



# The 87th Legislative Session, Interim Opportunities and Updates on the Fight Against Obesity

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**PARTNERSHIP FOR  
A HEALTHY TEXAS**

**CONQUERING OBESITY**

## Mission:

To develop and promote state policies  
that prevent and reduce obesity



Find what works  
for Texans



Set priorities for  
the Legislature



Follow through  
and track success





## Our History:

- The Partnership began in 2006 when key health-related organizations banded together to address the ever growing problem of obesity in Texas Communities.
- The Partnership brought together research experts to develop a statewide policy document, the Texas Obesity Policy Portfolio, which identified evidence-based policy initiatives that have proven to have a positive impact on fighting obesity.
- During the Partnership's first session educating lawmakers, 5 of 6 legislative priorities were passed.
- The Partnership is now the most recognized and valued advocacy voice in the fight to end obesity in Texas.





## 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.
- Worked with the Texas Department of Agriculture to put nutrition policy in rule.
- 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





# Steering Committee Organizational Members





# The State of Obesity in Texas Report



**THE  
STATE OF  
OBESITY  
IN TEXAS**

DECEMBER 2020

 **PARTNERSHIP FOR  
A HEALTHY TEXAS**  
CONQUERING OBESITY  
*Dedicated to developing and promoting policies  
and programs that prevent obesity in Texas.*

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## Policy Priority Development Process

- Full Coalition Meeting and membership survey to discuss issues related to obesity and healthy living.
- Data from our research partners to contextualize recommended policy solutions.
- Steering Committee weighs political feasibility of policy proposals given power dynamics of the state legislature.





# 87<sup>th</sup> Texas Legislative Session Recap

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## Context of the 87<sup>th</sup> Session

- Started amid the COVID-19 pandemic that limited access to the capitol and created uncertainty around the budget.
- One month into session, Texas was hit with Winter Storm Uri, stalling work.
- New leadership: Speaker of the House, House Appropriations Chair, House Public Health Chair, and House Public Education Chair.
- 1,074 of 6,927 filed bills or 15.5 percent finally passed. In 2019, 19.5 percent of bills passed.



# Partnership Priorities for the 87th

- Recess Policies for Schools
- Increase Quality Physical and Health Education
- Fully fund the Surplus Agricultural Products Grant Program
- Encourage initiatives to address Social Determinants of Health
- Improve SNAP access for seniors
- Promote and protect the Texas Whole Child School Health Policy Approach
- Protect Health Education
- Protect Chronic Disease Prevention funding at DSHS



The Partnership for a Healthy Texas, a coalition of over 50 organizations, has identified eight health policies for consideration by the 87th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas, particularly among school-age children.

### Summary of Priorities for 2021 Legislative Session:

Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health.

1. Require school districts to create and institute recess policies that reflect best practice, consider recommendations from the School Health Advisory Committee (SHAC) and allow children the opportunity to be active, practice life skills and reenter the classroom ready to learn.
2. Increase middle school physical education (PE) requirements to include moderate to vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and make 1 semester of health education required for graduation.

Eliminate food insecurity exacerbated by the COVID-19 pandemic; increase Texans' access to healthy foods and decrease their risk of obesity.

3. Fully fund the Surplus Agricultural Products Grant which ensures food banks have the produce to keep Texans from going hungry during the pandemic.
4. Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access.
5. Increase access to SNAP benefits for senior citizens by streamlining the application process.

Maintain and strengthen Texas' current public health and educational infrastructure to address obesity.

6. Promote the efficacy of the Texas' Whole Child School Health Policy approach, School Health Advisory Committees (SHACs) and physical fitness assessments which play a critical part of youth fitness and the physical education curriculum.
7. Protect and enhance current requirements around PE and Health Education.
8. Protect vital public health funding at the Department of State Health Services to combat chronic diseases including obesity.



# Recess Policies for Schools + Quality Physical Education

## Objective:

- Require school districts to create or institute recess policies that reflect best practice and consider recommendations from SHACs.
- Increase middle school physical education (PE) requirements to include vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and 1 semester of health education.

## Outcome:

- HB 1594 (Allen) and HB 2887 (Talarico) & HB 3058 (Guerra) were filed.
- Neither priorities were given a hearing in the House Public Education Committee

**Recess Policies**  
Require school districts that reflect best practice. School Health Advisory Committee the opportunity to be classroom ready to it.

**ISSUE:** Since 2003, local school health policy recommend elementary school School Health Advisory Committee there is little evidence have adopted a discouragement in all students adequate social, and mental.

**BACKGROUND:** Rec activity during the a part of a comprehensive program, along with **Recess allows children as cooperation, conflict resolution, social, and emotional** Association for Sport recommends at least all children.

**RECOMMENDATION:** and institute recess consider recommendation Advisory Committee opportunity to be the classroom health

**20 M**  
The minimum Association for Sport recommends

**Quality Physical Education**  
Increase middle school physical education (PE) requirements to include moderate to vigorous activity for 6 semesters, high school PE requirements to 3 semesters, and make 1 semester of health education required for graduation.

**ISSUE:** Because of the emphasis on improving test scores in Texas public schools, the recognition of the health and well-being of our children and youth has been pushed aside. **During the pandemic, it is critical to ensure school children receive quality physical education and health curriculum.** Children and youth should receive adequate physical and health education throughout their educational experience in public schools across Texas to best prepare them for a productive and healthy adulthood.

**BACKGROUND:** Our nation and state's children are on a frightening health trajectory in terms of obesity and physical inactivity, which will lead to an increased burden of chronic diseases including diabetes and cardiovascular disease. Childhood obesity is a pervasive problem across Texas and has been getting worse for years.

PE courses are where students learn:

- Critical social-emotional skills to help manage emotions and handle daily tasks and challenges
- Important character values such as resilience, fairness, respect, equality and inclusion
- Fundamental motor skills needed to participate in physical activity, which is vital at all ages and stages of life

For years, rates of anxiety and depression among children and adolescents have been rising rapidly and COVID-19 has made this mental health crisis worse. Additionally, students have experienced a level of trauma during the pandemic that can be categorized as an adverse childhood experience (ACE), which - without intervention - can result in chronic disease and lifelong mental health issues. Students need trusted adults to help them deal with these challenges; physical educators are professionally trained to assist and cope with these issues. They teach students age-appropriate skills to develop the mind-body connection, which can improve mental health and overall wellness.

The Institute of Medicine Committee on Preventing Obesity in Children and Youth recommends **30 MINUTES** of daily vigorous exercise at school

The US Department of Health and Human Services recommends **60 MINUTES** of daily physical activity

**50%** of PE class time be used for moderate or vigorous physical activity

Elementary students must engage in **30 MINUTES** of moderate or vigorous physical activity daily = **135** minutes weekly

**RECOMMENDATION:**

- 1) Restore the 1/2 credit (1 semester) of Health Education as a graduation requirement
- 2) Restore the 1/2 credit (1 semester) of Physical Education as a graduation requirement (total PE requirement would be 1.5 semesters)
- 3) Required 30 minutes of physical education (PE) for elementary school students.
- 4) Identify resources that will allow for relevant professional development for physical education instructors which is contributes to the continued training in best practices, instructional strategies and current trends to meet the needs of the whole child.

**"It is also critical to maintain a balanced curriculum with continued physical education...rather than an exclusive emphasis on core subject areas."**

American Academy of Pediatrics (2020). COVID-19 Planning Considerations: Guidance for School Re-entry.

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# Surplus Agricultural Products Grant



**Ensure Food Access**  
Fully fund the Surplus Agricultural Products Grant which ensures food banks have the produce to keep Texans from going hungry during the pandemic.

**ISSUE:** The Texas Department of Agriculture has proposed a \$1.98M cut to the Surplus Agricultural Products Grant for FY20-21, which would drastically reduce the purchasing power of food banks.  
According to research by Texas economist Dr. Ray Peryman, every \$1 invested in the Surplus Agricultural Products Grant returns \$3.27 to the state, including \$1.65 in reduced health care costs.<sup>2</sup> With more consistent and increased access to healthy food, Texans are able to lead healthier, more productive lives, which lowers state healthcare and education costs.

**BACKGROUND:**  
Since 2001, the Surplus Agricultural Products Grant has supported a cost-effective strategy to fight hunger, improve health, and reduce food waste. Food banks use this funding to source fresh produce that is unsellable due to imperfections or market conditions.  
**Between April and May, food insecurity in Texas spiked to over 27%, more than double the official rate found by the USDA in 2018.<sup>3</sup> As a result, millions of Texans have turned to food banks for help feeding their families.** Because of the massive increase in demand, the role of food banks has never been more critical or life-saving. While there has been some emergency federal aid for hunger relief, these programs have already expired or will expire at the end of 2020. In fact, food banks anticipate receiving less federal funding in FY 2020-21 than they received prior to COVID-19, despite the growth in food insecurity and demand.  
Food banks will struggle to meet the increased need in low-income Texas communities due to COVID-19 without the continued support of the state through the Surplus Agricultural Products Grant.

**POLICY RECOMMENDATION:**  
1) Fully fund the Surplus Agricultural Products Grant which ensures food banks can provide fresh produce to Texas families so that they get the nutrition they need to stay healthy during the pandemic and beyond.



