

SUBJECT: Coordinated health program for elementary school students

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Capelo, Laubenberg, Coleman, Dawson, McReynolds, Naishtat, Taylor, Zedler

0 nays

1 absent — Truitt

SENATE VOTE: On final passage, May 8 — 31-0, on Local and Uncontested Calendar

WITNESSES: None

BACKGROUND: Each school district in Texas is required to have a local school health education advisory council, under Education Code, sec. 28.004. The advisory council's duties include determining the number of hours of health education and the curriculum appropriate for specific grade levels. The curriculum may include a coordinated health education program designed to prevent obesity, cardiovascular disease, and Type II diabetes. The advisory council also is required to assist the district in ensuring that local community values are reflected in the health education instruction.

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 districts local control over its curriculum. In 2001, the 77th Legislature enacted SB 19 by Nelson, which allowed the State Board of Education (SBOE) to adopt a rule to require students enrolled in kindergarten through sixth grade in an elementary school to participate in daily physical activity as part of the school district's PE curriculum. The law also directs the Texas Education Agency (TEA) to make a coordinated health program available to each school district and requires districts to implement such a program. The SBOE adopted the PE rule in March 2002 and it became effective for the school year beginning September 2002.

DIGEST: SB 1357 would rename the local school health education advisory council as the “local school health advisory council” and would make the coordinated health plan a required function, rather than permissive. The councils would be required to create strategies to integrate health curriculum into a coordinated school health program, including school health services, counseling services, a safe and healthy school environment, and school employee wellness.

The bill would require a school district to make available to the public statements regarding:

- the policies adopted to ensure that students participate in the required physical education;
- the number of times the local school health advisory council had met;
- whether the district had adopted and would enforce policies to comply with agency guidelines for restricting access to vending machines; and
- whether the district had adopted and would enforce policies that penalize the use of tobacco products.

TEA would be required to adopt rules outlining criteria for evaluating a program, then make one or more coordinated health programs available to school districts. The criteria would be reviewed by the Texas Department of Health’s School Health Advisory Committee.

The bill would take effect September 1, 2003.

SUPPORTERS SAY: SB 1357 would better define the role of the health advisory council by taking out the word “education” from the title. Under the new rules prompted by SB 19, the advisory council’s role goes far beyond curriculum and into the area of implementing a coordinated health plan.

The bill also would make health activities and progress more transparent to the public. Parents and stakeholders should have access to the type of information school districts would be required to make available under this bill.

SB 1357 would build upon the “PE bill” by ensuring that school districts could implement the right coordinated health plan for their schools. The proposed implementation of a single coordinated health plan by TEA led

some to worry that a single plan offered to every school district would doom the coordination of physical education, nutritional services, parental involvement, and students' exposure to healthy choices. The bill would change the enabling language to direct TEA to establish criteria for evaluating plans and allowing the agency to offer more than one.

School districts should not be precluded from implementing any worthy program. The list of qualified programs would ensure that each district could use the best program for its students, not merely a single statewide program that TEA has decided fulfills SB 19.

**OPPONENTS
SAY:**

TEA should continue to offer a single coordinated health plan, as intended by SB 19, because allowing resistant schools to choose among various program options could result in those schools choosing the cheapest and least effective programs. Schools that are amenable to a coordinated health program already have such programs, and SB 19 targets schools that resist those programs.

The program evaluation proposed by this bill might not be rigorous enough to ensure that programs on the qualified list could provide an effective coordinated approach to health in schools. To qualify for the list of programs sent to school districts, programs might need to show only that they coordinated elements of health education. The criteria that would ensure quality — such as inclusion of multiple grade levels, useful materials and supplies, and research evidence of a program's effectiveness — are not specified. A program would not have to substantiate its claim to coordinate health education in schools.