Texas Health Institute

EDUCATION ★ AWARENESS ★ POLICY DEVELOPMENT ★ PREVENTION

Obesity in Texas:
Policy Implications

Policy Brief

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Texas Health Foundation

American Cancer Society
American Heart Association
Methodist Healthcare Ministries of South Texas
Texas Medical Association

P.O. Box 15587, Austin, Texas 78761-5587
Phone: (512) 279-3910 Fax: (512)279-3911
www.texashealthinstitute.org

About the Texas Health Institute:

The Texas Health Institute, formerly Texas Institute for Health Policy Research, is a 501(c) (3) nonprofit organization that serves as an honest broker of information to promote dialogue among all health care stakeholders and to enable policymakers to more thoroughly explore health policy issues to make informed decisions. Our mission is to provide leadership to improve the health of Texans and their communities through education, research and health policy development.

For additional information, please visit our website at www.texashealthinstitute.org.

About the Strategic Health Partnership's Obesity Prevention Workgroup:

The Texas Strategic Health Partnership makes its operational home with the Texas Health Institute. In existence for four years, the Partnership has evolved to emphasize a stronger business case for health, a shared vision linking public health to medical care and access, and a strong commitment and focus on community-level action. The Partnership creates a forum for dialog, debate, and consensus among partners concerning follow-up actions associated with implementation of new legislation; determines feasibility, readiness and priority for moving forward policy solutions and options across sectors and population groups; and builds a consensual agenda for future health policy discussions.

The Obesity Prevention Workgroup developed from one of the original Partnership workgroups because members were determined to work together to address one of the most serious public health problems facing Texas: Obesity. Recognizing that obesity prevention will impact the incidence of myriad serious chronic diseases and health problems, stakeholders from a broad variety of organizations have joined the workgroup.

Workgroup Representation:

American Association of Retired Persons (AARP)
American Cancer Society
American Diabetes Association
American Heart Association
Department of State Health Services
Methodist Healthcare Ministries of South Texas
Scott & White Hospital
Senate Committee on Health and Human Services
Texas Action for Healthy Kids
Texas Association for School Nutrition
Texas Medical Association
Texas Pediatric Society
Texas School Nurses Organization

SUMMARY

With work days getting longer and families busier, Americans are turning more routinely to fast food and away from the walks, play-time, and gyms. As a result, the prevalence of overweight and obese Americans has increased dramatically over the last two decades. Today, two-thirds (65%) of U.S. adults 20 years of age or older are considered to be overweight or obese, as defined by the body mass index (BMI). Even more alarming, one in six (16%) school age children are overweight – twice the number who fell into this category just 20 years ago. [1] Because excess weight can lead to chronic and costly *preventable* medical conditions such as type 2 diabetes, heart disease, stroke and some cancers, the obesity epidemic burdens not just the individual, but the entire healthcare delivery system.

In Texas, the numbers are even more unsettling. While a similar proportion of adults are overweight or obese (64%), one in three (35%) Texas children – more than double the national average – are considered to be overweight or obese. Given that a child who is overweight at 12 has a 75% chance of being overweight as an adult,[2] Texas is facing an unprecedented health care crisis if nothing is done.[3] Specifically, policymakers must focus on obesity *prevention,* rather than treatment, to make a difference in the negative impact obesity will have on our health care system and the quality of life of Texans statewide. It cannot be stressed enough that we are in the midst of an *obesity epidemic* that will not improve without coordinated and persistent obesity prevention and control measures.

This brief will explore the Texas obesity issue with an emphasis on mobilizing key community systems with critical roles and responsibilities in fighting obesity. Schools and workplaces are examples of two of these important systems because these are the places Texas adults and children spend a majority of their time. Specifically, the brief will 1) define the scope of the Texas obesity problem, 2) assess workplace and school wellness policies and explore opportunities for policy change, and 3) present an overview of past Texas obesity prevention and control efforts.

Obesity Vs. Overweight

Defined by Body Mass Index (BMI), which is a ratio of weight to body stature, adult overweight is BMI from 25-29.9, and obesity is BMI of 30 or higher.

For children and youth, BMI is based on growth charts specific to gender and age. Children whose BMI is equal to or greater than the 95th percentile are considered to be overweight by the Centers for Disease Control and Prevention (CDC).

The term obesity generally is not used to describe children, though in its report, *Preventing Childhood Obesity: Health in the Balance,* the Institute of Medicine uses the CDC definition of overweight in children to define obesity.