**200% INCREASE** in people seeking food assistance from Texas food banks since the onset of the COVID-19 pandemic<sup>1</sup>

**19.8M LBS** of produce will not be distributed should the cut to the Surplus Agricultural Products Grant take effect<sup>2</sup>



**TWO-THIRDS** of people served by food banks have poor nutritional health due to limited financial resources<sup>3</sup>

References 1 Feeding Texas. Internal survey of 21 food banks in the state of Texas. 2 Peryman, Ray. Rep. The Economic and Fiscal Benefits to Texas of the Proposed "Feeding with Impact" Initiative. Waco, TX: The Peryman Group, 2016. 3 Schanzenbach, D. W., & A. Pitts. (2020). How much has food insecurity risen? Evidence from the Census Household Pulse Survey. Institute for Policy Research Rapid Research Report. <https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-researchreports-pulse-hh-data-10-june-2020.pdf>

**Objective:** Fully fund the Surplus Agricultural Products Grant to ensure food banks have produce to keep Texans from going hungry.

- Outcome:**
- Prior to session, the Texas Department of Agriculture proposed a \$1.98 million cut to the program for FY20-21.
  - In HB 2, the \$1.98 million cut was fully restored for FY20-21
  - SB 1 fully funded the Surplus Agricultural Products Grant at \$10.2M for FY22-23

# Social Determinants of Health

**Objective:** Encourage Medicaid Managed Care Organizations to implement initiatives to address social determinants of Health.

**Outcome:**

- SB 191 (Johnson) – Incorporated SDoH in the Medicaid Managed Care Program.
  - Never receive a hearing in Senate Health & Human Services.
- Rider in SB 1 was moved to Article XI and was not adopted.
- HB 4365 (Oliverson) – Created a pilot project to improve outcomes and reduce costs in Medicaid by providing enhanced case management and services including SDoH.
  - Left pending in House Human Services Committee.
- HB 4139 (Coleman) – Created an Office of Health Equity within HHSC.
  - Passed the House, failed to be referred in the Senate.



**Social Determinants of Health**

Encourage Medicaid Managed Care Organizations (MCOs) to implement initiatives to address social determinants of health (SDoH) including healthy food access.

**ISSUE:** Momentum is growing around addressing the social needs of Medicaid recipients which improve overall health care outcomes and reduce costs. Health care professionals, health plans and community-based organizations need the policy support and flexibility from state government to provide best practice interventions to address barriers to healthy food access and other social determinants of health.

**BACKGROUND:** There are more than 4 million Texans who receive healthcare through the Medicaid program, almost all of whom are enrolled in a managed care organization (MCO), which is responsible for coordinating an individual's care while keeping overall costs low and meeting key health outcome measures. MCOs are given latitude to innovate in their local communities by providing value-added services not typically thought of as direct medical care to address an enrollee's needs. For the past few years, Texas MCOs and primary care medical homes have given more attention to social determinants of health (SDoH)<sup>1</sup> or conditions in one's environment that effect their overall health and wellbeing. **Access to healthy food and exercise helps prevent the onset of chronic health conditions including obesity.**<sup>2</sup>

**RECOMMENDATIONS:**

- 1) Reward MCOs that invest in their communities by prioritizing applicants in the Medicaid managed care Request for Proposal (RFP) process that address social determinants of health through primary care medical homes including barriers to accessing healthy food for their members.
- 2) Ensure reimbursement for the full array of social determinant of health screenings including food insecurity for primary care physicians.
- 3) Ensure investments made by Medicaid managed care organizations in social determinants are sustainable by covering social services as allowable costs, incorporating SDoHs in Medicaid rate-setting and limiting "premium sliding" due to effective SDoH work.

The US spends **more on healthcare** than other high-income countries, but **less on social services** while **maintaining low health outcomes** such as life expectancy.



**4.4M TEXANS**

are enrolled in Medicaid and the Children's Health Insurance Program

**17** managed care organizations cover **13** service delivery areas across Texas.



**32%**

of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13 percent of non-recipients<sup>4</sup>

**References** 1 Episcopal Health Foundation. (November 20, 2019). New learning collaborative aims to find best ways for health plans to address underlying, non-medical causes of poor health for Medicaid patients in Texas. Retrieved from: <https://www.episcopalhealth.org/enews/new-learning-collaborative-aims-find-best-ways-health-plans-address-underlying-non-medical-causes-poor-health-medicare-patients/> 2 Nehme E, Castedo de Martell S, Matthews H, Lakey D. 2020. Addressing Social Needs through Integrated Healthcare and Social Care: Case Studies, Key Issues, and Recommendations to Advance Practice in Texas. Austin, TX: Texas Health Improvement Network/UT System Population Health. 3 Seligman, H. K., Laraja, 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>.



# SNAP Access for Seniors

**Objective:** Increase access to SNAP benefits for seniors by streamlining the application process and implementing data matching with Medicaid.

**Outcome:**

- SB 224 (Perry/Walle) – Simplified the SNAP certification and recertification process for seniors and implemented data matching with Medicaid.
- SB 224 passed the Senate House and Human Services Committee and the full Senate unanimously.
- Passed the House 117-28
- Signed by the Governor on June 16<sup>th</sup>.
- **Effective September 1<sup>st</sup>, 2021.**



**SNAP Access**

Increase access to SNAP benefits for senior citizens by streamlining the application process.

**ISSUE:** Texas has the fifth-highest rate of senior food insecurity in the nation, with 10.7% of Texas seniors at risk for hunger.<sup>1</sup>

Not only does Texas have one of the highest rates of food insecurity among seniors, the state has low rates of senior enrollment in the Supplemental Nutrition Assistance Program (SNAP). Because of barriers in the application, only half of the roughly 500,000 income-eligible Texas seniors are enrolled in SNAP.

**BACKGROUND:** We can improve the health of our seniors by helping them enroll in SNAP to increase their access to good nutrition. **Increasing access to SNAP can decrease the negative effects of food insecurity, allowing seniors to age in place with dignity.** A 2017 study found that access to SNAP reduces a senior's likelihood of admission into a hospital by 14% and a nursing home by 23%.<sup>4</sup>

Several factors contribute to the low participation rate among seniors, including difficulties navigating the application process, limited mobility and access to technology, and lack of awareness or knowledge of the program.

The Texas Legislature can improve access to SNAP for seniors by simplifying the SNAP enrollment process and using data matching with Medicaid to identify and enroll seniors in SNAP.

**RECOMMENDATIONS:**

- 1) Increase access to SNAP benefits for senior citizens by streamlining the application process by:
  - a) Implementing a simplified application process for low-income seniors (60+) who are eligible for SNAP. Senior households would be certified for 36 months using a shortened application form with limited documentation requirements. No reporting would be required between certification periods unless there are significant changes in income or assets.
  - b) Implement data matching with Medicaid to help identify and assist seniors in applying for SNAP. Many seniors on Medicaid are also eligible for SNAP but are not enrolled. Data matching conducted by HHSC would enable community partners to identify and assist seniors on Medicaid in applying for SNAP.



Texas ranks the **5th highest** in the nation for food insecurity for senior citizens.

**10.7%** of Texas senior citizens are at risk for hunger<sup>1</sup>

**ONLY 50%**

of income-eligible Texas seniors are enrolled in SNAP due to confusing barriers in the application process<sup>2</sup>



of senior households served by the Feeding America network report having to make choices between food and medical care<sup>3</sup>

**References** 1 Ziliak, J. & Gunderson, C. (2020, May). The State of Senior Hunger in America in 2018. <https://www.feedingamerica.org/sites/default/files/2020-05/2020-The%20State%20of%20Senior%20Hunger%20in%202018.pdf> 2 Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans. 3 Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans. 4 Benefits Data Trust. Seniors and SNAP. <https://bctrust.org/seniors-and-snap/> 5 Feeding Texas. (2014, October). Senior SNAP Outreach Best Practices Toolkit. <https://nutritionandaging.org/senior-snap-outreach-best-practices-toolkit/#wbounce-modal> 6 Finkelstein, Amy and Matthew J. Notowidigdo. "Take-up and Targeting: Experimental Evidence from SNAP." NBER Working Paper, 2018.

# Whole Child School Health Policy

**Objective:** Promote and protect the efficacy of the Texas Whole Child School Health Policy Approach, School Health Advisory Councils, and the Fitnessgram tool for tracking child health and fitness.

## Outcome:

- Funding for physical fitness assessments was maintained in the Texas Education Agency appropriation at \$1.9 million in SB 1.
- SB 347 (Paxton) and HB 3089 (Hull) – Included SHACs as government bodies subject to open records laws.
  - Neither bill passed the House.
- SB 442 (Hughes) – Sought to increase SHAC transparency.
  - Partnership worked with office to remove provision relating to open meetings, but still included language requiring recording of meetings.
  - After it stalled, the language was added to HB 1525 and passed.



### Whole Child School Health Policy

Promote the efficacy of the Texas' Whole Child School Health Policy approach, School Health Advisory Committees (SHACs) and physical fitness assessments which play a critical part of youth fitness and the physical education curriculum.

