



**HHSC: Texas School Health Advisory Committee, February 24, 2020**



The [Texas School Health Advisory Committee](#) provides active leadership in the identification and dissemination of school health best practices and resources for school policy makers.

**Members appear below:**

Name	Membership Category	Term Expiration	Health Service Region
<b>Presiding Officer</b>			
Joseette Saxton, MSSW	Organization/Agency (Texans Care for Children)	2022	7
Nomita Bajwa, PharmD	Consumer/Parent	2022	6/5 S
Fancy Flores, MEd, CHES	Organization/Agency (Alliance for a Healthier Generation)	2020	11
<b>Texas Education Agency Representative</b>			
Barney Fudge Statewide Coordinator for Health Education	Required by Law	N/A	7
Julie Gardner, MEd	Consumer/Parent	2020	7
Tamara Gilstrap, MA Ed	Physical Educator	2020	2/3
Bena Glasscock, LPC	Counselor	2020	1
Michael Kelly, PhD, MEd	Organization/Agency (Paso del Norte Health Foundation)	2022	9/10
Danielle Leon, MPH	Health Educator	2020	8
Scott Moger, EdD	School Administrator	2020	7
Alexandra Molina, MS, SNS	Nutrition	2020	11
Neel Naik, MD	Physician	2022	6/5 S
<b>Texas Department of Agriculture Representative</b>			
Helenka Ostrum, MS, MPH Food and Nutrition Coordinator	Required by Law	N/A	7
Eduardo Rios	Consumer/Parent	2022	7
Mandy Tyler, MEd, RD	Organization/Agency (Education Service Center – Region 20)	2020	8
<b>Texas Department of State Health Services Representative</b>			
Anita Wheeler, MSN, RN School Health Program Coordinator	Required by Rule	N/A	7
<b>Vacant</b>	Consumer/Parent		
<b>Vacant</b>	Consumer/Parent		
<b>Vacant</b>	School Administrator		
<b>Vacant</b>	School Nurse		




**1. Welcome/Call to Order/Introductions of members and staff.** The meeting was convened by the Chair, Josette Saxton on February 24, 2020.

**2. Approval of meeting minutes for the September 16, 2019 Texas School Health Advisory Committee (TSHAC) meeting.** The minutes were approved as written.

**3. Presentation to the TSHAC by Dr. Brian Colwell, from Texas A&M University, regarding youth tobacco use and vaping.** Dr. Colwell made the following points

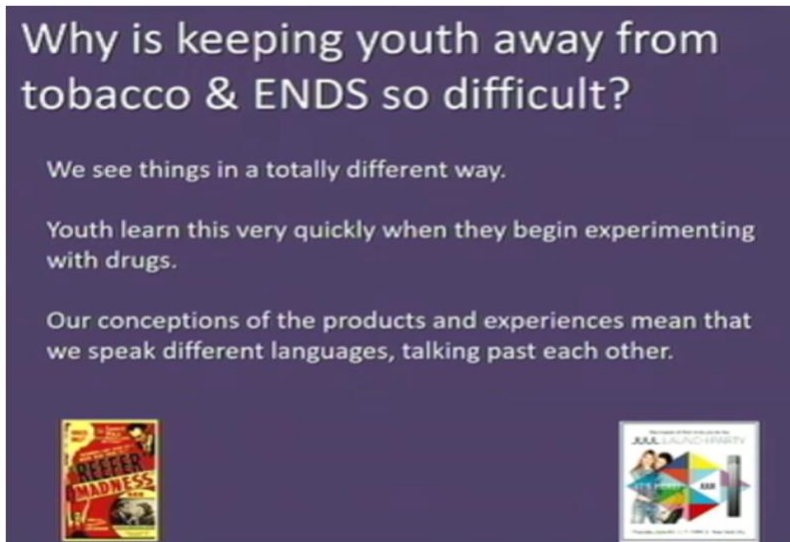
### Nicotine product use

- Smoking in Adults
  - National: 15.7% in the past month.
  - Texas: **17.1%**
- Smoking in Youth
  - National 8.8% in the past month
  - Texas **7.4%**
- ENDS in Adults in Texas: **4.7%**
- ENDS in Youth in Texas **10.3%** in past month
  - National rate 13.2%
- Smokeless use in Youth in Texas: **5.4%** in past month.
  - National rate 5.5%
- !!!Beware of these rates. Past month use can be misleading.



### EVALI: E-cigarette or Vaping Associated Lung Injury

- A bit of a misnomer because the most serious cases are associated with vaping THC.
- About 2700 hospitalizations from 50 states. 244 cases in Texas.
- 55 deaths from 27 states (4 in Texas)
- ¾ male, 90% associated with THC vaping
- Appears to be associated with use of vitamin A acetate to dissolve THC. ENDS generally use propylene glycol or glycerin as a solvent.



There are ads that make ENDS (Electronic Nicotine Delivery System) very sexy and enticing. They used different types of media instead of TV and radio. As researchers and policy professionals, these are not tobacco products. They are very different from cigarettes. Definitions matter. Teens are 16 times more likely to use Juul and other ENDS than older age groups.

In reusable systems, Flavors in ENDS are presently being banned through federal legislation. The disposable products are not covered by the legislation. This is shifting demand to the disposable items.

