



**Senate Finance Committee**  
**Hearing on Senate Bill 1 provisions for the Texas Education Agency**  
**February 7, 2011**

Texans Care for Children is a statewide nonprofit organization dedicated exclusively to improving the lives of Texas children through policy change. We look to our broad base of community-based experts—our partners and 220 members throughout the state who together represent thousands of Texas children—to inform our work and help us in developing our legislative agenda. We also co-convene various stakeholder groups which bring together a wide range of organizations, families, and advocates around our areas of focus, which are: family economic security; infant, child and maternal health; children’s mental health; child welfare; and juvenile justice and at-risk youth.

Though the lion’s share of attention to the Texas Education Agency’s (TEA) budget has related to significant decreases in districts’ teaching and support staffs and to a potential change in class size, the less-noticed Health and Safety budget cut proposals have just as significant an impact on student success. As it stands, SB1 would eliminate much of the extra-curricular support system that enable students to be safe, healthy, and successful in their academic work. The proposal would cut \$64 million from School Health and Safety, which includes implementation of coordinated school health, counseling and mental health, physical activity, nutrition, and health education, and health services. This is a **68% reduction** in funding compared to the current budget.

A 68% cut to School Health and Safety would put the state’s success with coordinated school health severely at risk. The coordinated school health approach is important to student success because, as the research-based strategy recommended by the U.S. Centers for Disease Control and Prevention (CDC) to improve health outcomes for children and youth, the approach integrates nutrition services, physical education, counseling/psychological and social services, staff wellness, health education, health services, family and community involvement, and a safe and healthy school environment. The Texas Legislature already requires school districts to use coordinated school health in grades K-8, but it has not funded implementation. Most, if not all, districts need training and technical assistance in order to implement coordinated school health well, much of which has been provided by the school health specialist at each of the twenty regional Educational Service Centers (ESCs). However, school health specialists have, in most cases, only been funded part time, with significant limits on their ability to focus on coordinated school health because of the multiple grants that form their patchwork funding.

An additional component of coordinated school health is the way it involves parents and the community in making health decisions. Each school district in Texas is required to have a School Health Advisory Council (SHAC), which is comprised of appointed parents, school personnel, and community members who make recommendations to the district on issues related to health education and the coordinated school health. While SHACs are required by state law to address the prevention of obesity, cardiovascular disease and Type 2 diabetes, they are encouraged to develop plans for a broader coordinated school health program, including behavioral and mental health, a healthy school environment, school counseling, and increasing school linkages to community-based resources. The

levels of effectiveness and engagement of SHACs vary statewide, but each one has the potential to address the physical and behavioral health needs of students and to improve the coordination of services within the school and community. SB1 would mean that SHACS would not have access to much, if any, of the technical assistance they need to effectively involve parents and community members in making local decisions regarding their children's health.

In addition to the 68% reduction in School Health and Safety, **SB1 would end the state's investment** in:

- Prekindergarten grants and Early Childhood School Readiness programs (down \$223.3 million), meaning that 89,000 fewer children would attend public prekindergarten programs
- Middle School Physical Education grants (down \$20 million), resulting in 425,000 middle school students no longer having access to programs proven to increase performance on Fitnessgram physical fitness assessments and with demonstrated positive correlation with TAKS Reading and Math scores
- Life Skills Teen Parenting (down \$19.7 million), meaning that 26,000 pregnant and parenting teens a year will lose supportive services for graduating high school and learning healthy parenting skills
- School Bus Seat Belt grants, reduction of \$10 million that would have gone to assist school districts acquire school buses with three-point seat belts
- Communities in Schools (though \$9.7 million in federal TANF funds remain). 64,000 fewer students at risk of dropping out of school each year would no longer receive services that connect them to community resources that supports their success in school and beyond

The SB1 proposed cuts would be on top of reduction already made to the TEA budget in the current biennium:

- \$2 million cut to the Education Service Centers that provide technical assistance for implementing coordinated school health
- \$3.5 million cut to Communities in Schools
- \$41,000 for School Lunch matching
- \$850,000 for AVANCE family support

SB1 would take Texas students backward. What approach to school health and safety should the Legislature take, instead, on behalf of Texas students and their parents?

**Recommendation 1. Take a balanced approach to the budget.**

Before making any cuts to these vital services in the TEA budget, Texas needs a balanced approach to balancing the state budget. We ask you to identify all reasonable options for bringing state revenue into alignment with Texans' current and future needs. Here are three ways to meet today's needs in Texas and prepare for a better future:

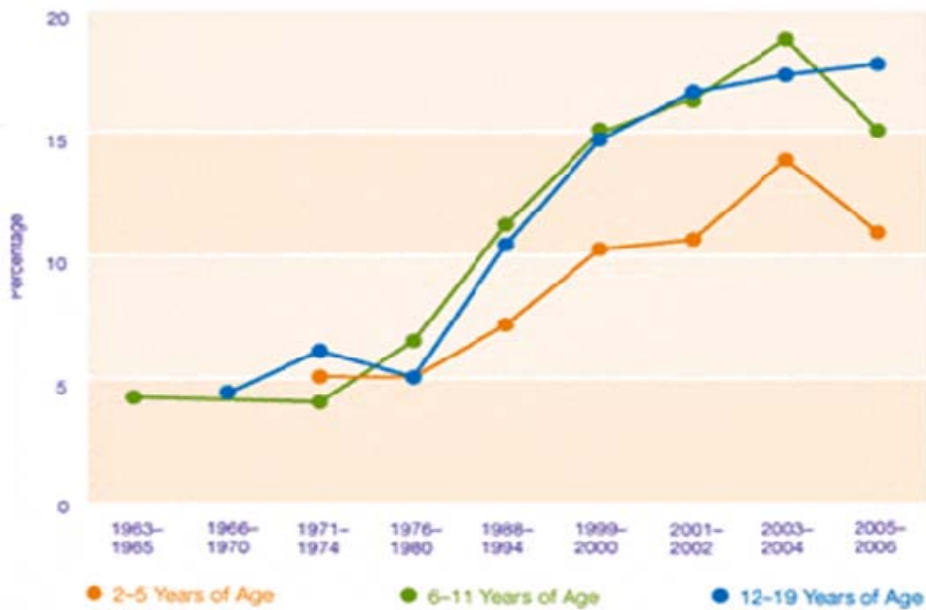
- Use the \$9.4 billion Texas will have in the Rainy Day Fund
- Maximize federal funding available for Texans
- Close wasteful tax loopholes, and develop new revenue sources.