**ISSUE:** COVID-19 is undoing the work the Legislature has supported for healthy kids over the past 20 years. Students attending school virtually has meant less physical activity, more screen time, and increased poor eating habits, according to research from the UTHealth School of Public Health.<sup>1</sup> Teachers are reporting students visibly gaining weight and having issues staying focused virtually. Steps previous Legislatures have taken to help ensure children are healthy and ready to learn must be maintained.

**BACKGROUND:** The Texas Legislature requires each school district's board to appoint a group called the School Health Advisory Council (SHAC) to help districts incorporate parent and community input by researching, reviewing and making recommendations on health topics impacting the district. SHACs provide a structured format for parent input while leaving local control and ultimate decision-making authority with the school district. We must keep these important advisory groups and where possible find ways to better support their work.

Research shows that fit students perform better inside and outside of the classroom. Developed by The Cooper Institute in Dallas, the FitnessGram assessment plays a critical part of the youth fitness and physical education process by providing a feedback system for students, teachers and parents. Using this tool, schools report anonymized aggregated results to TEA annually. **In many cases, the Fitnessgram report may be the only health measure some families have.** Fitness assessment data helps inform SHACs, drive decisions for curriculum programming, and assists families in making healthy behavior modifications.

**References** 1 Pietrobelli, A., Pecoraro, L., Ferruzzi, A., Heo, M., Faith, M., Zoller, T., Antoniazzi, F., Piacentini, G., Fearnbach, S.N., & Heymsfield, S. B. (2020). Effects of COVID-19 lockdown on lifestyle behaviors in children with obesity living in Verona, Italy: a longitudinal study. *Obesity*. 2 Dunton, G., Do, B., & Wang, S. (2020). Early Effects of the COVID-19 Pandemic on Physical Activity and Sedentary Behavior in US Children. 3 Sallis, J. F., Adlaka, D., Oyeyemi, A., & Salvo, D. (2020). An international physical activity and public health research agenda to inform COVID-19 policies and practices. *Journal of Sport and Health Science*. 4 Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *The Lancet Public Health*, 5(5), e243-e244.



### Studies indicate the pandemic and stay-at-home orders are impacting child health behaviors related to obesity.<sup>2</sup>

- During stay-at-home orders, children and adolescents have:<sup>1,2</sup>
  - » Decreased time spent playing sports and participating in physical activity
  - » Increased sedentary time and screen time
  - » Increased consumption of sugar-sweetened beverages and unhealthy foods
- Socioeconomic inequities may be exacerbated by COVID-19, as many families have limited resources available to purchase healthy foods and exercise at home during lockdowns.<sup>2,3,4</sup>

**RECOMMENDATION:** The recommended approach for SHACs is to have their work based on the CDC's Whole School, Whole Community, Whole Child model which encompasses an expanded version of the eight components of a Coordinated School Health program required for grades K-8 in Texas.

We recommend the following:

- 1) Continue to use the Coordinated School Health/ Whole Child model for grades K-8
- 2) Preserve Fitnessgram as the tool for tracking child health through our schools.
- 3) Keep SHACs to maintain local control, advising on all health issues and serving as a resource to districts

We are not asking for an expansion of these policies during this volatile time, but merely to maintain what we have and ensure these policies are in place and implemented when students return to campus. This will give them the best chance of regaining lost ground related to their health and ensure they are healthy, active, and ready to learn.



# Protect Health Education

**Objective:** Protect and enhance current requirements around physical education and health education.

**Outcome:**

- There were no attempts to rollback requirements related to physical or health education.
- Legislation to expand requirements, HB 2887 (Talarico) and HB 3058 (Guerra) were never heard in committee.



**Protect Health Education**

*Protect and enhance current requirements around PE and Health Education.*

**ISSUE:** Physical and health education are critical academic subjects. Comprehensive skills-based health and physical education programs are a critical component of a well-rounded education for students from pre-K through 12th grade. Physical inactivity and poor nutrition are contributing to high rates of heart disease, diabetes, and other related chronic diseases.

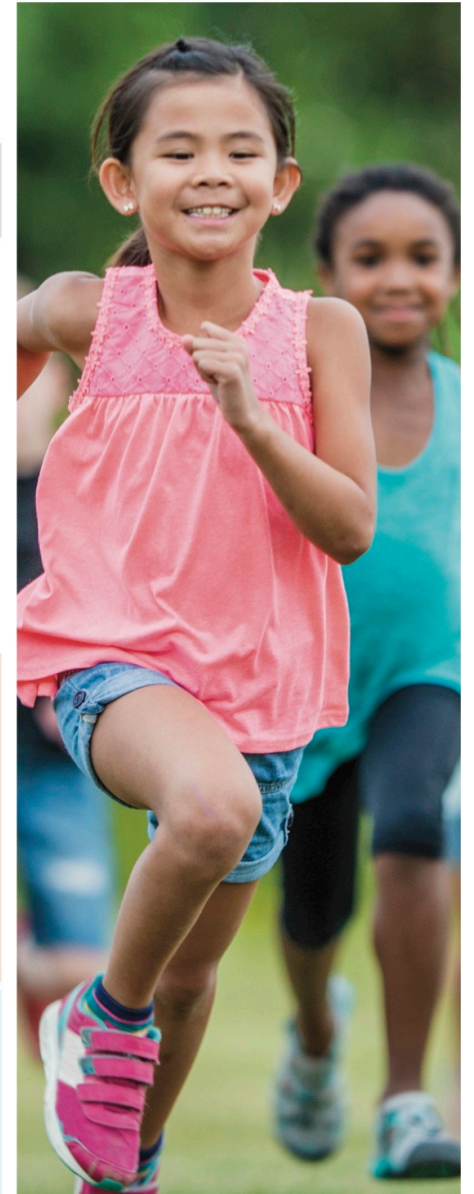
**BACKGROUND:** Just as physical education provides the skills needed to live an active life, health curriculum provides students with the knowledge and skills necessary to practice healthy behaviors and teaches students how to recognize the influence of responsible decision-making on quality of life. **By providing effective health education programming, schools can help students develop health literacy skills so they are able to access information, resources, and services in order to maintain and promote healthy lifestyles.**

**RECOMMENDATION:**

- 1) Restore the 1/2 credit (1 semester) of Health Education as a graduation requirement
- 2) Restore the 1/2 credit (1 semester) of Physical Education as a graduation requirement (total PE requirement would be 1.5 semesters)
- 3) Required 30 minutes of daily physical education (PE) for elementary school students.
- 4) Identify resources that will allow for relevant professional development for physical education instructors which contributes to the continued training in best practices, instructional strategies and current trends to meet the needs of the whole child.

**Physical and health education provides:**

- Academic and social benefits
- Development of motor skills
- Knowledge and behaviors for active and healthy lifestyle into adulthood
- Self-efficacy
- Emotional intelligence



# Protect Public Health Funding

**Objective:** Protect vital public health funding at the Department of State Health Services, including funding for health promotion and chronic disease prevention.

**Outcome:**

- The Chronic Disease Prevention and Health Promotion programs were fully funded at \$14 million for each fiscal year in FY22-23 in SB 1.



**Protect Public Health Funding**

Protect vital public health funding at the Department of State Health Services to combat chronic diseases including obesity.

**ISSUE:** While state budgets are constrained due to the pandemic, the Texas Legislature must find a way to keep our state's public health infrastructure fully funded and operational. Chronic disease prevention and health promotion are equally as vital as responding to infectious disease pandemics as these programs keep Texans healthy and productive throughout their lives.

**BACKGROUND:** The COVID-19 pandemic has wreaked havoc on state economies and Texas is no exception. Declining revenues have created a significant projected state budget shortfall. Lawmakers have responded by requiring state agencies to reduce their current FY 2020-2021 budgets by 5% through a combination of cuts and hiring freezes. The Texas Department of State Health Services (DSHS), our state's public health department, was exempt from this round. However, state agencies have also been asked to reduce their FY 2022-2023 by another 5% in which DSHS is not exempt. This equates to a target reduction of \$32.9 million during a global infectious disease pandemic. Currently, no cuts are envisioned for obesity related chronic disease prevention and health promotion in the DSHS Legislative Appropriations Request.<sup>1</sup> However, other related chronic disease prevention program such as the Diabetes Prevention and Control program and Heart Disease and Stroke Activities are slated for partial reductions.

While the department's role to respond to COVID-19 is extremely important, public health is more than emergency response. **A well-funded public health infrastructure is vital to promoting healthy behaviors and combating chronic disease like diabetes, heart disease and obesity.** The DSHS Obesity Prevention Program<sup>2</sup> works to make healthy choices easier for all Texans wherever they live, work, and play by:

- Improving key social determinants that most impact obesity
- Improving health equity
- Increasing resources and capacity of local health departments and community organizations to address obesity



**\$32,929,840**

Required target reduction to DSHS for FY 2022 – 2023

**34.5%**

Obesity prevalence rate in Texas, 2018<sup>3</sup>

- Transforming environments in Texas with evidence-based interventions addressing physical activity and healthy eating; and
- Collecting and evaluating intervention data to ensure successful, impactful, and efficient use of public health resources.