Institute of Medicine. *Preventing Childhood Obesity: Health in the Balance.* Glossary of Terms, 2004

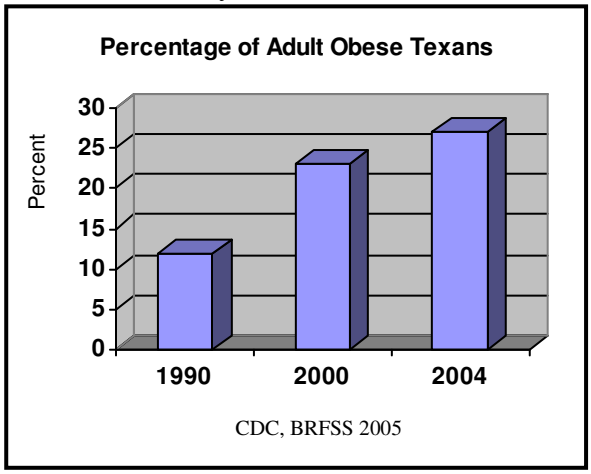
OBESITY: TEXAS-SIZED PROBLEM`

The number of overweight and obese Texans is increasing dramatically. According to a 2005 report, Texas ranked sixth among the 50 states for largest single-year increase in the rate of obesity.[4] The number of obese Texans has more than doubled in the last 14 years from 12 percent in 1990 to 27 percent in 2005.

The Texas Department of State Health Services (DSHS) estimates that if nothing is done, the number of overweight

or obese adult Texans will continue to increase, growing from 10 million (63%) today to 20 million (75%) by 2040.[5] This is partly due to our demographics and our lifestyles. Less than half of all adult Texans (47%) exercise enough, and about 27 percent reported that they engaged in *no physical activity* in the previous month.[6] According to the Office of the State Demographer, the population of Texas is increasing at roughly twice the rate of the national population, and the fastest growth is among populations disproportionately affected by obesity.[7]

In Texas, as in the U.S., overweight and obesity occur at a much higher rate for African-Americans and Latinos than for Anglos; and within these populations, persons of low socio-economic status appear to be particularly affected.[8] In Texas, 27% of all adults are obese, as compared to 34% of Blacks, 32% of Latinos, and 25% of Anglos.[9] While the prevalence of obesity is somewhat higher among specific populations, it is important to note that its prevalence is high among *all* Texans, and increasing rapidly statewide.



Why rising obesity rates are a problem

Being overweight or obese is linked with many common and costly health problems. Eight out of ten (80%) people with type 2 diabetes (formerly adult onset diabetes) are overweight.[9] Other conditions associated with weight gain include stroke, heart disease, some forms of cancer, high blood pressure, asthma, sleep apnea, severe heartburn, and gallbladder disease.[10] These diseases hold serious health consequences. Three of the five leading causes of death in Texas, heart disease, stoke, and cancer, are related to obesity.[11]

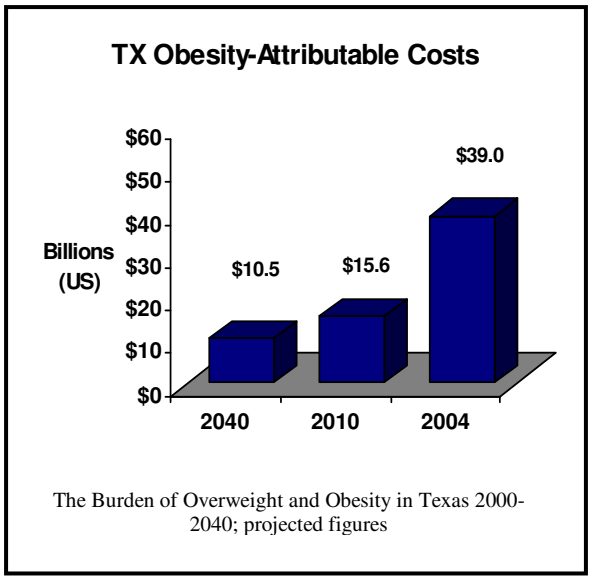
These chronic diseases, which had primarily been exhibited in adults, are now being diagnosed in children. In one large study, almost two-thirds (61%) of overweight 5-to10-year-olds already had at least one risk factor for heart disease, and a quarter (26%) had two or more risk factors for the disease.[12] Researchers suggest that the early onset of these diseases could significantly shorten the life expectancy of this generation of children. *If this occurs, today's children will be the first generation who does not live longer than their parents.*[13]

The increasing prevalence of overweight and obesity not only burdens the individual but also the economy and healthcare system. In 2001 alone, obesity-attributable medical expenses in Texas totaled $10.5 billion. These expenditures include direct medical costs, such as physician treatment and pharmaceuticals, as well as indirect expenses, such as lost productivity, absenteeism, and premature death. Unless this trend is reversed, obesity-attributable costs are projected to increase to $15.6 billion by 2010 and $39 billion by 2040.[3] With the state paying half of these expenditures through Medicare and Medicaid services,[14] Texas is facing an unprecedented and expensive healthcare crisis if nothing is done.

TARGETING TEXANS WHERE THEY SPEND THEIR TIME: COMMUNITY, SCHOOLS AND WORKPLACES

Communities Provide Infrastructure and Resources

Community support is vital to successful implementation of obesity prevention strategies in schools and worksites. Fostering a culture of wellness at the community level dramatically increases participation in health promotion activities by empowering individuals to engage in positive behaviors. Individuals in supportive environments perceive healthy behaviors as the *acceptable norm* thereby reinforcing healthy choices in all day-to-day interactions.[15] The likelihood of community support increases if initiatives are tailored to communities based on such factors as location (rural/urban issues), demographics, and socio-economic issues as well as perceived needs and barriers.