**Researchers note that:**

- The tobacco and nicotine landscapes are changing rapidly, and we must adapt. There is a decrease in tobacco use but an increase in other nicotine products.
- There are many arguments about “clean” nicotine and whether ENDS can help smokers quit.
- Our position is to try to keep youth away from all sources of nicotine.
- There are many concerns and fallacies around ENDS, THC vaping, and lung injury.

**Dr. Colwell** described their program/intervention based on cognitive behavioral therapy.

The Texas Youth Tobacco Awareness Program ([TYTAP](#)) is responsible for ensuring that Texas youth are able to complete a tobacco awareness course as mandated by the 75th Texas Legislature through the Texas Health & Safety Code, Sec.161.253. TYTAP uses the Texas Adolescent Tobacco Use and Cessation curriculum. The ongoing growth of this program and long-term evaluation is the result of collaboration between the Texas Health and Human Services Commission (HHSC) and Texas A&M School of Public Health.

**Program Findings:**

- Participants: 16 y.o., 66% male, 75% white,
- Low FTND scores are low. (mean = 3.5, 50% score 3 or less.)
- Much higher levels of nicotine dependence among ENDS users.
- Moderate success in smoking cessation but there is not enough data yet on ENDS cessation.
- Instructors working for local CADAs and local counseling services rated as significantly more credible by youth than facilitators from youth than facilitators from Health Depts, youth service agencies, public schools or private individuals/entrepreneurs.
- Instructors from private individuals/entrepreneurs & local driving schools and hospital clinics were rated lower in credibility but not significantly so.

**Accomplishments:**

- Over 300 instructors certified statewide.
- Thousands of youth served.
- Of those still using tobacco at three months post-program, 38.5% (23% of the total group) have tried to quit using tobacco at least once since taking the program.
- 63% then, have either quit or have tried to quit tobacco since taking the program.
- Youth educated & given tools to quit ENDS, but we don't know our success rate yet.

**There is a lot of work still to be done:**

- New curriculum has been developed.
- Retraining of all instructors, recruitment of new instructors.
- Continuous updates on ENDS & marijuana.
- Planning for training in different sites.
- The state must address possession in school (Some districts won't ticket misdemeanors and others handle through school discipline.
- Conflation of ENDS and THC vaping.
- Misinformation about "vaping."
- Providing trained program instructors in rural areas.

**Program Needs:**

- More instructors in each community.
- Inform law enforcement, court clerks, judges & JPs, prosecutors about the program.
- Involve more schools.
- Incorporate youth cessation into comprehensive community interventions.

**Questions and Comments**

- **Q:** Is there usage data showing a trend for six months or more? Dr. Colwell stated that they do not have month over month data.

- **Question** regarding rural areas and limitation on the number of trainings. Dr. Colwell stated they are looking at rural trainings or at least more central location trainings.
- **Q:** How do you access the curriculum, what are the cost of the training, and what does the training look like? Dr. Colwell stated that the cost for enrolling depends on the entity offering the training, but it is around \$60. There are eight hours of training over three days. The trainers are often individuals who work for the local council on alcohol use. Dr. Colwell stated that this is not a prevention program and therefore is not used in the public schools. There are other programs that are prevention oriented. This is a cessation program.
- **Q:** School districts have school nurses; should they be involved in the training? Dr. Colwell stated that they would pick up the training quickly.
- **Q:** What are the systems that get youth into treatment and do they work? Dr. Colwell stated that over 95% of the youth they see are brought in through law enforcement (ticketed).
- **Q:** What about vape detection systems in schools? Dr. Colwell stated that detection systems can function without an invasion of privacy. Having closed campuses reduces the opportunity to use ENDS and other products. They do not have data, but he spoke intuitively. Youth have ways to disguise and hide their use in schools. Ease of access is a real issue.
- **Comment** about a criminal penalty and use of that as a deterrent. There is a need to address how school districts can be used to help solve this problem. There will now be someone at ESCs through HB 19 that can act as a resource.
- **C:** HB 18 requires districts to have plans to address substance use. SHACs can help guide districts on what products to include in their plan.
- **C:** Children and youth move on to other products just when the system has started addressing the first product.

**4. Presentation to the TSHAC by Dorothy Garza, from Texas Health and Human Services, regarding youth mental health. Dorothy Garza made the presentation.**

The CMH Team serves as a resource for the state of Texas to ensure that all children in Texas have access to mental health services for prevention, intervention and recovery. To achieve this goal, CMH assists in the successful implementation of relevant legislation, partners with providers and state stakeholders in developing policy, assessing need and researching the best practices to address the needs of Texas children.

We look forward to the opportunity to participate on the conference call in February. We will provide an update on legislation we are working on related to schools (i.e. H.B. 19, H.B. 18 and S.B. 11). We will then discuss other current projects, anticipated future foci and respond to your responses to the questions below.

1. Have you received any questions or concerns regarding the implementation of a comprehensive counseling program plan?

2. Have you received any questions or concerns regarding campus school threat assessment and safe and supportive school teams?
3. In your experience, what are the most common ways school districts utilize Education Service Centers?
4. What are some of the top challenges for the rural/frontier school districts?