State general revenue investment in the Obesity Prevention Program creates an infrastructure that makes Texas a competitive applicant for obesity related federal grant funding opportunities. Without at least a partial fiscal commitment from the state legislature we are in danger of losing out on federal funds in the future.

**RECOMMENDATION:**

- 1) Fully fund the Department of State of Health Services, including requested exceptional items, amid a global pandemic.
- 2) Defend against cuts to all forms of public health services including chronic disease prevention and health promotion.

**References** 1 Texas Department of State Health Services. (October 9, 2020). Legislative Appropriations Request for Fiscal Years 2022-2023. Retrieved from: [https://www.dshs.texas.gov/legislative/lar/ABEST-Submission\\_Printshop/](https://www.dshs.texas.gov/legislative/lar/ABEST-Submission_Printshop/) 2 Texas Department of State Health Services. (2016 – 2021). Obesity Prevention Program. Health Promotion and Chronic Disease Prevention Section. Retrieved from: [https://www.dshs.texas.gov/obesity/pdf/OPP\\_StratPlan\\_01032018.pdf](https://www.dshs.texas.gov/obesity/pdf/OPP_StratPlan_01032018.pdf) 3 2018 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services. Retrieved from: <https://www.dshs.texas.gov/obesity/pdf/2018-Obesity-Prevalence-map.pdf>





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## Coalition Successes

- SB 224 (Perry) went into effect September 1, 2021.
- Surplus Agricultural Products Grant was fully funded.
- Protected funding for Fitnessgram assessments and Chronic Disease Prevention.
- Protected the integrity of the School Health Advisory Councils.
- Continued to educate lawmakers on key chronic disease issues and elevated the issue of obesity so we are prepared for future success.

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## Looking Ahead: Interim Work & Future Activities

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## **Interim Opportunities**

- Submit interim study proposals to legislators to help inform the work of the 88<sup>th</sup> Legislative Session.
- Continue to educate policymakers and stakeholders about the issues around obesity during interim hearings.
- Cultivate legislative champions.

# Interim Study Proposals

## House Human Services & Senate Health and Human Services:

- Identify opportunities for Medicaid Managed Care Organizations, health care providers, and communities to partner to implement non-medical initiatives that address social determinants of health to help patients be healthier and more productive at home, work, and school, while also containing Medicaid costs.



### 2021 Interim Study Proposals to Address Obesity

The rising expense of obesity in Texas, exacerbated by the COVID-19 pandemic, is unsustainable — we cannot afford inaction. The Partnership for a Healthy Texas develops and promotes policies, and supports evidence-based programs, that prevent and address obesity and improve the health of Texas communities.

The prevalence of obesity in Texas was high before the COVID-19 pandemic at over 34.8 percent in 2018 and the pandemic created an opportunity for increases due to changes in physical activity and increased food insecurity. At the same time, the crisis of the COVID-19 pandemic highlighted both the importance of a strong public health infrastructure and the heightened vulnerability of those living with obesity. As children return to school and families return to work, the Partnership for a Healthy Texas believes there is an opportunity to address the obesity crisis in our state.

Obesity is chronic disease that is associated with increased disability, related chronic diseases, and death and has substantial economic and social costs. Cost-effective solutions that address access to healthy and affordable food, opportunities for physical activity, and treatment of this disease are needed now more than ever. To improve the health of our state, now is the time to connect Texans with policies that lead to such solutions in their schools and communities.

Texas legislators can lead the nation in passing policies aimed at supporting a healthy environment and ensuring access to evidence-based treatment solutions for Texans. The Partnership believes the Texas legislature should continue to strive to ensure the viability of Texas' future workforce and create a healthy environment for Texans.

#### House Human Services and Senate Health and Human Services Committees:

- Identify opportunities for Medicaid managed care organizations, health care providers, and communities to partner to develop and implement non-medical initiatives that address social determinants of health (SDoH) to help patients be healthier and more productive at home, school, and work, while also containing Medicaid costs.

**Rationale:** Social determinants of health (SDoH) such as access to nutritious food, transportation, and adequate housing have a direct impact on health outcomes. Research shows up to 80 percent of a person's overall health is driven by social and environmental factors. Providers and managed care organizations (MCOs) addressing these SDoH are essential to improve overall health care outcomes and reduce costs. There are more than 4 million Texans who receive health care through the Medicaid program, almost all of whom are enrolled in a managed care organization. For Texas to make significant strides toward improving health care



# Interim Study Proposals

## House Public Education and Senate Education:

- Study and assess the impact of the COVID-19 pandemic on physical activity, physical education, dietary intake, and obesity for Texas children. Examine how school meals, physical education classes, and other opportunities for physical activity were impacted by the COVID-19 pandemic



## 2021 Interim Study Proposals to Address Obesity

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# Interim Study Proposals

## House Insurance and Senate Health & Human Services:

- Identify and study the availability of obesity treatment, management, and care options not yet covered by Medicaid or the state-employee health insurance plans with a cost-neutral or cost-positive framework for the state.



### 2021 Interim Study Proposals to Address Obesity

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#### **House Human Services and Senate Health and Human Services Committees:**

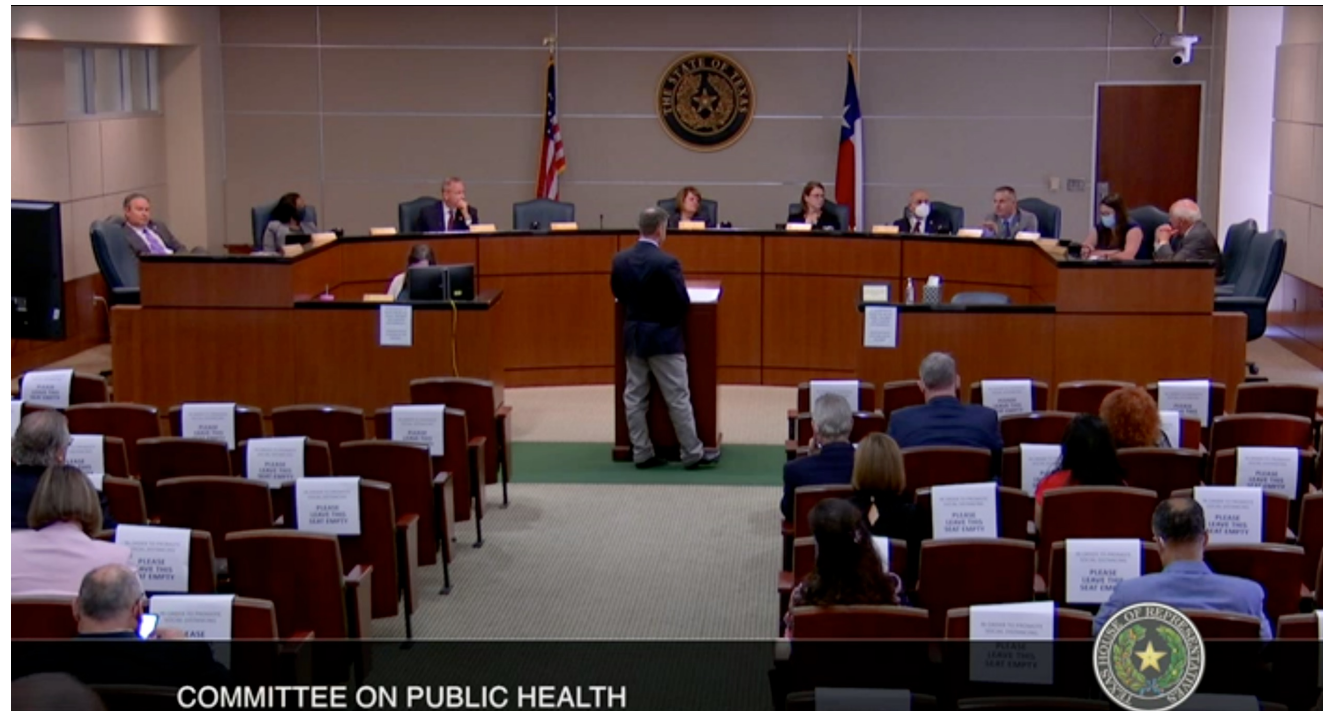
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# Interim Hearings Have Begun

- On October 4<sup>th</sup>, we provided testimony to the House Public Health Committee during their interim hearing on access to health care in communities near the Texas-Mexico border.
- Our testimony highlighted the high burden of obesity near the border, and potential solutions to help address and prevent obesity in the region.



# Continue to Cultivate Legislative Champions



**Senator  
Charles Perry**



**Representative  
Armando Walle**

**2021 Partnership for a Healthy Texas Legislative Champions**





**PARTNERSHIP FOR  
A HEALTHY TEXAS**  
CONQUERING OBESITY

## **Begin forming policy priorities for the 88<sup>th</sup> legislative session**

- 88<sup>th</sup> Regular Session Convenes January 10, 2023
- Legislative Pre-filing begins Monday, Nov. 14
- Interim Hearings will begin in early 2022



**PARTNERSHIP FOR  
A HEALTHY TEXAS**  
CONQUERING OBESITY

## **Begin forming policy priorities for the 88<sup>th</sup> legislative session**

Get involved by signing up for coalition emails at  
[www.PartnershipforaHealthyTexas.org](http://www.PartnershipforaHealthyTexas.org).