The Burden of Overweight and Obesity in Texas 2000-2040; projected figures

Reading, Writing, and….Eating? School-based Obesity Control Measures

With the rate of obesity growing fastest among children, researchers suggest targeting children where they spend the majority of their time -- in school. Health care advocates, practitioners and community leaders encourage adopting school-based policies that encourage nutritious eating, increased movement and health education. Examples of these types of programs include 1) regulating foods served in school, 2) encouraging life-long physical activity and 3) implementing health-related curriculum across multiple disciplines to provide students the knowledge and skills necessary for adopting lifelong healthy behaviors.[16] Additionally, advocates encourage simultaneously implementing *staff health promotion programming* to help in creating a supportive wellness environment.[17]

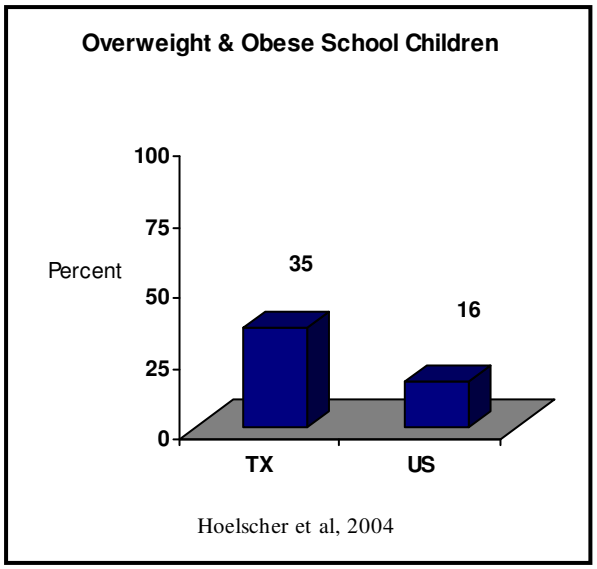
Significant improvements in promoting a wellness environment can occur in a relatively short period of time when comprehensive, coordinated programs that include parental involvement, media support, community support and engagement of the children and youth involved. This is evidenced by the Texas Tobacco Prevention Initiative. In the pilot community (Port Arthur) in which the most comprehensive tobacco prevention program was implemented, researchers found a forty percent decline in tobacco use among 6th and 7th graders (the most frequent users among youth) and a significant increase in cessation among older youth.[18] This indicates that comprehensive strategies can improve the environment to support other lifestyles changes, such as healthier eating and increased exercise.

Texas School-based Obesity Initiatives

Texas has already begun to lay the foundation for childhood obesity prevention policies, especially in the areas of physical activity requirements and school nutrition guidelines. Specifically, the 77th Legislature passed **Senate Bill 19** by Sen. Jane Nelson, permitting the State Board of Education (SBOE) to require students in elementary

schools to engage in 30 minutes a day or 135 minutes per week of physical activity, as well as requiring each elementary school and district to implement health programming approved by the Texas Education Agency. Unfortunately, the final legislation did not fully fund these requirement and some schools have struggled to implement them.

During the following session (78th) the legislature passed **Senate Bill 1357**, also by Nelson, requiring school districts "to make available for reasonable public inspection" compliance with SBOE physical activity requirements (30 per day/135 per week), school health advisory committees activities, and vending machine access and school tobacco use policies. The bill also increased the role and responsibilities of local School Health Advisory Councils to give them more authority to recommend policies and practices related to school health services, counseling and guidance services, safe and healthy school environment, or school employee wellness.



Hoelscher et al, 2004

Building on Senate Bill 19, the 79th Legislature passed **Senate Bill 42** by Nelson, authorizing the SBOE to expand physical activity requirements to middle- and junior high-schools, up to the 8th Grade, and expanding the roles of the local School Health Advisory Councils to better enable them to impact school district health policies and practices. To date, however, the SBOE has voted preliminarily to require local school districts to adopt policies regarding *whether* to expand physical activity requirements, rather than requiring districts to implement them.

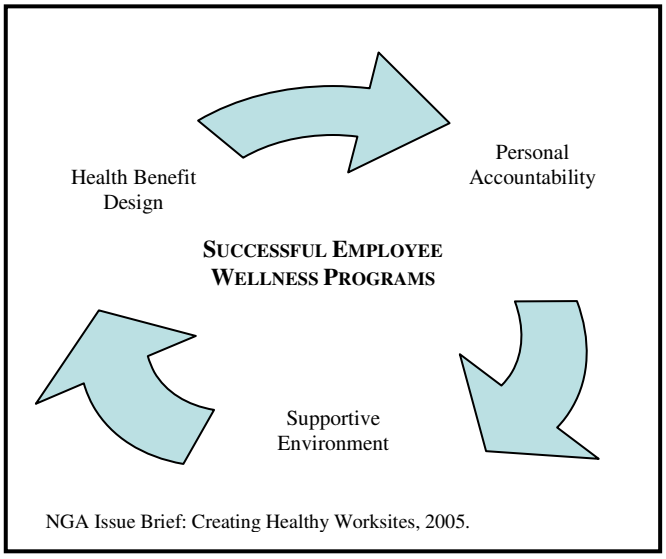
There are also barriers to district implementation, including limited funding and necessary infrastructure for technical support, competing educational priorities (preparation for standardized testing, etc.) and pressure to address specific health issues, rather than improve the overall health environment. Texas recently received a C+ in the School Foods Report Card developed by the Center for Science in the Public Interest, and is ranked 15th among all states in an evaluation of school food and beverage policies.[19]

