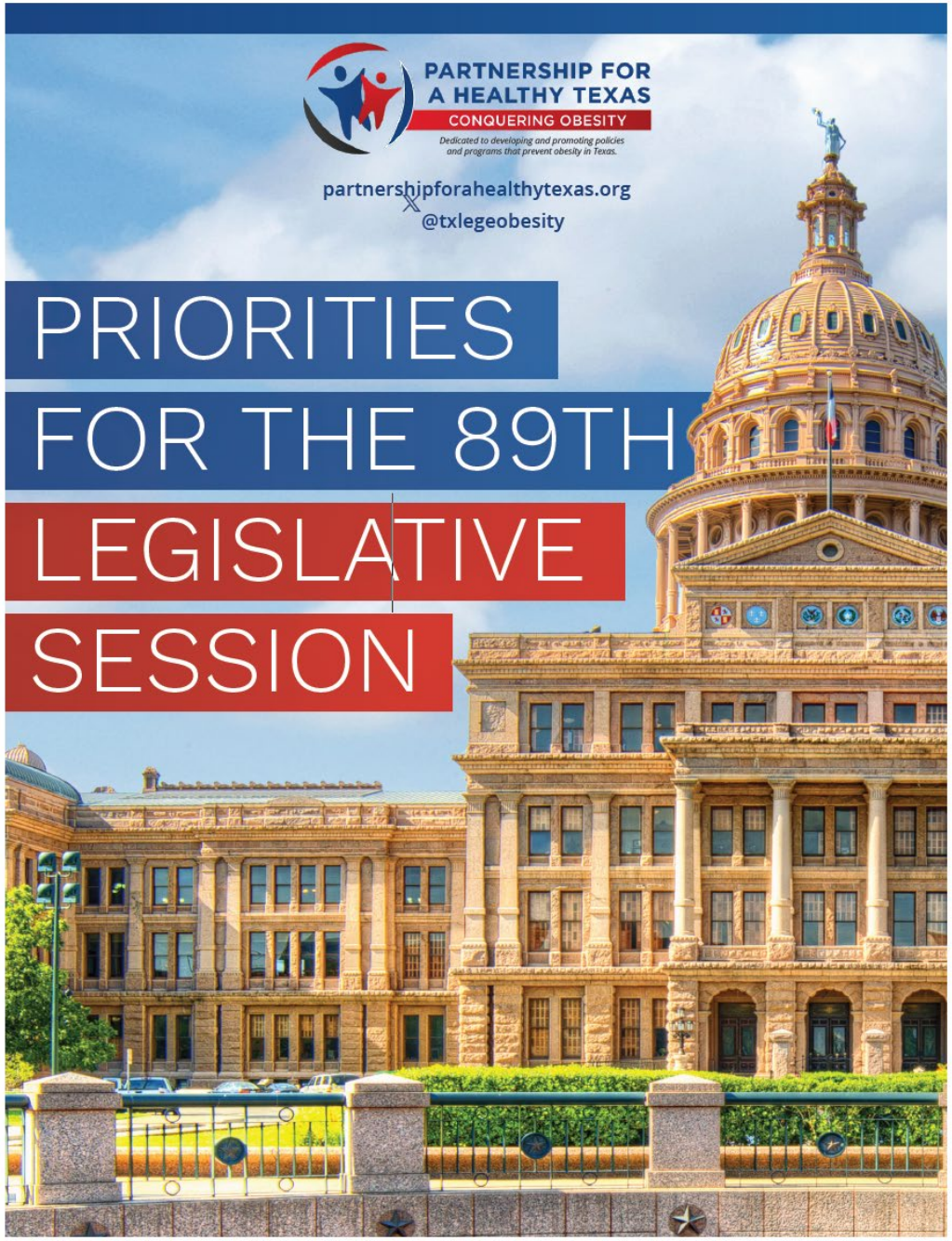
Follow through and track success



PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

Historical Accomplishments:

- Passed legislation to require minimum minutes of physical activity in schools and established Fitnessgram.
- Consistently defeated legislation to eliminate Fitnessgram and coordinated school health.
- Strengthened School Advisory Councils by expanding their scope to all components of coordinated school health and adding accountability
- Supported passage of funding for evidence-based obesity prevention initiatives at the Dept. of State Health Services
- Passed legislation to update minimum childcare standards related to nutrition, screen time, and physical activity.
- Funded SNAP incentive programs to give families more funds for fresh fruits and vegetables.



PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

The Partnership for a Healthy Texas has identified three priorities and seven recommended policies for consideration by the 89th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas.

Priorities for the 2025 Legislative Session:

Drive Systems Change to Meet the Needs of Texas Families

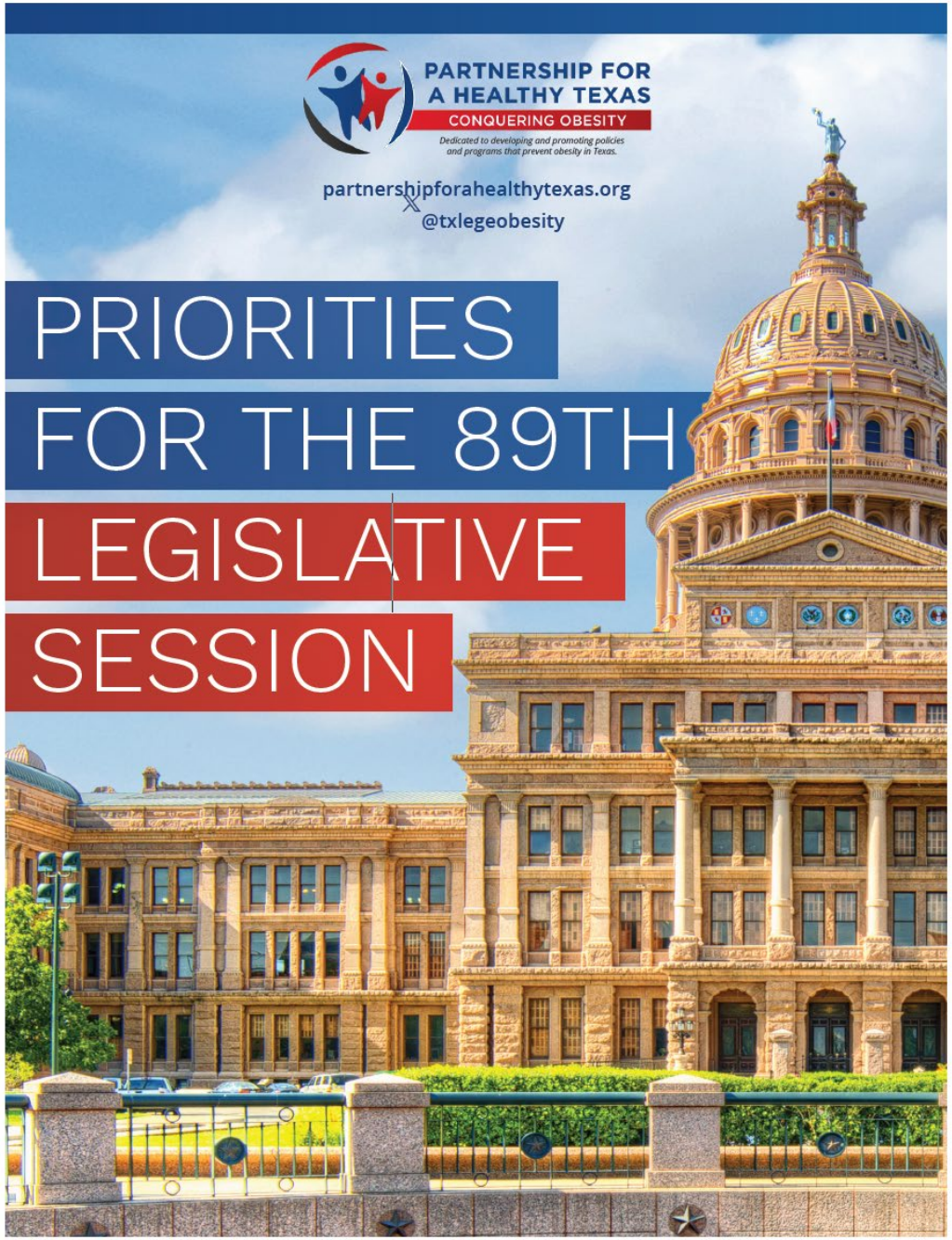
1. Address nutritional needs of low-income families and other non-medical drivers of health through Texas Medicaid.
2. Eliminate administrative hurdles to get enrolled in Medicaid and SNAP by:
   - Notifying parents about their child's eligibility for Medicaid when applying to SNAP
   - Boosting ex parte/administrative renewal rates
   - Fix all known system errors and glitches in TIERS
   - Increase Community Partner Program funding
   - Improved 211 capabilities.