Apply on behalf of your organization to be on the PFHT  
Steering Committee.

PFHT will begin the process of crafting our policies for  
the 2023 session at our Full Membership meeting  
next June.



# Tools for Translating Research to Policy and Practice: Texas RPC and the Texas Legislation Bill Tracker

November 4, 2021

Deanna M. Hoelscher, PhD, RDN, LD, CNS, FISBNPA  
Principal Investigator



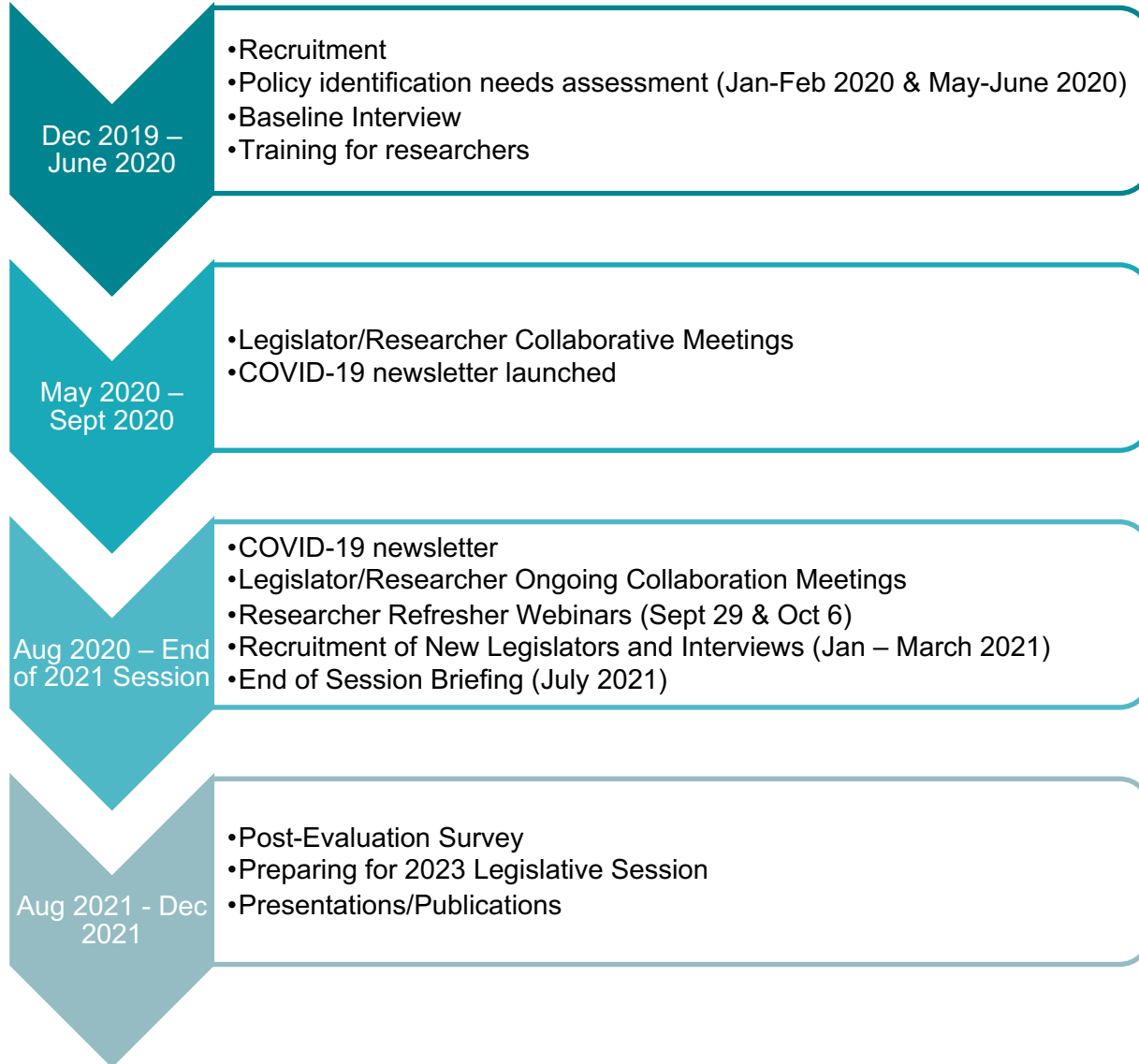
# Texas Research-to-Policy Collaboration



- **Improve the health of Texans through policymaking**
  - Assist legislators and provide better use of Texas research, data, and resources
- **Engage state and local stakeholders in capacity building**
  - Link policymakers to non-partisan network of health researchers for the 2021 Texas Legislative Session
- **Respond to State Legislative Requests**
  - Facilitate researcher-policymaker connections and support requests for information to inform policy

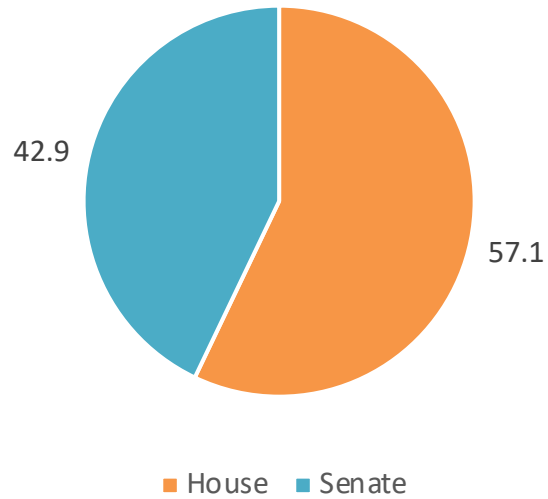


# TX RPC Project Timeline

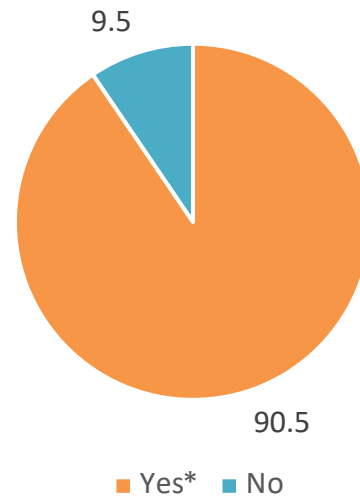


# TX RPC Legislators (N=21)

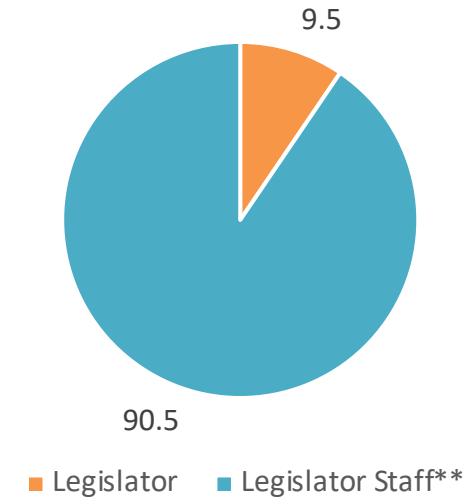
Legislative Chambers



Legislative Election Cycle  
(up for re-election)



Baseline Interview  
Conducted With



\* 18/19 won re-election in 2020

\*\* Legislative directors, chiefs of staff, legislative assistants/aids, policy analysts, education specialist, and district director