Your input is valuable in helping us to get a more complete picture of strengths and gaps for Texas Children and will guide us in our future efforts. As we further develop our initiatives to enhancing mental health services for children and families, we will include TSHAC as an important partner in meeting these goals. Thank you.

The children's mental health division is directly referenced in the statewide strategic plan and has been engaged in the following:

**SB11:** The Senate Select Committee on Violence in Schools and School Security was appointed following the tragedy that occurred at Santa Fe High School. The committee studied methods to reduce the likelihood of school violence and reduce security threats, harden facilities, and facilitate mental health resources to schools. S.B. 11 seeks to revise and expand the duties of school districts, open-enrollment charter schools, the Texas Education Agency, and the Texas School Safety Center regarding multi-hazard emergency operations plans and other school safety measures. S.B. 11 proposes a grant program for loan repayment for school counselors and licensed specialists in school psychology. (Original Author's/Sponsor's Statement of Intent)

S.B. 11 amends current law relating to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium.

SB11 establishes various new programs and requirements related to improving public school safety and student mental health. Below is the bill summary prepared by the Legislative Budget Board.

**Texas Education Agency and Local Education Agencies**

A school board that receives notice of noncompliance with the Texas School Safety Center's (TSSC) audit findings and fails to correct plan deficiencies within six months of notification would be required to hold a public hearing to notify the public of information related to its noncompliance. The Commissioner of Education would be empowered to appoint a conservator to a district that fails to submit a multihazard emergency operations plan. The Commissioner could appoint a board of managers if a district fails to comply with a conservator's order to submit a multihazard emergency operations plan.

The multi-hazard emergency operations plan for school districts and junior colleges would have to incorporate emergency response protocols, including training for employees and measures to ensure communication access to emergency services.

The bill would require the Commissioner of Education to adopt rules on building standards for school district and charter school facilities related to school safety and security.

Each school district would be required to implement a policy of trauma-informed practices into each school environment. This would include training for new employees and staff development. Classroom teacher continuing education requirements would have to include trauma-informed care-based training.

The bill would require the Commissioner of Education to adopt rules on building standards for school district and charter school facilities related to school safety and security. The Commissioner of Education would be required to adopt rules governing evacuation and lockdown rules, in conjunction with the School Safety Center and the State Fire Marshal.

A school district receiving a bomb or terroristic threat to a campus or district facility would be required to notify parents as soon as possible. School districts would also be required to establish threat assessment teams to determine appropriate intervention measures when an individual makes threats or exhibits threatening behavior on a campus and the bill would establish guidelines for the operations of those teams. The TSSC would develop model policies and procedures to assist school district in establishing and training of threat assessment teams.

The bill would establish a school safety allotment provided by appropriation for each student in average daily attendance. Funds from the new allotment would have to be used for securing facilities, providing security, and school safety training and planning.  
The Texas School Safety Center

Under the provisions of the bill, the Texas School Safety Center (TSSC) would be required to audit school districts and report findings to TEA. The TSSC would be required to establish a random need-based cycle for the center's review and approval of school district and public junior college district multihazard emergency operations plans. The TSSC could require a district to submit its multihazard emergency operations plan for immediate review if the district's audit results indicate that the district is not complying with applicable standards. A school district or public junior college district would be required to submit its multihazard emergency operations plan to the center on request of the center. The bill would also require the School Safety Center to develop a list of best practices related to the security of portable buildings.

#### **The Texas Child Mental Health Care Consortium**

The bill would establish the Texas Child Mental Health Care Consortium. The consortium would consist of thirteen health-related institutions of higher education (HRIs), the Health and Human Services Commission, the Higher Education Coordinating Board (THECB), at least three nonprofit organizations that focus on mental health care, and any other entity the executive committee of the consortium considers necessary. The consortium would be administratively attached to HECB for the purpose of receiving an appropriation. The THECB would not be not responsible for providing to the consortium staff, human resources, contract monitoring, purchasing or any other administrative support services.



The consortium would establish a network of comprehensive child psychiatry access centers at the member HRIs. A center shall provide consultation services and training opportunities for pediatricians and primary care providers in the center's geographic area to help them better care for children and youth with behavioral needs. The consortium would develop and post on its website a consent form for parents or guardians to sign on behalf of children under 18 years old.

The consortium would also establish or expand telemedicine or tele-health programs at the member HRIs for identifying and assessing behavioral health needs and providing access to mental health services, with a focus on the behavioral health needs of at-risk children and adolescents.

In carrying out these responsibilities, the consortium would leverage the resources of a hospital system if the hospital system provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with the consultation and training requirements of the child psychiatry access centers and if the hospital system has an existing telemedicine or tele-health program for identifying, assessing, and providing services for the behavioral and mental health needs of children and adolescents.

The consortium's executive committee may provide funding to a member HRI for a full-time psychiatrist to serve as academic medical director at a facility operated by a community mental health provider and two new resident rotation positions.

The executive committee may provide funding to a member HRI for a physician fellowship position that would lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents.

This funding would increase a member HRI's fellowship positions and not be used to replace existing funding for the institution.

**HB18:** H.B. 18 amends current law relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel.

TEA indicates educator preparation programs are required to update curriculum to include mental health and substance abuse training.