Ensure Children Are Active and Healthy

1. Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.
2. Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

Connect Families with Healthy Food Options

1. Create permanent funding for SNAP Incentives program, Double Up Food Bucks, to increase access to fresh fruit and vegetables by SNAP beneficiaries.
2. Automate 6-month SNAP eligibility checks to decrease burden on families.
3. Keep kids fed by implementing Summer EBT for 2025.



1 ADDRESSING NON-MEDICAL DRIVERS OF HEALTH IN MEDICAID

Adopt a statewide policy framework to better integrate clinical and community services in Medicaid and improve access to healthy foods.

Issue

Research indicates that nonclinical factors, such as where a person lives, works, and plays, contribute to as much as 80 percent of a person's health outcomes.[1] Food insecurity is one of those key drivers of health, and as a result, a driver of higher health care costs. The Center for Disease Control suggests that food insecurity adds about $53 billion annually to health care cost in the U.S. and up to $2 billion in Texas.[2] Access to healthy and nutritious foods can help prevent health issues, chronic diseases like obesity, and the associated health costs.[3]

Background

Across Texas and the nation, physicians, hospitals, managed care organizations (MCOs), and community entities have been working together to address these factors by connecting patients to services and food resources, recognizing that addressing these needs improves overall health outcomes and reduces costs. In 2022, Texas Medicaid released draft language for a policy allowing providers to be reimbursed for screening patients for food insecurity, among other needs. However, screening is only the first step; if a patient screens positive, connecting them with services, such as a food bank is the next step.

There are more than 4 million Texans who receive healthcare through the Medicaid program. Nearly all are enrolled in a managed care organization (MCO). MCOs have the flexibility to provide services, such as food as medicine programs, that are not formal Medicaid benefits, and many have experimented with pilot programs to provide these services as a cost-effective way of improving clients' care. However, MCOs do not get credit for these activities when rates are set, which discourages scaling of these programs. Texas can address this gap by categorizing food as medicine programs as "in lieu of services," which would allow states to consider the cost and utilization of these services when setting rates for MCOs.

Recommendation

1. Authorize the Health and Human Services Commission (HHSC) to pursue Medicaid financing for medically appropriate, cost effective, evidence-based solutions to address non-medical drivers of health. This could be accomplished via "in-lieu of services" or an 1115 waiver.

Issues at a Glance
(a few fast facts/figures):

- **Non-medical factors contribute up to 80 percent of a person's health outcomes.**
- **4.3 million Texans are enrolled in Medicaid and the Children's Health Insurance Program.**
- **32% of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13% of non-recipients[4].**

1 Magnan S. Social determinants of health 101 for health care: five plus five. NAM Perspectives. Washington, DC: National Academy of Medicine; 2017.

2 Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. Prev Chronic Dis 2019;16:180549. DOI: http://dx.doi.org/10.5888/pcd16.180549

3 Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. The Journal of nutrition, 140(2), 304–310. https://doi.org/10.3945/jn.109.112573

4 2018 Food and Health Survey. (May 16, 2018) Food Insight. Retrieved from: https://www.foodinsight.org/2018-food-and-health-survey.

89TH LEGISLATIVE SESSION SNAPSHOT

SESSION BY THE NUMBERS

140 DAYS

$148.2 BILLION
Available Funds in General Revenue

8,719
Bills Introduced

1,213
Bills Passed

13.6%
of Filed Bills Passed

Policy Wins to Keep Texans Healthy!