Meanwhile, the Texas Department of Agriculture expanded the federal restrictions on access to "foods of minimal nutritional value," including sodas and candy, during the public elementary-school day and at meals during the middle-school day, as well as instituted a Public School Nutrition Policy for those schools participating in federal nutrition programs. The policy limits the number of grams of fat and sugar that schoolchildren may be served each week and phases in the elimination of deep-fat frying for preparation of meals, snacks, and a la carte items. The policy also limits sales of foods that compete with the breakfast, lunch, and snack programs. Schools which do not comply can lose federal reimbursement for all meals served for the period when policy violations are

noted. Though the nutrition policy is comprehensive, it is only enforceable among those schools participating in the federal school meals programs. Nevertheless, more than 95 percent of all Texas schools participate in these programs.

The federal Child Nutrition Reauthorization Act, which President George W. Bush signed in 2004, mandated that every school system adopt a wellness policy by June 2006.[20] According to DSHS staff, the majority of systems have done so, but most of the policies implemented meet only the minimum requirements already required by federal and state policy and law. [21]

Even with this expansive framework of obesity prevention policies and strategies, the state still ranks 6th nationally in prevalence of obese Texans.[22] Health advocates indicate that policies could be strengthened with additional funding, community support, and/or enforcement.



NGA Issue Brief: Creating Healthy Worksites, 2005.

Healthy Employees are Productive Employees: Workplace Wellness

Similar to schools, worksites are a prime venue for promoting healthy habits, as American workers spend approximately half their waking hours at work. With busy lives and competing family priorities, employees, many of whom are parents, often find accessing information and staying healthy to be difficult. Worksite wellness programs can help increase awareness of the importance of staying healthy, make information readily accessible, and provide incentives for employees to improve and/or maintain their health. Experts suggest effective workplace wellness programs recognize employee health-related achievements, build employee driven coalitions to encourage employee health, establish supportive environments, and require employee accountability.[23]

Unlike school-based programs, workplace wellness programs provide the additional benefit of promoting an organization's bottom line. A study published in the American Journal of Health Behavior showed annual medical expenses for Dallas City employees increased from $114 for normal weight employees to $573 for overweight and $620 for obese employees.[24] These data suggest that a healthier workforce is likely a less expensive one.

Companies implementing health programs experience not only direct medical savings from decreased healthcare usage, but also indirect savings from reduced absenteeism, increased productivity, and fewer workers' compensation and disability claims. However, it is difficult to accurately quantify the number of dollars that can be saved by encouraging worker wellness. Estimated savings range from $3.50 to nearly $6.00 for each company dollar invested in wellness programming. [25]

At its best, worksite health promotion creates an organizational climate that fosters energy and motivation, and leverages the potential for increased productivity to create a healthy worksite environment. The primary goals of employee health promotion programs are to 1) help people maintain or move toward an optimal state of health; 2) reduce health risks; and 3) prevent and manage obesity-related diseases – all while optimizing the health and productivity of an organization.[26]

Public Employee Programs

Of note, a number of states such as **North Carolina**, **Arkansas, Ohio**, and **Arizona** have statewide wellness programs for public employees. However, these programs vary greatly. Some state programs such North Carolina's *HealthSmart* offer comprehensive wellness benefits which include assessing employee health, fostering supportive environments, and requiring personal accountability. Arkansas recently made its employee wellness program more comprehensive, offering weight loss, health maintenance and nutrition programs for all state employees and teachers, with plans to offer additional services in the future. Other state programs focus on a single theme such as physical activity or healthy eating. Texas does not have a statewide wellness program; however individual departments, such as the Texas Department of State Health Services, Texas Department of Aging and Disability Services, and the Department of Family Protective Services have instituted wellness programs.

Building Healthy Texans

"Building Health Texans" is a toolkit developed by the Texas Department of State Health Services in partnership with Blue Cross/Blue Shield of Texas to help Texas employers develop and improve worksite wellness programs.

The toolkit provides employers with information about the benefits of a successful worksite wellness program, the essential steps required to launch one, and success stories from a variety of Texas public and private employers.

Additional information about Building Health Texans is available via www.dshs.state.tx.us/wellness/wwt.shtm. Accessed on July 23, 2006.