TEA indicates that the bill requires local school districts to provide specific staff development regarding mental health, substance abuse, positive relationships among students, how grief and trauma affect learning and behavior, and bullying to be provided on an annual basis for all new employees and to all educators on a scheduled adopted by rule. If school districts are not currently meeting this requirement, this will create an additional local cost for training and maintaining records of the training.

**HB 19:** The bill requires the provision of 20 non-physician mental health professionals, one per education service center (ESC) region, by local mental health authorities (LMHA). The non-physician mental health professional will serve as a resource in the following areas: awareness/understanding of mental health and co-occurring mental health and substance abuse disorders; implementing initiatives related to mental health or substance use under state law/agency rule; making aware of the list of best practice programs developed under Section 161.325, Health and Safety Code; other treatment programs available; providing Mental Health First Aid training and training on prevention and intervention programs helping students cope with pressures to use alcohol, cigarettes, illegal drugs or misuse prescription drugs; providing annual training on the effects of grief and trauma and providing support to children with intellectual or developmental disabilities who suffer from grief or trauma. These professionals may not treat or provide counseling to students or provide specific advice to a district regarding a student.

The bill requires HHSC to annually compile reports from LMHAs and prepare a report to the legislature regarding program outcomes.

School districts were surveyed as to their issues related to the implementation of the bills:

- Implementation of a comprehensive school counseling program
- School threat assessment teams and safety teams
- Education Service Center (ESC) utilization
- Top challenges for rural and frontier school districts

**Ms. Glasscock** clarified that the comprehensive counseling programs are meant to follow the Texas model. Staff stated that with HB19, questions will be directed to the designated point person.

**Staff** stated that the CMH team is new. They are committed to working closely with TSHAC.

**The Chair** stated that she has been contacted already by CMH focusing on issues in school mental health. She stated that there is overlap with substance use prevention.

**Ms. Wheeler** stated they are now more engaged with HHS. She stated that it is difficult to get to the rural and frontier schools. She encouraged continued outreach efforts directed at the rural schools.

**Mr. Rios** stated that he hopes that he can share the information with his local SHAC and would like the contact information.

**The Chair** stated that there is a lot in the bills that were summarized, and school districts are wrestling with these challenges. She suggested that they identify the existing resources (and maybe update them) that can be used to help districts implement the legislation. She

stated that they could possibly offer guidance on what SHACs should consider in implementing the legislation.

**Ms. Molina** stated her support for the suggestions of guidance and resources for districts.

**Mr. Moger** stated that he had a concern and wanted assurance that they are working with the school safety center. He commented on preparing students for drills and family reunification after an event.

**The Chair** stated that CMH works through the local mental health authorities. It's important for SHACs to consider mental health professionals on local SHACs. Guidance to local mental health authorities (LMHAs) on engaging with SHACs would be important. The Chair stated that local mental health resources will be required under HB19, and these people can be helpful with SHACs.

**5. Revisions to the guidelines for Student Consumption of Regular and Diet Soda in High School.** Outside of home, students spend a majority of their time in schools, thereby consuming a large portion of daily calories in the school setting (Story, Nanney & Schwarz, 2009). Vending machines are available in 85 percent of high schools, however more than 80 percent of school districts restricted access or banned the sale of sweetened beverages (USDA, 2012). The 2015 Dietary Guidelines for Americans recommend limiting added sugar intake for both adults and youth (USDA & HHS, 2015). Competitive foods, specifically sugar-sweetened (carbonated sodas, sports drinks, and fruit drinks), add approximately 200 calories per day to a student's diet and are of poor nutritional quality (Rosenfeld et al., 2017). Competitive foods include foods and/or beverages sold to students that compete with the school's operation of the school lunch or breakfast programs. Examples of competitive foods and/or beverages are those sold in a meal service line, in vending machines, in school stores, or as part fundraisers (Texas Department of Agriculture, 2017). In 2017, 74 percent of students in grades 9–12 in Texas reported having had consumed at least one serving of non-diet soda in the previous week, and 18 percent of students reported consuming non-diet soda on a daily basis during that time (Centers for Disease Control and Prevention, 2017)

**Drank soda (non-diet) consumption during previous 7 days, Texas, High School Youth Risk Behavior Survey (CDC)**

	% Students Responding Yes in 2013	% Students Responding Yes in 2017
1 ≤	77	74
1 ≤ serving PER DAY that Week	25	18
2 ≤ serving PER DAY that Week	16	12
3 ≤ serving PER DAY that Week	8	6

The U.S. Department of Agriculture's (USDA) Smart Snacks standards allow schools to sell carbonated juices to students. Additional beverage options are provided to high school

students, including calorie-free and lower-calorie beverages, with or without caffeine (USDA, 2016). The Texas Department of Agriculture follows USDA's Smart Snack guidelines.

**Purpose.** The following Texas School Health Advisory Committee recommendations relating to beverages sold or served to students are to provide support and recommendations to the Texas Department of Agriculture in an effort to promote a healthy school environment.

### **Recommendations**

1. Maintain nutrition integrity in the Texas Department of Agriculture Competitive Food Guidance for Schools (Texas Department of Agriculture, 2017).
2. Remain consistent with the science about all sugar-sweetened beverages and the impact they have on children's health.
3. Provide education to parent and community members about the policies, USDA national standards, and the scientific reasons to discourage consumption of sugar-sweetened beverages.

