



Sunset Commission
Texas Education Agency Staff Report
Nov.13, 2012

Presented by: Texas Medical Association, Texas Pediatric Society, and Texas Academy of Family Physicians

Chairman Bonnen and members of the Sunset Commission, my name is Dr. Stephen Pont. I am a pediatrician in Austin at Dell Children's Medical Center, where I serve as the medical director of the Texas Center for the Prevention and Treatment of Childhood Obesity. I am an assistant professor of pediatrics with The University of Texas Southwestern Medical School in Austin, and I serve as the medical director for Children's/Austin Independent School District (AISD) Student Health Services. On behalf of more than 48,000 physician and medical student members of the Texas Medical Association, Texas Pediatric Society, and Texas Academy of Family Physicians, I am here today to express our opposition to eliminating the Physical Fitness Assessment Report as outlined in the Texas Education Agency (TEA) Staff Report.

The state of Texas is suffering from an obesity epidemic. Obesity and its related disorders cost the Texas economy a projected \$9 billion in 2009. If unchecked, this cost is anticipated to grow to more than \$32 billion by 2030. That is \$32 billion we could use elsewhere in the state budget, such as in our education system. It is \$32 billion we cannot afford to squander.

The obesity epidemic is most glaring among our youth. Obesity often begins in childhood. Obese children have an 80-percent chance of staying obese their entire lives. The average lifetime cost of obesity is more than half a million dollars for every obese child who remains obese throughout adulthood. **In Texas, the numbers are staggering. Thirty-two percent of children are either overweight or obese.**

A survey conducted by Cleveland Clinic revealed that most Americans believe their health is good. Thirty percent of those surveyed gave themselves an "A" on personal health while most of their doctors gave them a "C" or lower. Although a child might appear to be healthy, his or her condition can be determined only by measuring various aspects of the child's physical condition.

FitnessGram, a physical education assessment and reporting program required under current law for children in grades 3 through 12 who participate in physical education classes, measures a child's aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition.

In 2011, Sen. Jane Nelson passed Senate Bill 226, unanimously approved by both chambers, which gave TEA the authority to correlate FitnessGram results with student academic achievement. TEA captures the data in a non-identifiable, individual format but has never

completed the analysis as required by statute. Recommendation 4.16 in the TEA Staff Report (Page 49) calls for the elimination of the Physical Fitness Assessment Report as an unnecessary reporting requirement.

Research has revealed a direct correlation between physical fitness and academic achievement. In Texas, we've largely had to rely on national data to make that case. In fact, in July 2010, the U.S. Department of Health and Human Services through the Centers for Disease Control and Prevention released "The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance." This report confirms what our mothers and teachers always knew: improving the quantity and quality of PE will improve the education and health status of students.

For example, administrators and teachers from an academically low-performing school could compare/contrast their physical activity programs with programs from higher-performing schools. Just as school administrators could look at TAKS and now STAAR results, pinpoint low scores, and identify where to allocate additional resources, FitnessGram scores can provide similar guidance. Allowing TEA to report FitnessGram data in this manner will only enhance the ability of parents and communities across the state to combat the obesity crisis, which is sure to increase as state funding for obesity prevention programs wanes.

In 2007, AISD and Children's/AISD Student Health Services partnered with the Children's Optimal Health (COH) collaborative to raise community awareness about the child obesity epidemic. Data compiled by COH pinpoint AISD campuses and highlight, among other things, the prevalence of obese children. COH compares those maps with the availability of fresh fruits and vegetable and other health-promoting resources, like safe parks and playgrounds. These data have been invaluable to both parents and the community, and have triggered an important dialogue. Additionally, the data helped communities acquire new resources through better-targeted projects by nonprofits and additional local and federal grant funding to support new interventions. I have spent many hours at community forums where parents, armed with similar information, are making informed decisions about community-level obesity interventions.

Texas physicians see the unfortunate health effects of childhood obesity every day, including 9- and 11-year-olds with newly diagnosed type II diabetes and 8-year-olds with high blood pressure — resulting from their obesity. Ultimately, it is more expensive to treat an obese adult than provide primary prevention for children. A 2003 study in the *Obesity* research journal concluded \$14 a year invested in student nutrition and physical activity programs can save more than \$15,000 in medical costs and over \$25,000 in loss-of-productivity costs associated with adult obesity. There is no better time than now to make decisions that will improve both the academic future of our students and the physical and fiscal health of our state.

We respectfully urge you to support the Physical Fitness Assessment Report as a function of TEA or consider placing the requirement with a different state agency or school of public health ready and willing to analyze these important data.

Data are key to identifying where to place scarce resources to fight this epidemic. Information gleaned from the data will help parents and families play an informed role in their children's health. It will also arm communities applying for private grants to aid in this battle.

The budget picture of late clearly indicates: **Texas can no longer afford to ignore the ramifications of a growing obese childhood population.**