Public/Private Obesity Prevention and Control Partnerships

Encouraging private companies to implement programs on their own has, so far, proved to be a challenge for states. Experts suggest that states offer non-competitive sharing of best practices among companies, use incentives, and establish public challenges and awards. Other than governor-initiated programs for state employees (described above) and the isolated public/private pilot programs, no state has launched a *broad-based* private sector program.[27]

Just recently, Pfizer, a major pharmaceutical company, took the lead in reaching out to key advocacy organizations and business entities to encourage them to join a newly-formed entity called the Texas Coalition for Worksite Wellness, developed by the Texas Business Group on Health. The Texas Coalition for Worksite Wellness is a statewide, non-profit business and health care coalition "dedicated to the growth of wellness and prevention programs in Texas for the health benefit of our workers and the overall benefit of Texas employers."

SELECTED OBESITY PREVENTION STRATEGIES

The obesity crisis is complex and solutions varied. The following sections present a series of policies many of which have been considered or adopted in other states in an

attempt to prevent the further increase in Americans who are overweight and obese. Specifically, this section will first present ideas for schools, next workplace, and then selected general prevention initiatives. For information on additional strategies and action items for families, schools, worksites, communities and local governments, healthcare, business and industry, and state government and statewide organizations, review the ***Strategic Plan for the Prevention of Obesity in Texas*: 2005-2010**. This report, formulated by the Texas Department of State Health Services in conjunction with 69 stakeholders representing 59 agencies and organizations in Texas, focuses specifically on obesity prevention for all ages and all sectors of society.

As noted, Texas has adopted a large number of obesity prevention and control policies. The majority of initiatives have been enacted during last three legislative sessions (77th Legislature through 79th Legislature). Appendix A highlights significant laws and initiatives.

Lifelong Implications of Obesity

Research indicates that children who are overweight have lower reading and math scores, and that obese children consider themselves to be poor students and are more likely to be held back a grade.

"The evidence suggests that obesity not only poses serious health risks, but also jeopardizes academic achievement."

Code Red: The Critical Condition of Health in Texas, Chapter 9, April 2006, http://www.coderedtexas.org/files/Report_Chapter09.pdf. Accessed July 23, 2006.

School-based Strategies

Nutrition Content Information for School Foods

A number of states have considered legislative proposals requiring schools to provide students and parents with nutritional content information for foods and beverages served in schools. The intent of the legislation is to provide students with the information they need to learn how to make healthy food choices. In 2005, bills of this nature were considered in **California, Illinois, Massachusetts, and New York** and enacted as part of broader obesity initiatives in **Colorado, Maine and West Virginia**. State policies include:

- **Colorado, Maine**, and **West Virginia** adopted laws which provide students and parents to be given access to nutritional content of school foods through one or more of the following: the school website, school menus sent home with students, and/or posting the information at the point-of-decision. The **West Virginia** program is voluntary; while **Colorado** and **Maine** policies are mandatory.

School wellness policies

Other states have also considered policies relating to the 2004 federal Child Nutrition and WIC Reauthorization Act, which compels school districts participating in the national meal programs to establish a *local wellness policy* for the 2006-2007 school year. The federal policy requires schools to set goals for nutrition education, physical activity, campus food provision, and other school-based activities. Schools must also involve a broad group of individuals to assist with developing these goals and include a mechanism for measuring policy effectiveness. In response to this federal requirement:

- **Rhode Island, Illinois, Colorado**, and **Washington** have passed legislation intended to support local districts with developing these plans. These states

have 1) made the school wellness policy a state requirement, 2) assisted districts with drafting policies, and/or 3) established a task force which would identify barriers to implementing wellness policies and recommend how to reduce these barriers.

Workplace Wellness Strategies

While workplace wellness programs can be legislated for state government employees, many workplace wellness measures cannot be overtly legislated – instead they must be initiated by private industry. The following section includes strategies that are both publicly and privately driven.

Public employee programs

As previously discussed, a number of states, such as **North Carolina**, **Arkansas**, **Ohio**, **Michigan**, and **Arizona,** have implemented statewide wellness programs for public employees. While some programs are comprehensive, many focus on one or two of the following elements: controlling costs through appropriate healthcare usage, employee health assessments, recognition programs, healthy eating and physical activity campaigns, peer leadership, and personal accountability. Advocates contend that public employee programs allow the state to set an example for private employers while saving the state money in state health insurance costs. Texas does not have a comprehensive statewide program; however individual departments, such as the Texas Department of State Health Services, the Texas Department of Aging and Disability Services, and the Texas Department of Family Protective Services have their own programs.

Supportive lactation policies

Research suggests breastfed infants are less likely to become overweight later in life, and mothers who breastfeed may return to their pre-pregnancy weight more quickly than mothers who do not. [28] Many mothers returning to work find it difficult to continue breastfeeding as they need time to express milk and an appropriate place to do so.

- **Connecticut**, **Illinois**, **Tennessee**, and **Minnesota** require that employers provide daily unpaid breaks and adequate locations for mothers to express milk. Of note, Texas law does not require businesses to provide locations but does grant the Texas Department of State Health Services the authority to designate Texas businesses with lactation policies as "mother-friendly."