### **National Perspective/Overviews**

- While the FDA considers a number of artificial sweeteners as safe, health professionals and organizations have raised concern regarding diet soda consumption in children. The National Academy of Sciences recommends only high school students be allowed to purchase artificially sweetened beverages at school outside of school hours (Schermbek, Leider, Piekarz-Porter & Chriqui, 2018).
- The American Academy of Pediatrics has called for more research concerning artificial sweeteners (Schermbek, et al., 2018).
- The 2015 Dietary Guidelines Advisory Committee noted in the 2015 Scientific Report that their recommendation to reduce added sugars does not mean to replace added sugars with artificial sweeteners (Schermbek, et al., 2018).

### **Health Concerns**

- Boys and girls develop maximum bone mass during adolescence. Carbonated beverage consumption is associated with a decrease in bone mineral content (Weaver, et al., 2016).
- Adolescents are an at-risk population for calcium deficiency due to decreased intake of dairy beverages and beverage substitution (Beto, 2015) (Scharf and DeBoer, 2016).
- Increased consumption of acidic sugar-sweetened beverages by children and adolescents can lead to an increased risk for dental erosion and caries. (Reddy, et al., 2015) (Bleich & Vercammen, 2018).
- Sugar-sweetened beverage intake among children and adolescents is associated with weight-related outcomes such as increased BMI and obesity (Bleich & Vercammen, 2018) (Bucher Della Torre, Keller, Laure Depeyre & Kruseman, 2016).
- Caffeine consumption is associated with disrupted sleep and behavior problems with children (Bleich & Vercammen, 2018) (Watson, Banks, Coates & Kohler, 2017).



### Texas Policy

- Section 20 of (proposed change) the Administrative Review Manual (ARM) for the Food and Nutrition Division at the Texas Department of Agriculture outlines USDA's Smart Snack guidance and provides specific situations helpful for schools regarding competitive foods and beverages (Texas Department of Agriculture, 2017).
- Texas schools have implemented coordinated school health programs and local wellness policies. This supports a consistent message in maintaining a healthy school environment and is supported by the health and physical education curriculum Child Nutrition Department (Proposed Change). Effective July 2016, written school wellness policies are required by UDSA (USDA, 2017).
- While the Texas Department of Agriculture follows USDA's Smart Snacks guidelines, schools have the option to be more restrictive on Smart Snack offerings and can specify these restrictions in the Local Wellness Policy

### Comments:

- There is a proposed rule at USDA that would allow the high school standards to come down to the middle schools.
- This proposal was originally created in 2008.
- This document may have outlived its use at the Texas Department of Agriculture.
- Being stricter than the national standard can be difficult for districts.
- All the documents should start with a purpose and the recommendations should be at the top as well.
- The health portion of TEKS is being updated and we might want to wait on this until that occurs.

The State Board of Education (SBOE) has legislative authority to adopt the TEKS for each subject of the required curriculum. SBOE members nominate educators, parents, business and industry representatives, and employers to serve on TEKS review committees. The Texas Essential Knowledge and Skills Review by Subject area web page provides information regarding the SBOE's process and current and previous reviews. [Subscribe to updates from TEA.](#)

- A lot of work has been done to get rid of sodas. TEKS looks at what is taught in school and this recommendation addresses what is offered in schools.
- TEKS does not have relevance in this paper.
- There are choices at the local level in their wellness policy.
- **The Chair** stated that edits and recommendations can be sent in to be included in the document.
- We should state that water should be made available in the lunch line and is the beverage of choice.
- No MOTION was offered, and the document will be presented at the next meeting.

**6. Revisions to the guidelines for Recess and Physical Activity: Impact on Student Health and Academic, Social and Emotional Development.** This is a complete redo of the previous document.

**Background.** "Recess is critical, say experts in childhood development. Recess is a period of the school day set aside for the physical, social, and cognitive pursuits that can't otherwise be achieved in the sit-down-and-shut-up environment that is an elementary school classroom. But this respite from organized learning is not only available for what the students are doing on the playground. It is equally as vital for what they are not doing, namely math, reading, or science." Excerpt from The Best Schools. "The Death of Recess in America."TheBestSchools.org, TheBestSchools.org, 15 Jan. 2019, <https://thebestschools.org/magazine/death-of-recess/>

Texas Education Policies Related to Physical Activity [Texas Education Code 28.002\(1\)](#)

**Physical Education:** A school district shall require a student enrolled in full-day prekindergarten, in kindergarten, or in a grade level below grade six to participate in moderate or vigorous daily physical activity for at least 30 minutes throughout the school year as part of the district's physical education curriculum or through structured activity during a school campus's daily recess. To the extent practicable, a school district shall require a student enrolled in prekindergarten on less than a full-day basis to participate in the same type and amount of physical activity as a student enrolled in full-day prekindergarten. A school district shall require students enrolled in grade level six, seven, and eight to participate in moderate or vigorous daily physical activity for at least 30 minutes for at least four semesters during those grade levels as part of the district's physical education curriculum. If a school district determines, for any particular grade level below grade six, that requiring moderate or vigorous daily physical activity for at least 135 minutes during each school week. Additionally, a school district may as an alternative, require a student enrolled in a grade level for which the district uses block scheduling to participate in moderate or vigorous physical activity for at least 225 minutes during each period of two school weeks

[Texas Education Code 28.004\(1\)](#). School Health Advisory Council – "The local school health advisory council shall consider and make policy recommendations to the district concerning the importance of daily recess for elementary school students. The council must consider research regarding unstructured and undirected play, academic and social development, and the health benefits of daily recess in making the recommendations. The council shall ensure that local community values are reflected in any policy recommendation made to the district under this subsection."