**Recommendation 2. Fully implement Coordinated School Health**

Coordinated school health is a primary tool for **fighting childhood obesity**. A study by the UT School of Public Health in Houston found among Texas fourth-graders, 42% are overweight, and so are nearly as many eighth- and eleventh-graders (39% and 36%, respectively). Texas also has the nation's sixth-

highest rate of adolescent *obesity*—excess weight that brings the most health risks—and no state has a higher rate than Texas of obesity among 10- to 17-year-old girls.<sup>i</sup> Even the youngest children face obesity risks: more than 16% of Texan preschoolers (ages 2-5) are either overweight or obese.<sup>ii</sup> The Texas Comptroller of Public Accounts says obesity will cost Texas businesses \$15.8 billion by 2025 (up from \$3.3 billion today).<sup>iii</sup> Obesity is linked to a number of chronic diseases that shorten the life span, from high blood pressure to heart disease to cancer to type II diabetes, and demographers now forecast that, should obesity remain on its current trajectory, today’s children will be the first generation in centuries to live shorter lives than their parents.<sup>iv</sup> Type II Diabetes, an obesity-related illness, today accounts for about 9% of all spending by Texas Medicaid, the largest single health and human services budget item, but that spending could more than double by the year 2030, reaching \$1.5 billion per year.<sup>v</sup>

### National Trends in Childhood Obesity



Source: Rudd Center for Food Policy and Obesity

Coordinated school health also has tremendous potential to **support students' mental wellbeing** in the school environment. Mental health plays an important role in a student's ability to achieve academic success.<sup>vi</sup> Many students are confronted with social, family, or behavioral challenges that get in the way of learning. When problems go unaddressed, many bright students struggle academically. Others get into trouble, finding themselves pushed out of classrooms and towards the juvenile and criminal justice systems. Some students move through school without causing trouble and getting fine grades, but struggle later in becoming successful adults; because their early mental and behavioral issues were left unidentified or untreated, these children may become young adults who have difficulty finding or keeping stable employment, housing, and relationships. Early identification of and support for issues that arise can prevent bigger challenges that require more intensive interventions. School nurses and health centers see many students whose concerns are related to social, interpersonal, or family issues,<sup>vii</sup> all issues that can interfere with student learning. Schools see their students most days and are in a key position to recognize early signs of concern. To help students succeed at school and in communities, schools should help identify and address concerns, and link students to mental health services when needed.<sup>viii</sup>

Like you, we want to see a prosperous future for this state. That is why we are asking you to refrain from making unnecessary cuts that will harm the future of this state and to, instead, bring state revenues in line with our true needs. Thank you for your time and commitment. If you have any questions, please feel free to contact me or the staff of Texans Care for Children at 512.473.2274.

Respectfully,

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<sup>i</sup> Singh, G.K., Kogam, M.D., and vanDyck, P.C. Changes in State-Specific Childhood Obesity and Overweight Prevalence in the United States from 2003 to 2007. *Archives of Pediatric and Adolescent Medicine*. Vol. 164, No. 7. May 3, 2010.

<sup>ii</sup> Polhamus B, Dalenius K, Mackentosh H, Smith B, Grummer-Strawn L. Pediatric Nutrition Surveillance 2008 Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009. Online at: [http://www.cdc.gov/pednss/pednss\\_tables/index.htm](http://www.cdc.gov/pednss/pednss_tables/index.htm)

<sup>iii</sup> "Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers," 1. Susan Combs, Texas Comptroller of Public Accounts. March 2007. Available: <http://www.window.state.tx.us/specialrpt/obesitycost/>. Accessed 10/2009.

<sup>iv</sup> Belleck, P. "Children's Life Expectancy Being Cut Short by Obesity." *The New York Times*. March 17, 2005.

<sup>v</sup> Texas Department of Human Services. "The Impact of Diabetes on Aging Texas Well: Costs of Medicaid Long-Term Care Attributable to Diabetes." February, 2002. [http://qmweb.dads.state.tx.us/Reports/lc\\_diabetes.pdf](http://qmweb.dads.state.tx.us/Reports/lc_diabetes.pdf)

<sup>vi</sup> DeSocio, J., and J. Hootman. (2004). "Children's Mental Health and School Success" *Journal of School Nursing*. Vol. 20, No. 4. Pp. 189-196.

<sup>vii</sup> US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2005). *School Mental Health Services in the United States, 2002-2003*.

<sup>viii</sup> US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health (1999) *Mental Health: A Report from the Surgeon General*. <http://www.surgeongeneral.gov/library/mentalhealth/home.html>; and the President's New Freedom Commission on Mental Health. (2003) *Achieving the Promise: Transforming Mental Health Care in America*.