Nutrition labeling and food choices

As with school nutrition labeling programs, a worksite program, in conjunction with nutrition education, would provide individuals with the information they need to make healthy food choices. Worksite nutrition policies could require nutritional information posted for all foods sold on site.

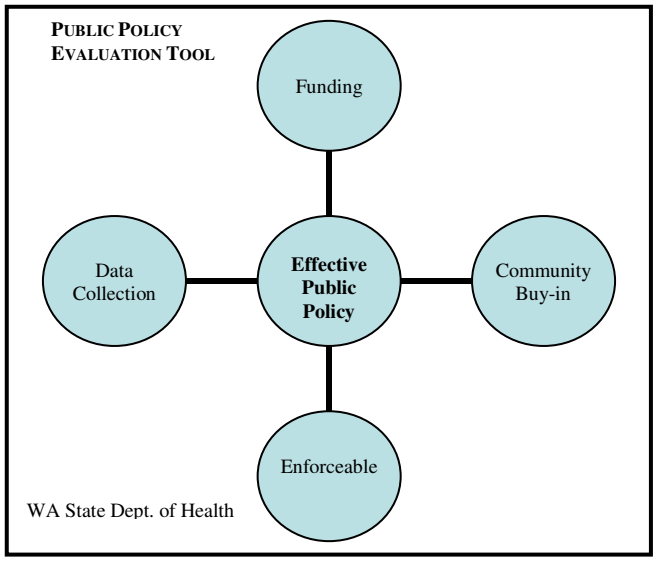
Employers could also choose to adopt their own nutrition labeling system to identify food items that meet certain nutrition standards, such as the Food and Drug Administration's (FDA) *Dietary Guidelines for Americans.* Several **North Carolina** organizations have come together to develop a voluntary labeling system called "*Winner's Circle*," which allows consumers to identify healthy foods. This program is available for use in other states.

Physical fitness policies

Physical fitness is a key component to combating obesity. Proposed state policy ideas to encourage fitness include providing incentives to employers to establish wellness programs that have significant **physical**

activity components or providing fiscal incentives for the installation of design features in **new office buildings that encourage physical activity**, such as onsite fitness facilities, walking paths, and centrally located and inviting stairways.

Encouraging better food choices
Employers could decide to **encourage healthy eating** by offering incentives for the purchase of healthy food. One idea would require a certain portion of all meals offered in the worksite cafeterias, vending machines, and other food outlets meet certain nutritional standards. Another proposal suggests increasing the cost of minimal nutritional value foods to discourage purchase and/or decreasing the cost healthy food choices to make them more affordable.



Additional Legislative Proposals Addressing Obesity

There are other promising policies which relate to the obesity issue which would not be implemented in the school or workplace. The following section includes a few additional policies the majority of which have been *considered or adopted* in other states:[29]

Healthy Community Design
A 2005 report by the Trust for America's Health concluded that community design issues – such as suburban sprawl and a lack of sidewalks – have exacerbated the obesity epidemic. States have explored policies promoting active living, such as the development of parks and increasing the number of sidewalks.[30] Policy ideas include:

- Establishing tax incentives/exceptions for private donation of easements for expanding walking or biking paths; and
- Requiring new developments to install sidewalks and internal connections forming a pedestrian and bicycle network. The city of **Davidson, North Carolina** offers a 30% reduction in transportation fees charged to a developer in return for pedestrian-friendly design features and an additional 30% reduction for transit-friendly features.

Physical Fitness
Additional policies to encourage physical fitness include:

- Eliminating sales tax for the purchase of exercise equipment by individuals; and
- Providing communities with after-hours access to school recreational facilities.

WHERE DO WE GO FROM HERE?

Texas has a strong framework of policies in place to prevent and control obesity when resources to support such policies become available. Policy experts and health advocates believe that the policies and laws already in place in Texas could have a more significant impact with increased funding

that is targeted to the programs and policies that are known to work, increased involvement by local communities, and better surveillance and enforcement of school-based policies.

To strengthen obesity prevention and control strategies, programs could be adequately reviewed and assessed following implementation, and funding for evaluation included in program budgeting. Researchers suggest such analysis could actually save the state money long-term, because ineffective programs could be abandoned prior to broad-based implementation in favor of those programs which work. Additionally, some advocates of scientific evaluation suggest no policy be implemented statewide unless adequate data has been collected to determine whether it is effective. While opponents argue that this process might stifle experimentation, supporters contend that unexamined policies could still be implemented on a limited basis – just with the knowledge that the program is only a promising or untested idea.[31]

Regardless of how well policies and programs are funded, surveillance and enforcement are necessary to effect change. While voluntary programs may work, surveillance facilitates improvements to programs, and enforcement may give incentive to implement programs that are required, but that may compete for resources with other programs and needs. For example, school officials may recognize the importance of implementing fitness programs, but be more concerned with preparing students to perform well on state exams that are linked to district funding. This leads to the issue of engaging communities in obesity prevention.