### **Research on Recess and Physical Activity**

1. Centers for Disease Control and Prevention Recommendations: 2019 "Recess is a regularly scheduled period in the school day for physical activity and play that is monitored by trained

staff or volunteers. During recess, students are encouraged to be physically active and engaged with their peers in activities of their choice, at all grade levels, kindergarten through 12th grade.

Recess benefits students by:

- Increasing their level of physical activity.
- Improving their memory, attention, and concentration.
- Helping them stay on-task in the classroom.
- Reducing disruptive behavior in the classroom.
- Improving their social and emotional development (e.g., learning how to share and negotiate)."

Excerpt from the Centers for Disease Control and Prevention.

"Recess." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 29 May 2019, <https://www.cdc.gov/healthyschools/physicalactivity/recess.htm>

Excerpt from [the Centers for Disease Control and Prevention](#). "Recess." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 29 May 2019, <https://www.cdc.gov/healthyschools/physicalactivity/recess.htm>

2. Society of Health and Physical Educators (SHAPE) 2017 Recommendations: Strategies for Success "This document, Strategies for Recess in Schools, describes strategies for planning and providing recess in schools to help increase participation in physical activity and improve academic achievement (e.g., performance, behavior, attention). The audiences for this document include state and school district leaders that provide technical assistance and professional development on recess, physical education teachers, classroom teachers, recess and playground supervisors, support staff, school administrators, parent-teacher organizations, school health coordinators, school health advisory councils, parents, and anyone interested in supporting recess in schools. While each of these representative groups may have different roles and responsibilities in garnering support for and implementing these strategies, involvement of all groups is important."

Excerpt from SHAPE America.

Strategies for Recess in Schools, Center for Disease Control, 2017, <https://www.shapeamerica.org/uploads/pdfs/recess/SchoolRecessStrategies.pdf>

3. Education Week: 2018: 7 Things to Know about School Recess "Recent U.S. education reform has focused on defining and raising the subject-matter standards students are expected to meet. In order to get their students up to snuff, schools are extending the school day and putting more and more emphasis on academic learning, which can squeeze out a beloved part of the traditional school day-recess.

**What Time Is Recess?** In most schools, recess is the only time in the school day reserved for outdoor and mostly unstructured play. It typically occurs once or twice in the day, often just before or after lunch. The length of recess is rarely mandated at the state level. In some schools, it's as short as 15 minutes, in other it lasts up to 45 minutes. Some schools have eliminated it altogether.

**Is Recess Important?** For many, recess conjures memories of hopscotch or monkey bars. But whether or not recess plays a critical role in the mental, physical, emotional, and academic development of children has been a topic of much research and debate."

<https://www.edweek.org/ew/issues/school-recess/index.html>

4. Brookings Institute: 2017 A New Way to Measure the Benefits of School Recess "The full spectrum of play, from make believe to soccer, can contribute to healthy child development. Play helps students develop socially, emotionally, physically, and academically. During play, students learn and practice important skills, such as cooperation, conflict resolution, respect for others, and self-regulation. Some adult support is needed to facilitate safe and healthy opportunities for all kids to play, and then the adults can step back and allow the play to unfold." [Excerpt from Brookings.](#)

5. American Academy of Pediatrics: 2013 The Crucial Role of Recess in School "Just as physical education and physical fitness have well-recognized benefits for personal and academic performance, recess offers its own unique benefits. Recess represents an essential, planned respite from rigorous cognitive tasks. It affords a time to rest, play, imagine, think, move, and socialize. After recess, for children or after a corresponding break time for adolescents, students are more attentive and better able to perform cognitively. In addition, recess helps young children to develop skills that are otherwise not acquired in the more structured classroom environment." [Excerpt from Pediatrics](#)

6. Pathways to Family Wellness: 2010 Why Kids Need Recess "More and more, parents are protesting school policies that allow teachers and administrators to withhold recess to punish student misbehavior. Common infractions include tardiness, acting out in class and failure to complete homework—everyday childhood behaviors that result in numerous children having to go without recess on any given day.