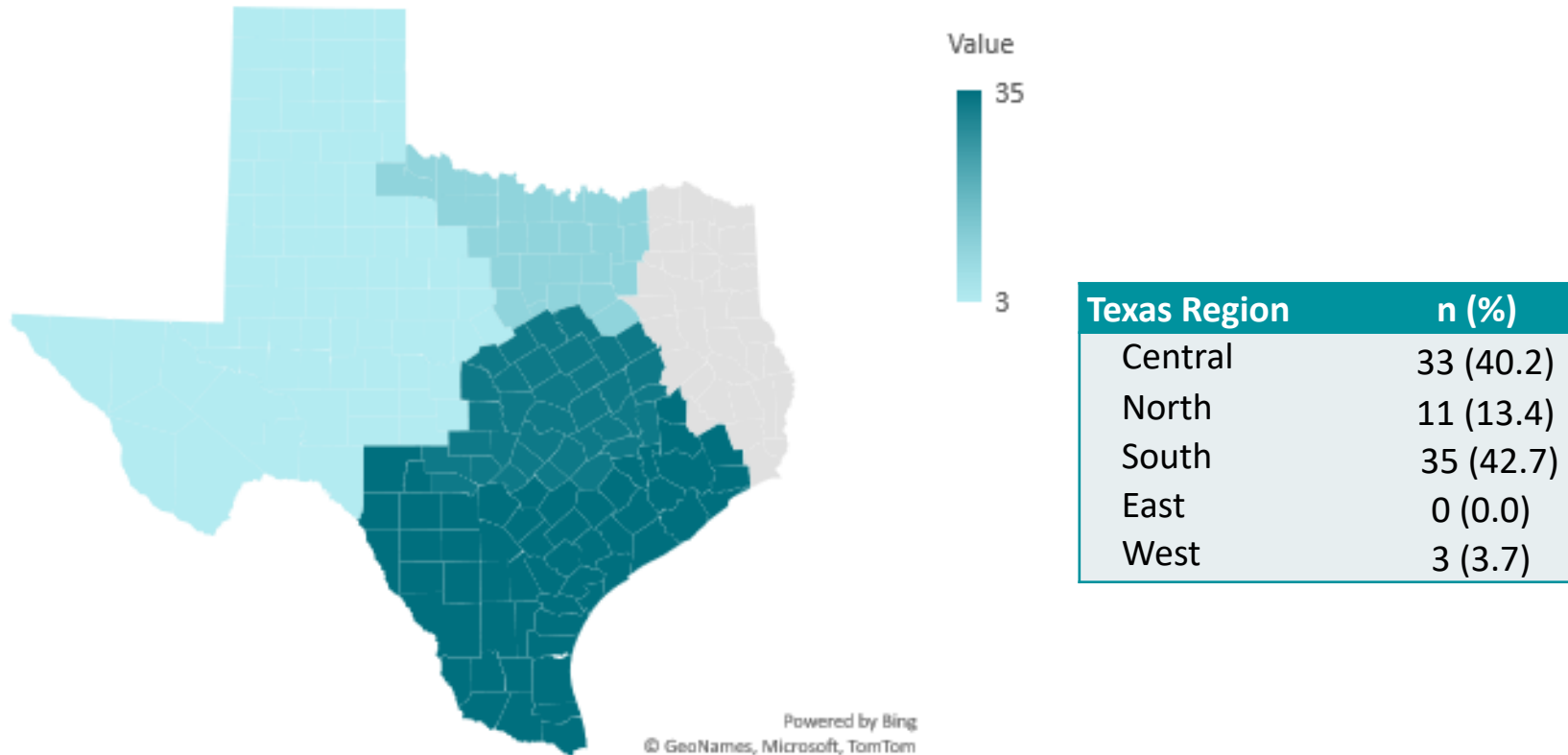


# Legislator Baseline Survey

## Key Findings

- Relative high use of research in past legislative session
  - Especially for development of policy
- Perceive research to be valuable for use in their work
- Few interactions with researchers
  - Especially to identify research direction or priorities
- Often obtained policy-related information from:
  - People involved with the policy or program
  - Non-profit organizations or foundations
- Fewer offices reported obtaining information from researchers or conferences

# Distribution of Researchers in Texas

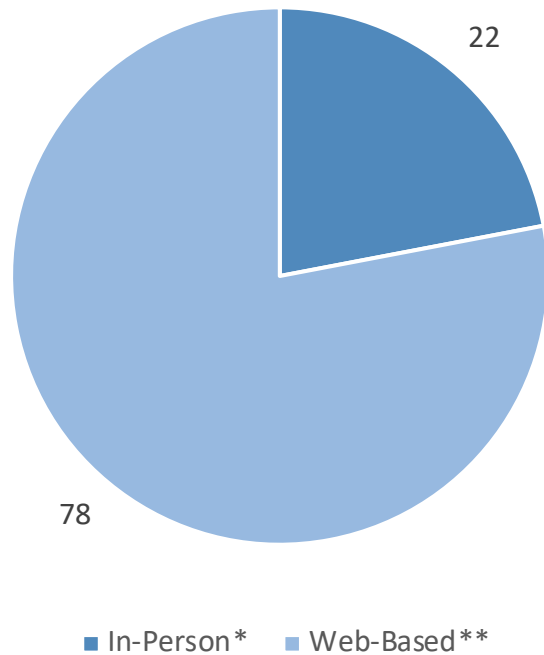




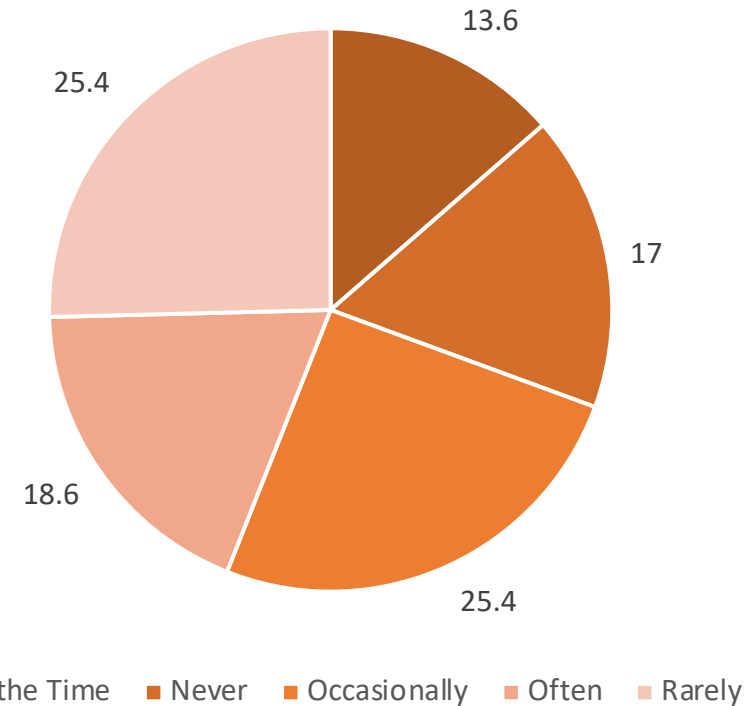
# TX RPC Researchers Training (n=59/62)



Training Type



In the past 2 years, how often have you interacted with policymakers and their staff?



\*In-person responses indicate some researchers who attended partially in-person and partially web-based.

\*\*Web-based responses indicate researchers who only attended training online

# Responding to Legislative Requests & Policy Priorities

- **June 2020 – September 2021: Development and dissemination of health policy resources to state legislators and their staff**
  - Developed by TX RPC staff in collaboration with network researchers

Series of health policy reports developed based on legislative requests and policy priorities

Resources posted on TX RPC webpage and distributed by email and newsletter





## 28 health policy resources developed and disseminated via website, email, and e-newsletter

- Public Health Experts are Needed in Policy Work Groups, Task Forces, and Advisory Committees
- Public Health Outcomes of Healthcare Access
- SNAP (2) – work requirements and vehicle value limits
- COVID-19 (12)
  - Protecting our Children; Myth vs. Fact; Considerations for Reopening K-12 Schools; Impact of Working from Home on Mental Health; Impact of Pre-Existing Health Conditions (adult and child); Impact of Obesity on Health Outcomes (adult and child); Impact on Food Insecurity; Comparing Vaccines; Frontline Workers; Comparison of Cases and Deaths in Nursing Homes and Long-term Care Facilities
- State- and Legislative-District Level Data (4)
  - Frontline Workers; Comparison of Cases and Deaths in Nursing Homes and Long-term Care Facilities; SNAP Utilization and Eligibility; Food Access
- Texas School Physical Activity and Nutrition Project (Texas SPAN) (10)
  - Texas Child Health Status Reports

# TX RPC Health Policy Resources



SEPTEMBER 7, 2021

## A RESOURCE FOR IMPROVING MEASURABLE IMPACT

### Protecting our Children from COVID-19: How Texans can help

Vaccination is the best way to protect our families and prevent or slow the spread of COVID-19. Additionally, wearing masks and social distancing are proven methods to slow the transmission of COVID-19. Because of the emergence of highly contagious variants, the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC) recommend that everyone over the age of two, **even if vaccinated**, wear a mask indoors in public. (1)

#### Why should adults and children wear a mask?

- To protect children who are not eligible to be vaccinated from those who might carry the disease.
- To prevent the spread of new COVID-19 variants that are causing a surge in the U.S. and globally. The Delta variant is 200% more transmissible and has 1,000x more virus particles than the original strain of COVID-19, meaning the virus is more easily and quickly spread - especially in crowded, poorly ventilated areas among people who are not vaccinated. (2) **Children and unvaccinated adults are at greatest risk.**
- Although vaccinated people are protected from severe illness and death from COVID-19, they can still spread the virus to others (though at much lower rates). (3)

The only way to stop these emerging variants of COVID-19 is to:

- Get vaccinated
- Wear a mask
- Social distance

### Since May 12, 2021, children 12 years old and older have been eligible to receive the COVID-19 Pfizer vaccine in Texas. (4)

The COVID-19 vaccines are safe and effective and have been developed and used under the most intensive safety monitoring in U.S. history, including studies in children. (5)

- As of September 1, 2021, only **61.5%** of people ages 12 years or older in the U.S. are fully vaccinated, and rates of infections, hospitalizations, and deaths remain high. (6-7)
- Nearly 14 million, or **58%** of the eligible population in Texas is fully vaccinated. (8) **Rates of vaccination across cities and counties in Texas are highly variable.**
- To reach population level immunity, **80%-94%** of Texans need to be immune by vaccination or natural infection. (9-10)
- Evidence suggests vaccine immunity is substantially stronger than natural infection. Individuals who are not vaccinated, even those who have previously tested positive for COVID-19, remain at considerable risk for severe outcomes due to new variants of COVID-19. (12)

61.3%

Most children are not protected from COVID-19.