Community Buy-In

Though this brief focuses mostly on school-based and worksite wellness, it should be stressed that wellness initiatives work best within supportive environments where healthy behaviors are not only accepted, but encouraged.[32] To this end, the role of communities in effecting positive obesity prevention and control cannot be ignored, even when planning school and worksite strategies. Communities know best how to set and reach their goals based on *their*

The School Physical Activity and Nutrition (SPAN) Project:

The School Physical Activity and Nutrition (SPAN) project is an obesity surveillance project designed to provide state and regional data about the prevalence of overweight among school-age children, as well as data about factors that may contribute to overweight. Surveillance such as SPAN provides is critical to examining differences in the prevalence of child and adolescent overweight over time and why those changes occur. This information could be used to design obesity prevention and control initiatives that are tailored to communities and to determine which programs have the greatest success in impacting the obesity epidemic.

The University of Texas-Houston School of Public Health developed and conducted the original SPAN project from 2000-2002, with state grant funding. In 2004, DSHS awarded carry-over federal block grant funding to eight local health departments to collect county data using SPAN methodology. The University of Texas-Houston School of Public Health is implementing the statewide SPAN project. SPAN information and data is available via www.eatsmartbeactivetx.org/data_state_child.

DSHS. Nutrition, Physical Activity and Obesity Prevention Program, "DSHS Activities Related to Obesity and Overweight." http://www.dshs.state.tx.us/phn/dshsactiv.shtm. Accessed on July 23, 2006.

needs and values, and they have the power to influence local school policy and practice. Community participation may, in fact, be the only way to overcome opposition to state efforts to develop comprehensive programs to improve nutrition and promote physical activity among school children. For example, when Senate Bill 42 was under consideration, opponents of the bill argued that 1) schools are forced to use limited resources for academic subjects in which students are tested as part of the state's accountability system; 2) school districts should retain local control to develop their own curricula; 3) requiring schools to offer physical education classes without appropriating the funds for them would create another unfunded mandate; and 4) until the state adequately addresses the problem of financing for public education, many school districts will rely on the income generated by the sale and marketing of soft drinks and vending machine foods of minimal nutritional value.[33] Community coalitions could mobilize to encourage school districts to work with them to strengthen nutrition and fitness policies.

Physical Activity and Nutrition are good for kids *and* good for schools

Research shows that schools that address student nutrition and physical activity have improved performance on academic tests and lower costs overall.

Action for Healthy Kids; The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools; 2005, www.actionforhealthykids.org. Accessed on July 23, 2006.

Whether or not the state can provide adequate funding for obesity control and prevention initiatives, community support will be vital to ensuring their ultimate success. Accordingly, state support for the initiation of coalitions that bring together public and private partnerships is critical to building the community support and sustained efforts needed to impact the obesity epidemic.

CONCLUSION

If nothing is done to prevent and control obesity, Texas is facing a health care crisis of unprecedented proportions. As healthcare costs continue to increase, this epidemic becomes more expensive with time.

Considering that the majority of obesity-related illnesses can be controlled or prevented through weight management, some argue that Texas has an opportunity, and perhaps even a responsibility, to implement policies that will get Texans moving, eating better and eventually improving their health. Since obesity affects all ages, ethnicities and races, and socioeconomic groups, it must be addressed on a broad scale through community-wide efforts supported by state policy.

Preventing obesity is a Herculean task which will require a broad array of policies and/or programs. Whatever strategies are adopted, Texas should seek to establish a culture where wellness is the norm if the state is going to be successful in combating obesity.

Appendix A: Obesity Prevention and Control Timeline

As indicated in previous sections, Texas has adopted a large number of obesity prevention and control policies. The majority initiatives have occurred during last three legislative sessions (77th Legislature through 79th Legislature). The following section highlights significant laws and initiatives:

2000
The **School Physical Activity and Nutrition** (SPAN) data, the first statewide and regional obesity surveillance data on children in grades 4, 8, and 11 was collected.

The Texas Department of State Health Services launched ***'Eat Smart. Be Active.'*** –a clearinghouse web site that represents an agency-wide effort to create a bank of individual program resources for the benefit and convenience of those wishing to promote healthy weight in Texas through healthy eating and physical activity.

The Texas Department of Health (TDH) received **a three-year grant from the Centers for Disease Control and Prevention (CDC)** to develop a strategic plan to address obesity in Texas.

2001

The Texas Department of Health establishes the **Texas Statewide Obesity Taskforce** which releases ***2003 The Strategic Plan for the Prevention of Obesity in Texas***. The report focuses mainly on preventing childhood obesity and takes into account Texas' demographic diversity and the importance of making awareness and prevention a part of daily life.

77th Legislature:
Senate Bill 19 (Nelson) which permits the State Board of Education (SBOE) to require elementary students in public schools to participate in 30 minutes a day or 135 minutes per week of daily physical activity; and requires each elementary school implement a health and nutrition program approved by the Texas Education Agency by September 2007 (enacted).