The research is clear. Children need recess. Recess benefits every aspect of childhood development—physical development, of course, but also social, emotional and intellectual development as well." [Excerpt from Pathways to Family Wellness.](#)

**Recommendations.** Given the increasing incidence of obesity, diabetes, and other health concerns including social emotional issues among children and youth, and considering a review of existing research concerning the benefits of physical activity for all domains of child



development, the Texas School Health Advisory Committee (TSHAC) acknowledges the need to inform communities, parents, educators and young people about the benefits of engaging in regular physical activity and the dangers of not doing so. Research supporting the positive benefits of physical activity and play on the cognitive, physical, social, and emotional health and development of children and youth has led to the following recommendations of the TSHAC:

- Parents have a significant role to play in striking balances for their children between structured activities and free play, between passive and active entertainment, and between physical and sedentary activities;
- Schools have a significant role to play in providing opportunities for students to engage in structured (physical education class) and unstructured physical activity (recess) on a daily basis. Providing structured and unstructured physical activities throughout the school day has a positive impact on students' academic performance by reducing disruptive behaviors in the classroom, and enhancing social and emotional development;
- Communities have a significant role to play in providing the infrastructure of playgrounds, parks and athletic facilities; security measures and supervision; and financial support to allow all citizens to develop physically healthy habits.

**Comments:**

- Under bullet points, rephrase so it reads more like a recommendation.
- This is intended to be a starting point for local SHACs which can then pick it up and make adjustments to meet local needs.
- It could be good to take out recommendations and change the scope to be a guide or consideration.
- We need to rethink what we are as a TSHAC. We have to provide the research for SHACs.
- Has there been discussion about what to do on high ozone days or pollution days? The internet has options for teachers, but this document does not.
- **The Chair** stated that for next steps, maybe the work group could take another look at this to develop a document that would be most helpful for SHACs. The template has not been changed by the workgroup.

**MOTION:** Approve the document with edits that were discussed (change the recommendations to considerations and eliminate research) - prevailed.

**7. Revisions to the guidelines for School Bus and Automobile Idling.**

**TXI Author's Note:** *The document was not made available to the public. The last time it was revised was a couple of years ago. There were changes to the grants from EPA because applications exceeded the available funds. There will be \$6+ million available to schools for emissions. The following link was found by Texas Insight on the internet. The original*

document was from 2008 and then revised in 2016. This may or may not be the document that was used by the committee.

The links were updated.

*"The following recommendation is made to the State Health Services Council by the Texas School Health Advisory Committee in order to provide assistance in establishing a leadership role for the Department of State Health Services in the support for and delivery of coordinated school health programs and school health services."*

### **Background Information**

Restricted idling can improve air quality within school buses and in the vicinity of schools where children congregate.

#### **School Buses in Texas:**

- More than 95 percent of school buses are diesel-powered.
- Diesel engines are one of the largest sources of fine particulate matter in the air.
- A child riding in a school bus is likely to breathe in 7-70 times more diesel exhaust in a single day than a resident in an urban area.

#### **Diesel Engine Exhaust:**

- Fine particulate matter (PM 2.5) is small enough to penetrate deep into the lung, where it may remain for long periods of time.
- There are more than 100 carcinogenic or potentially carcinogenic components in diesel emissions.

#### **Factors Affecting Diesel Exhaust Levels:**

- If a bus idles for more than three minutes, it will generate 66 percent more fine particle pollution than a bus that was shut off and restarted.
- The highest levels of carbon and particulates are found in queued, idling buses with open windows.
- Diesel pollution can migrate to adjacent areas, exposing students and school staff.

#### **Legislation/Programs that Reduce Bus Idling in Texas:**

- In 2007, the Texas legislature passed a bill, but it was vetoed.
- It is imperative for districts to implement their own protective policies related to school bus idling.
- Texas Commission for Environmental Quality awarded \$7 million to schools between 2008-2010 to retrofit school buses.
- School bus emissions decrease by 90 percent when older diesel engines are retrofitted with pollution-reducing devices.

#### **Legislation/Programs that Limit Bus Idling in Other States:**

- California, Minnesota, Maine
- Connecticut—<https://www.cga.ct.gov/2002/act/Pa/2002PA-00056-R00HB-05663-PA.htm>
- Massachusetts—[M.G.L. Chapter 90, Section 16A; Air Pollution Control Regulations](#)
- New Jersey—[www.nj.gov/dep/stopthesoot/sts-idlingsum.htm](http://www.nj.gov/dep/stopthesoot/sts-idlingsum.htm)

### Health Effects

In addition to the elderly and anyone with existing heart or lung disease, asthma or other respiratory problems, children are among the most sensitive to the health effects of diesel exhaust exposure due to their developing body and lungs. Children breathe 50 percent more air per pound of body weight than do adults.

- Acute effects: Irritation of eye, nose, throat; coughing; and headache, nausea, vomiting, light headedness, numbness of extremities
- Carcinogenic: Increased risk of lung cancer (approximately 30 percent)
- Respiratory/Lung damage: Increased frequency and intensity of asthma attacks; aggravation of chronic respiratory conditions
- Decreased lung function and development: Significant, chronic effects during period of rapid lung development (ages 10-18 years)
- Premature deaths: 15,000/year nationwide due to particulate matter
- Cardiovascular disease: Increased heart attacks, strokes, and death associated with long-term exposure to fine particulate air pollution
- Hormonal effects in animal studies: Decreased estrogen and sperm production

### Recommendations

The purpose of this document is to assist local School Health Advisory Councils (SHACs) to revise or update Wellness Policies or other district policies/regulations to limit school bus idling.