1. $6 million GR in Renewed Funding for Nutrition Incentives Programs.
2. $432 AF in Investments to Improve Eligibility and Enrollment for Medicaid and SNAP
3. House Bill 26: Expanded Nutrition Counseling and Nutrition Programs in Medicaid.
4. Senate Bill 25: Strengthened Recess & Physical Education Requirements.

CONTEXT OF THE 89TH

The 89th Texas Legislative Session saw an eagerness for policymakers to be back in the building filing a record-setting 8,719 bills between the House and Senate. While the session lacked the acute crises that defined previous years, broader contextual factors including persistent inflation, growing interest in health and wellness policy, and massive shakeups in public health at the federal level helped shape the policy landscape. Additionally, state leadership priorities regarding school choice, property taxes, border security, and social issues all influenced conversations in the Pink Dome.

The Partnership's Legislative Committee identified strategic priorities aligned with some of these emerging issues. Rising food costs and economic instability underscored the need to expand access to affordable, nutritious food. New concerns around the content of food from the "Make America Healthy Again" movement elevated the role of nutrition and food-as-medicine approaches in chronic disease prevention. A healthy state budget again presented an opportunity to push forward bold, evidence-based solutions.

Throughout the session, the Partnership remained committed to engaging with lawmakers, providing expert input, and advancing bipartisan support for key initiatives. Despite the partisan political friction, advocates adapted to ensure that critical priorities remained viable. As a result, the Partnership helped secure major policy victories, including authorization of Medicaid to pay for nutrition counseling, prohibition in restricting recess participation, renewed investments in Double Up Food Bucks (DUFB) and aid to state agencies to ensure children and their families have timely access to healthcare services and food assistance.

PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

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1. Address nutritional needs of low-income families and other non-medical drivers of health through Texas Medicaid.
2. Eliminate administrative hurdles to get enrolled in Medicaid and SNAP by:
   - Notifying parents about their child's eligibility for Medicaid when applying to SNAP
   - Boosting ex parte/administrative renewal rates
   - Fix all known system errors and glitches in TIERS
   - Increase Community Partner Program funding
   - Improved 211 capabilities.

Ensure Children Are Active and Healthy

1. Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.
2. Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

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2. Automate 6-month SNAP eligibility checks to decrease burden on families.
3. Keep kids fed by implementing Summer EBT for 2025.



The Partnership for a Health Texas 89th Legislative Session Recap document can be found on the PFHT website: http://partnershipforahealthytexas.org/

PARTNERSHIP FOR A HEALTHY TEXAS
CONQUERING OBESITY

Policy Priority Development Process

- Full Coalition Meeting to collect ideas and hear from the membership
- Synthesize ideas into survey to prioritize and rank policy proposals.
- Apply data and consensus science from our research partners to contextualize recommended policy solutions.
- Steering Committee weighs political feasibility of policy proposals given power dynamics of the state legislature to create final priorities.



90th Legislative Priorities

Ensure Texas Families Can Access Nutrition Supports

- Protect and fully fund the Supplemental Nutrition Access Program (SNAP) after federal changes to state cost sharing requirements.
- Strengthen HHSC eligibility staffing and capacity to reduce Medicaid and SNAP application backlogs and processing delays, ensuring eligible Texas families can access health care and food assistance when they need it.
- Maintain funding for Double Up Food Bucks Texas to allow families to prioritize fresh fruits and vegetables in their limited grocery budget.



90th Legislative Priorities

Provide Environments for Children and Communities to be Active

- Pair existing school-ground improvement grants with shared-use agreements that open school playgrounds and recreation facilities to community use, with provisions for liability protection, maintenance, security, and scheduling.
- Require school districts to create and institute recess policies that reflect best practices and ensure quality physical education requirements are implemented.



Public Health in the 90th Regular Session

- Texas Sunset Advisory Commission
  - Health & Human Services Commission
  - Department of State Health Services
- Select Committee on Health Care Affordability
- New House Public Health Chair
- PFHT will be monitoring proposed agency changes, budget changes, and identify opportunities for engagement on behalf of our members.

04. QUESTIONS?

Scan to view our Legislative Initiatives

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TXRPCNetwork@uth.tmc.edu

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