Senate Bill 1454 (Lucio) created the Food for Health Advisory Council to better coordinate the state's food for health research programs, including research to create more nutritious produce and to promote increased consumption of Texas fruits and vegetables, to avoid heart disease, stroke, diabetes, certain kinds of cancer, obesity, and other nutrition related diseases (enacted).

House Bill 2204 (Gutierrez) established the "Safe Routes to School Program" to improve safety in and around school areas. The program is not funded (enacted).

2003
Agriculture Commissioner Susan Combs eliminates "**foods of minimal nutritional value**," including sodas and candy, during the public elementary-school day and at middle-school lunches.

78th Legislature:
Senate Bill 474 (Lucio) establishes, but does not fund a joint interim committee to evaluate nutrition and health in public schools including the nutritional content of foods, the prevalence of obesity in public school children, the value of a universal breakfast and lunch program, and impact of food products and vending machines. Though enacted, the bill was changed considerably to remove provisions that would have required Nutrition and Health Advisory Council to expand meal provision programs and upgrade nutritional standards for foods served in public schools and standards regarding physical education. It also would have placed additional restrictions on the provision of food by parties other than the school district in those districts that participate in the school breakfast programs, and prohibited "undue contact between a school district employee or trustee and a food vendor seeking to provide food to students in that district.

SB 1357 (Nelson) requires school districts "to make available for reasonable public inspection" compliance with SBOE physical activity requirements (30 per day/135 per week), school health advisory committee activities, vending machine access and school tobacco use policies. The bill also increases school health program requirements to adopting "one or more" of the following programs: school health services, counseling and guidance services, safe and healthy school environment, or school employee wellness (enacted).

2004
The Texas Department of Health and the Texas Department of Agriculture jointly release **The Burden of Overweight and Obesity in Texas, 2000-2040**, which examines the projected economic cost of overweight and obesity in Texas.

The Texas Department of State Health Services (DSHS) launches **The Building Healthy Families** initiative in partnership with Blue Cross/Blue Shield of Texas, the Caring for Children Foundation of Texas, HEB Stores, Texas Medical Association, Texas Hospital Association, and the American Heart Association of Texas. The program seeks to raise awareness of the long-term health risks associated with obesity in adults and children, and to inspire small lifestyle changes that can lead Texans to live healthier lives through exercise and better food choices.

Agriculture Commissioner Susan Combs implements the **Public School Nutrition Policy** and launches the website **squaremeals.org,** which features ways to improve family nutrition and fight obesity. The site also provides information about state policies governing nutrition in schools and about the national school meal programs.

Governor Rick Perry re-establishes the **Governor's Council on Physical Fitness** and launches the **Texas Round-up** a statewide initiative to encourage Texans to incorporate exercise into their daily lives.

Senator Eddie Lucio and the **Joint Interim Committee on Nutrition and Health in Public Schools** release an interim report with comprehensive recommendations for addressing child obesity. The recommendation mirrored some of the original provisions in Senate Bill 474 (Lucio) from the previous session, which met opposition but was enacted with many provisions removed and without funding.

2005
79th Legislature:
Senate Bill 42 (Nelson) required that middle and junior high schools adopt a student nutrition and physical activity program approved by the Texas Education Agency and established the School Health Advisory Committee. The bill also encourages the State Board of Education (SBOE) to expand physical education requirements to middle and junior high schools, up to the 8th Grade. To date, the SBOE has voted preliminarily to require local district to adopt policies regarding *whether* to expand the requirement, rather than to implement them (enacted).

The bill also included an amendment known as "**Lauren's Law**" which prohibits any state agency or local school from restricting the ability of parents or grandparents to provide any food of their choice to children in the classroom or at a school activity on the occasion of a student's birthday.

HB 107 (Van Arsdale), also known as the "Cheeseburger Bill," bans Texans from suing restaurants or food manufacturers for obesity-related health problems (enacted).

House Bill 2785 (Wong), which did not become law, included a study to assess 1) what incentives could be offered to schools who open recreational facilities to public after hours, 2) physical education minimum requirements, and 3) the Texas School and Vegetable Program.

Senate Bill 205 (Van de Putte), which was not passed by the Legislature, would have required school districts to calculate a student's Body Mass Index (BMI), a measurement of body fat based on height and weight, and provide parents with information regarding their child's health status.

Senate Bill 1379 (Lucio), which did not pass, would have established a statewide campaign to raise obesity awareness, funded obesity prevention treatment research, and evaluated insurance plans.

2006
The Texas Department of State Health Services in conjunction with stakeholders representing over 60 agencies and organizations release the **Strategic Plan for the Prevention of Obesity in Texas: 2005-2010**, a revision of the 2003 Strategic Plan

The Texas Department of State Health Services releases new data on the prevalence of overweight among school-age children in Texas from the third School Physical Activity and Nutrition (SPAN) project.

The Texas Department of State Health Services launches a new website, www.eatsmartbeactiveTX.org which houses the *Strategic Plan for the Prevention of Obesity in Texas: 2005-2010*, the most current child and adult overweight and obesity data, and model programs and tools for preventing obesity in Texas.

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