An example of a Wellness Policy related to school bus idling:

*Buses should not idle while waiting for students during field trips, extracurricular activities, or other events where students are transported off school grounds.*

### Anti-Idling and Smart Driving Practices

The Texas School Health Advisory Committee (TSHAC) recommends that every local SHAC review the anti-idling and smart driving practices based on the U.S. Environmental Protection Agency's (EPA's) School Bus Program, as well as cited research, to limit school bus idling.

The EPA's Clean School Bus Program National Idle Reduction Campaign (<https://www.epa.gov/cleandiesel/clean-school-bus>) includes an instructional video/DVD for fleet managers and bus drivers to educate them regarding the hazards of diesel exhaust and

smart driving and anti-idling practices. Recommended anti-idling and smart driving practices include the following:

- Ensure that both the fleet managers and bus drivers understand the potential risks to the children's and their own health from breathing diesel exhaust and the benefits of not idling or caravanning.
- Train school bus drivers to turn off their buses as soon as they arrive at loading and unloading areas and to refrain from restarting their buses until they are ready to depart.
- Limit idling time during early morning warm-up to what is recommended by the manufacturer (generally 3-5 minutes).
- Post "No Idling" signs in loading and unloading zones as reminders to bus drivers and passenger cars.
- Revise bus schedules and operational logistics to minimize school bus caravanning. Inform drivers that following other diesel vehicles too closely can contribute to higher concentrations of diesel exhaust inside and outside the bus.
- Assign cleanest buses to the longest trips.
- Institute a program to recognize drivers who successfully reduce idling.
- Consider changing circuit configurations, if necessary, to power flashing lights with the battery.
- Encourage parents to eliminate idling as they wait for their children to be dismissed from school.

When developing policies and regulations to reduce bus idling, some consideration needs to be given to the fact that at times it is necessary to exempt school buses from idling restrictions in order to maintain, for example, safe driving and temperature conditions.

The following is an example of a section of a school bus idling policy related to an exemption from idling:

*Weather. Limit the idling time of a school bus to the minimum time necessary to heat or cool the bus before departure, provided that the engine is turned off when students get on or off the bus at a school or event.*

**Comments:**

- Maybe change recommendations to considerations.
- Accuracy of the 95% figure used for diesel buses.

**MOTION:** *Approval of the document with minor edits (as discussed) - prevailed.*

**8. Discussion related to Senate Bill 435, 86th Legislative Session, 2019, which amended Education Code, §28.004(c), relating to recommendations by local school**



### **health advisory councils regarding opioid addiction and abuse education in public schools.**

Research shows that when opioid antagonists and overdose education are available to community members, overdose deaths decrease in those communities. S.B. 435 directs each local school health advisory council to recommend appropriate opioid addiction and abuse curriculum for the district including methods of administering an opioid antagonist. (Original Author's/Sponsor's Statement of Intent). S.B. 435 amends current law relating to recommendations by local school health advisory councils regarding opioid addiction and abuse education in public schools.

There have been some questions around this subject. There is a new assignment for the local SHAC related to grade level issues. SHACs have wanted some direction about what is appropriate to recommend to a school district. This is being presented as a possible topic for consideration to develop a resource document to assist local SHACs.

A workgroup was formed to address this issue and an update will be provided at the next meeting.

### **9. Updates from the Texas Education Agency, Texas Department of Agriculture, and Texas Department of State Health Services.**

**TEA:** No report.

**TDA:** [School Breakfast Week](#) is approaching and there are no-cost materials available including posters that have been sent out to schools. An art contest is being sponsored for School Breakfast Week and School Lunch Week. Investors for Ready Texas are available. For all of these programs, see [www.squaremeals.org](http://www.squaremeals.org) and [www.summermeals.org](http://www.summermeals.org).

#### **DSHS:**

- DSHS is looking at the SHAC guide to make it more user friendly and provide updates. The plan is to keep it similar to the present guide. The final guide will meet DSHS and HHSC branding requirements. It should be out by August 2020.
- There is an RFA for school-based health centers with a focus on chronic disease management across several issues including mental health, dental health, and others.
- The awards for excellence will have a simpler application and DSHS is looking at the amount of the grants being offered. Charter schools must be included but private schools may not participate.
- Asthma rules have been drafted and they will go out sometime soon.
- Reappointments to TSHAC will be going out soon. Many people will be up for reappointment.
- TSHAC rules will be going to the Executive Council in May.

**10. Scheduling of the next TSHAC meeting and future meeting dates, including the next TSHAC meeting on April 27, 2020.** The meeting will be in Morton and there will be a meeting on September 14<sup>th</sup> as well.

**11. Future TSHAC agenda topics and priorities.**

- Health Education Document is still being worked on. At least six weeks are needed to turn documents around.
- We need a review of what needs updating. Some of the documents are not necessarily useful now. Get an updated revision schedule.
- Perhaps look at a new template perhaps.
- A 21-day snack challenge developed in Dallas is being considered for state-wideness.
- COVID19 involvement. This would have to be coordinated with DSHS.
- TEA mental health coordination.
- Texas School Safety Center (Texas State University) and their engagement with school districts
- Texas Children's Mental Health Consortium and school based mental health telehealth services.

**12. Public comment.** No public comment was offered.

**13. Adjourn.** There being no further business, the meeting was adjourned.

\*\*\*

---

*This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.*

---