

SUBJECT: Coordinated health program for school districts in border region

COMMITTEE: Border and International Affairs — committee substitute recommended

VOTE: 5 ayes — T. King, Frost, Castro, Merritt, Pickett
0 nays
2 absent — Hardcastle, Hernandez

WITNESSES: For —Hector F. Gonzales; Roger Rodriguez; David Saldaña; Robert Treviño

BACKGROUND: Education Code, sec. 28.002 defines the required curriculum that each school district offering kindergarten through grade 12 must provide. Weekly or daily physical education (PE) classes were required until 1995, when the Education Code was revised to give each district local control over its curriculum. In 2001, the 77th Legislature enacted SB 19 by Nelson, which allows the State Board of Education (SBOE) to adopt a rule requiring elementary school students enrolled in kindergarten through grade 6 to participate in daily activity as part of the school district's PE curriculum. The law also directed the Texas Education Agency (TEA) to make a coordinated health program available to each school district and required districts to implement such a program.

In 2005, SB 42 by Nelson, extended the coordinated health program to middle and junior high schools. The law required that health education emphasize the importance of proper nutrition and exercise by allowing the SBOE to require students enrolled in kindergarten through grade 8 to participate in PE, and have TEA, in consultation with the Department of State Health Services (DSHS), establish nationally recognized health and PE guidelines. In establishing the coordinated health program, TEA was directed to collect statistics and data relating to student health and activity.

Under Education Code, sec. 38.013, TEA is required to make available to each school district one or more coordinated school health programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes for elementary, middle school, and junior high school students. Each program must provide for the coordinating of health education, physical

education and physical activity, nutrition services, and parental involvement, with TEA responsible for notifying each school district of the availability of the programs. Sec. 38.014 requires that each elementary school, middle school, and junior high school implement a coordinated health program approved by TEA under sec. 38.013.

TEA has approved the Bienestar Health Program, CATCH, The Great Body Shop, and Healthy and Wise for the adoption of elementary schools, middle schools, and junior high schools.

DIGEST:

CSHB 3618 would amend Education Code, sec. 38.013 to require TEA, in consultation with the Department of State Health Services, to adopt criteria to require that at least one of the available coordinated health programs be designed to prevent and detect obesity and Type 2 diabetes. The bill would require that school districts with a student population identified by TEA to be at risk for obesity and Type 2 diabetes and located in a municipality with a population greater than 11,900 within one-half mile of an international border adopt the designated health program.

The coordinated health program would be required to:

- consist of bilingual materials and components;
- distribute teacher's guides, student workbooks, a cafeteria program instructor's guide and food staff workbooks;
- provide a physical education activity pad;
- allow for a newsletter to be sent home with each student; and
- measure the height and weight of the student and track the changes of the student's measurements.

In the first year a school district implemented the program, the district would report the measurements of student height and weight as well as the student's progress under the program to the entity administering the coordinated health program. The administrative body would use this reporting to determine the effectiveness of the program within the school district during the first year.

DSHS would be required, with appropriated money for this purpose, to distribute funds to each school district required to implement a program and cover any associated costs.

**SUPPORTERS
SAY:**

CSHB 3618 would ensure that students in the Texas-Mexico border region had a coordinated health program that appropriately would address the health challenges of the region. Proyecto Bienestar Laredo, a pilot program implemented in Laredo elementary schools, demonstrated that more than 50 percent of 2,200 third-graders were considered obese. The national obesity rate average is 20 percent. From McAllen to El Paso, student populations in both rural and urban communities suffer with high rates of Type 2 diabetes, including some children as young as 9. The adult rate for Type 2 diabetes in the border region is at 11 percent, nearly twice the statewide average. Laredo school children have an obesity rate of 42 percent, the highest in the nation.

Uncontrolled Type 2 diabetes will negatively affect both the economy and the health of citizens residing in the Texas-Mexico border region. Factors such as health behaviors, culture, environment, low income, and lack of education on behalf of both students and parents can predispose them to diabetes. Increased rates of Type 2 diabetes in the border region would bring about region-wide complications of heart disease, kidney disease, stroke, blindness, and limb amputations. In response, border economies could experience a demand in health and social services, a decline in a healthy, employable population, and a rise in poverty due to lost wages and increased health-related costs. It can cost \$13,000 a year for a person on Medicaid to be treated for diabetes complications. If even 4 percent of the population were to treat diabetes through Medicaid, it would cost the state more than \$10 million to provide treatment.

A tailored coordinated health program is necessary to provide school districts in the border region an option for addressing obesity and diabetes in a manner that is culturally appropriate.

**OPPONENTS
SAY:**

School districts should retain the flexibility to set their own curriculum, including the decision to adopt a coordinated health program. Some school districts already have invested both time and money in implementing a TEA-approved coordinated health program and should not be forced to implement another. CSHB 3618 would inconvenience schools by forcing them to adapt their students to a new curriculum and would further interfere with local control of the district.

Mandating that general revenue appropriated to DSHS pay the associated costs would divert money from already established programs of the department. School districts currently are funding the implementation of

the coordinated health program on campuses. CSHB 3618 would disrupt an established protocol between TEA and school districts and cause DSHS to bear unexpected costs. If the initiative under the bill is important for the border region, more money should be allocated to DSHS to fund it.

NOTES:

According to the Legislative Budget Board fiscal note, CSHB 3618 would cost \$2,462,520 in fiscal 2008-09. The bill has a contingency rider for \$3 million to be appropriated out of the General Revenue Fund to the Department of State Health Services.