Nearly 2/3 of Texans ages 5-19 do not have COVID-19 antibodies. (11)

26%

Most children who are eligible for the vaccine are not vaccinated.

Only 26% of Texans ages 12-17 are vaccinated. (12)



## COVID-19: Impact of Pre-existing Health Conditions In Adults



A Resource for Improving Measurable Impact  
August 27, 2021

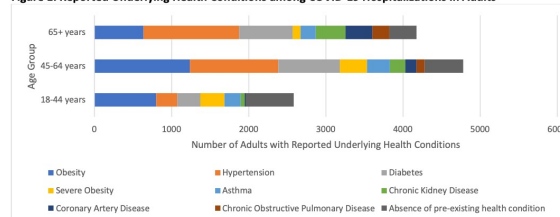
### Key Findings:

Studies have found adults with underlying medical conditions—or pre-existing conditions such as chronic kidney disease, obesity, diabetes, hypertension, and asthma—who contract COVID-19 have a higher risk for more severe illness, including hospitalization, admission to intensive care units (ICU), and death.<sup>1-8</sup> COVID-19 hospitalizations were up to **6 times higher** and deaths **12 times higher** among patients with reported pre-existing conditions compared to patients with no reported pre-existing conditions between January and May of 2020.<sup>4</sup>

### Pre-Existing Conditions and COVID-19 Outcomes in Adult Populations:

- Different pre-existing conditions pose different risks for individuals who contract COVID-19. Based on strong evidence from multiple studies, the list of pre-existing conditions that put individuals at increased risk for **severe** illness include: serious heart conditions (heart failure, coronary artery disease), chronic kidney disease, chronic obstructive pulmonary disease (COPD), obesity, sickle cell disease, solid organ transplantation, and type 2 diabetes.<sup>6,8</sup>
- Among COVID-19 cases, the three most common underlying health conditions are **cardiovascular disease** (32%), **diabetes** (30%), and **chronic lung disease** (18%).<sup>4</sup>
- Among COVID-19 hospitalizations, the three most common underlying conditions are **hypertension** (57.7%), **obesity** (47.8%), and **metabolic disease** (42.9%).<sup>5</sup>
- Between January 22 and May 30, 2020, the highest rates of COVID-19-related ICU admissions were among adults with underlying conditions aged 60-69 years (11%) and 70-79 years (12%).<sup>4</sup>

Figure 1. Reported Underlying Health Conditions among COVID-19 Hospitalizations in Adults<sup>9</sup>



Ko et al., September 18, 2020.



SEPTEMBER 14, 2021

## A RESOURCE FOR IMPROVING MEASURABLE IMPACT

### COVID-19 Myth vs. Fact A guide for evidence-based information

Getting vaccinated, wearing a mask, and social distancing are proven methods to slow the spread of COVID-19 and emerging variants. The Centers for Disease Control and Prevention (CDC) recommends all people 12 years and older get vaccinated against COVID-19 and all people 2 years and older wear a mask indoors when in public. (1) As of September 1, 2021, only 61.5% of people ages 12 years or older in the U.S. are fully vaccinated, and rates of infections, hospitalizations, and deaths remain high. (2-4)

This resource provides evidence-based information about several misconceptions about the safety and effectiveness of masks and vaccines for protection from COVID-19.

#### MYTH: Masks do not prevent the spread of COVID-19.



**FACT:** Virus particles do not travel alone - they travel inside droplets or aerosols. **Masks help block droplets and aerosols**, significantly slowing and reducing the spread of COVID-19. (5)

#### MYTH: Wearing a mask for long periods of time is not safe for children.

**FACT:** There are **no safety concerns** for children wearing masks for prolonged periods in school or child care settings. Masks **do not** make it harder to breathe, affect lung development, trap carbon dioxide, or weaken the immune system. (6)

#### MYTH: People who have recovered from COVID-19 get no benefit from vaccination.

**FACT:** Immunity acquired from natural infection is not as good as vaccine-induced immunity. The CDC recommends vaccination even for people who have previously been infected with COVID-19. It is still unclear how long protection lasts after you recover from COVID-19, and early evidence suggests the **vaccine provides better protection from COVID-19** compared to natural immunity. (7) One study found that people who were not vaccinated had **2.3 times the odds of reinfection** compared to people fully vaccinated. (8)

#### MYTH: The COVID-19 vaccines are not safe and were developed too rapidly.



**FACT:** The COVID-19 vaccines are **safe and effective**, and the risks from the vaccines are extremely rare. (2)

The vaccines were developed under the same rigorous standards as other vaccines, and the technology used has been in development and studied by researchers for decades. (9) On August 23, 2021, the U.S. Food & Drug Administration (FDA) **fully approved** the Pfizer vaccine for COVID-19 in people 16 years of age and older. (10)



# TX RPC Project Achievements:

## 87<sup>th</sup> Texas Legislative Session

1

### RAPID RESPONSE

TX RPC researchers and staff responded to **91 rapid response requests** from legislators over a 14-month period.



3

TX RPC researchers provided **testimony on 3 bills** and held **31 collaboration meetings** with legislators.

**31** Collaboration Meetings

2

### BILLS FILED

TX RPC LEGISLATORS FILED 19 BILLS IMPACTING CHILD HEALTH

8 of the bills passed at least one chamber of the Texas Legislature, and **3 passed into law.**





# Evidence-Based Tools and Resources

# Texas Child Health Status Reports

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


- Brief, concise reports
- Collaboration
- Useful to public health advocates and legislators


### Healthy Children, Healthy State: **CHILD OBESITY CRISIS IN TEXAS**

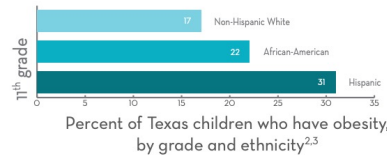
Michael & Susan Dell Center for Healthy Living

#### Obesity is a major public health crisis in Texas<sup>1</sup>:

 Texas has the 8<sup>th</sup> highest obesity rate for youth ages 10-17 and the 12<sup>th</sup> highest adult obesity rate in the U.S.<sup>1</sup>

 17.3% of Texas youth ages 10-17 have obesity.

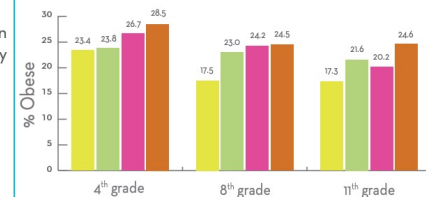
 In Texas, Hispanic and African American children have higher rates of obesity compared to non-Hispanic white children<sup>2</sup>.



#### Childhood obesity in Texas is getting worse.

Trends in childhood obesity from 2004-05 to 2019-20<sup>4,5</sup>

2004-05 2009-11 2015-16 2019-20



#### Childhood Obesity is Risky

Obesity is associated with increased lifetime risks for adverse health outcomes<sup>4,5</sup>, including:

- diabetes
- heart disease
- asthma
- high blood pressure
- depression
- sleeping difficulties
- higher risk of being obese as an adult

#### Childhood Obesity is Costly

Childhood obesity results in extra health care costs. A child with obesity has **\$12,900** more in medical costs than a child with normal weight<sup>6</sup>.

Educational attainment is associated with lifetime earnings<sup>7</sup>. Obesity in childhood is associated with poorer educational outcomes<sup>8,9,10</sup>, including:

- lower GPA
- lower reading scores
- lower math scores
- more school absences

**We must do more to combat obesity in Texas.**

# TX Child Health Status Reports



## 10 Reports Released

**Obesity**

**Nutrition**

**Physical Activity**

**Screen Time**

**Sleep Quality**

**Sugar-Sweetened Beverage**

**Teen Vaping**

**Vaping Advertisements and Teens**

**Vaping with Flavors**

**Eating Away From Home**



# COVID-19 Communications

## Michael & Susan Dell Center for Healthy Living



### COVID-19 Webinars:

- Hosted and disseminated **23** COVID-19 specific webinars, 4/02/2020 - 10/21/2021
  - **14,938** total webinar registrants, **9,004** total webinar attendees
  - **5,749** total webinar recording YouTube views

### TX RPC Project COVID-19 Newsletters:

- **20** Newsletters featuring COVID-19 news and resources, 4/27/2020 - 10/25/2021
  - Distributed to **397** Texas Legislators, 91 TX RPC Research Network Members, **23** advisory committee
- **24%** email open rate (industry average is 17%)

# Texas Legislative Session Bill Tracker



# Public Health Tools & Resources



## Texas Legislative Session Bill Tracker

Identify selected health policy legislative actions through an accessible organized tool for researchers and policymakers in real time

### Food Access and Insecurity

Bills that are relevant to food policy, hunger, food access, and food insecurity research taking place at the Michael & Susan Dell Center for Healthy Living can be viewed here.

Food Access and Insecurity				
Bill #	Author	Status	Brief Description	Past Bills (2019)
HCR 54	State Rep. Thresa Meza	<b>PASSED</b> - <i>Signed by the Governor - 6/18/21</i>	Approving the SNAP settlement agreement between the U.S. Department of Justice and the Texas Health and Human Services Commission.	
HB 209	State Rep. Shawn Nicole Thierry	Left pending in committee - 3/22/21	A taxable entity qualifies for credit under certain conditions. This taxable entity must open a grocery store or healthy corner store in a low income area or a food desert, it needs to accept WIC, and it needs to be open year round. <i>Companion Bill: SB 358</i>	
HB 319	State Rep. Drew Springer	Referred to Public Education - 2/25/21	The commission, in conjunction with the Texas Workforce Commission, will ensure that a person who is at least 18 but younger than 50 who has SNAP benefits, who has no dependents, and who does not have a disability receives supplemental nutrition assistance program employment and training services unless the person is eligible for an individual waiver under the program.	



# Timeline for Bill Tracker during the 2021 TX Legislative Session



Date	Activity
November 9, 2020	Legislative Bill Pre-Filing Begins
January 12, 2021	87 <sup>th</sup> Texas Legislative Session Begins
March 2020	Deadline for unrestricted filing of bills and joint resolutions
May 31, 2021	End of 87 <sup>th</sup> Texas Legislative Session
May-October 2021	Potential Interim Sessions

Ongoing Tracking of Bill Outcomes



# Legislative Bill Tracking Summary



## Bill Tracking Process

- Tracked more than 350 bills this year, more than half of which addressed access to health care
  - *First legislative session where health care access bills were included in bill tracker*
- Reviewed newly filed bills each week
- Determined by consensus which bills to track
- Summarized tracked bills in plain language for Center's website
- Followed bills throughout legislative session

## Outcome

- 29 of the 352 tracked bills were passed into law this session

# TX Legislative Session Bill Tracker



5 Texas Legislative Sessions tracked:  
2013, 2015, 2017, 2019, 2021

**53 bills tracked in 2013 → 352 bills tracked in 2021**

**9 Bill Topics Tracked in 2021**

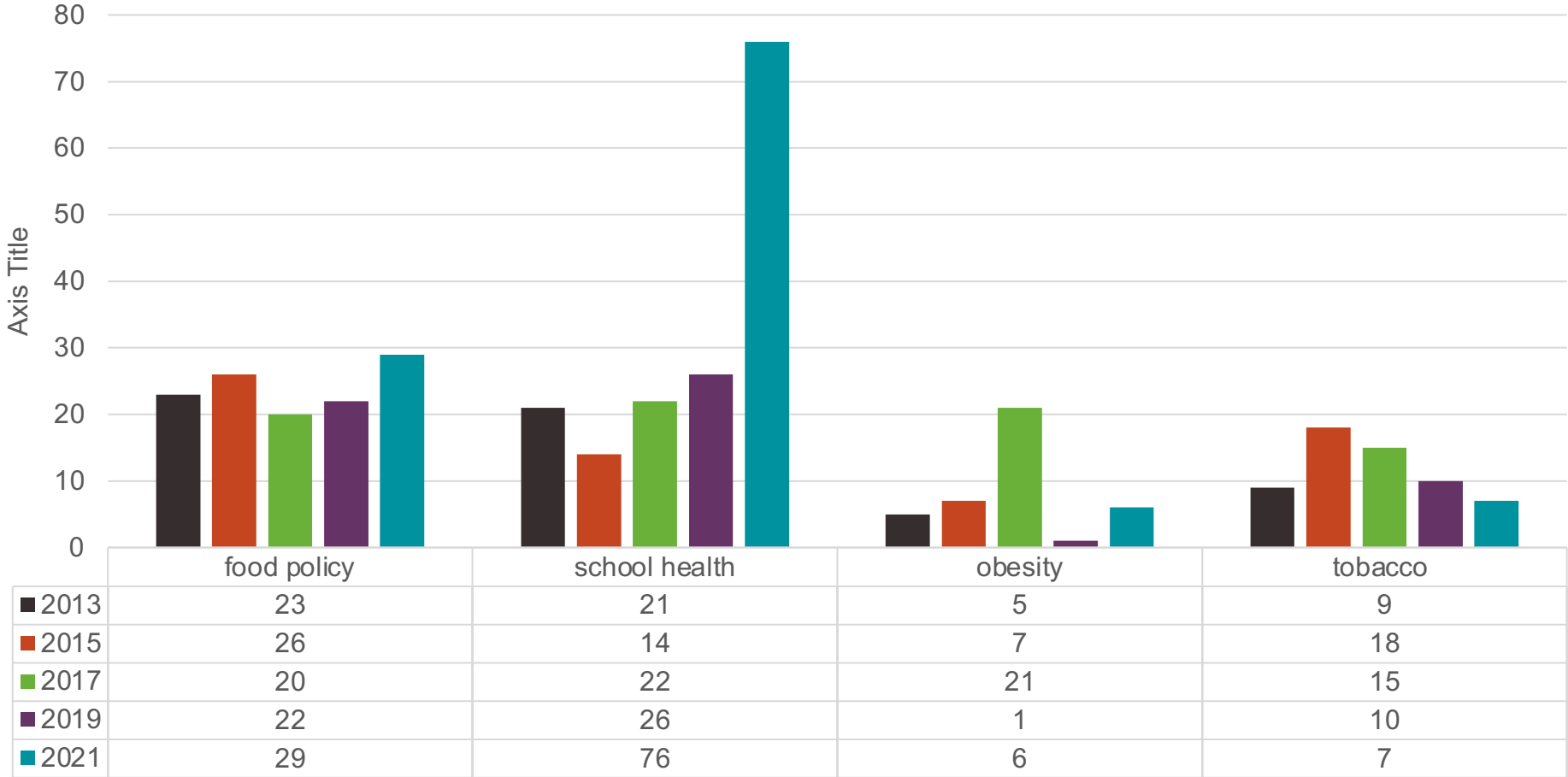
2021 Tracked Bills	
Topic	#
Active transportation/built environment	13
Early childcare education	19
Food access and insecurity	29
Maternal and child health	6
Obesity	6
Oral health	5
School and after-school care	76
Tobacco and e-cigarettes	7
Health care access	191



# Bill Tracker Topics – 2013-2021



Comparison Bill Topics: Food policy, School health, Obesity, Tobacco



■ 2013 ■ 2015 ■ 2017 ■ 2019 ■ 2021

2015: built environment included in obesity, 2017: child care, afterschool health included in school health, 2017: breastfeeding, built environment included in obesity

# Conclusions

# Significance

Texas legislators and their staff were interested in **COVID-19-related** and **evidence-based resources** that incorporate data at the state- and legislative district-level.

- ✓ Responding to Texas legislators' policy interests through development and dissemination of health-related resources showed **initial uptake and use**.
- ✓ This may **enhance the timeliness and usefulness** of Texas data in policy decision-making.



# Summary

## Initial Outcomes:

- **State legislators need local data and resources to create evidence-based policies**
- The TX Legislative Session Bill Tracker and TX Child Health Status Reports serve as tools to promote evidence-based policies
  - **Effective model to provide accessible child health research for policymakers in Texas**
  - **Collaboration is key factor to the success in developing these tools**
- Public health advocates need to track legislative policies, especially during a short legislative session

## Recommendations:

- Translate key research findings into usable, easy-to-read, digestible formats
- Tools such as the TX Legislative Session Bill Tracker and TX Child Health Status Report should be resources created for policymakers
  - **Allow for quick evidence-based decisions to advance and impact child health policy**
  - Public health advocates can use tools to support evidence-based policies

# Project Details

## Research Team

**Deanna M. Hoelscher, PhD, RDN, LN, CNS, FISBNPA, Principal Investigator**

**Alexandra van den Berg, PhD, MPH, Co-Investigator**

Tiffni Menendez, MPH, Project Director

Kathleen Manuel, MPH, Research Associate

Kate Faris, Communication Specialist

Amelia Roebuck, MPH, Dell Health Scholar

Shelby Flores-Thorpe, MEd, Dell Health Scholar

Margaret (Marnie) Moore, JD, LLM, MPH

Melissa Campos-Hernandez, MPH, Research Coordinator II

Amelia McCellan, Research Associate

Callie Evarts, Graduate Research Assistant

Emily Levin, Graduate Data Collector

**Advisory Committee:** 18 state and community partner organizations

**Funding Agency:** Michael & Susan Dell Foundation

# Resources

Texas Legislative Bill Tracker [go.uth.edu/LegTracker](https://go.uth.edu/LegTracker)

Texas Child Health Status Report [go.uth.edu/TexasChildHealth](https://go.uth.edu/TexasChildHealth)

Texas SPAN Interactive Data Explorer [span-interactive.sph.uth.edu](https://span-interactive.sph.uth.edu)

Texas Research-to-Policy Collaboration Project [go.uth.edu/TexasRPC](https://go.uth.edu/TexasRPC)

TX RPC Resources [go.uth.edu/RPCresources](https://go.uth.edu/RPCresources)

TX RPC Newsletter Archive [go.uth.edu/RPCnewsletter](https://go.uth.edu/RPCnewsletter)



# Thank You!

