

**Determinants of State Policy on Childhood Obesity:
An Analysis of Anti-Obesity Legislation Passed From 2003 to 2013**

by

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Chapter I: Introduction, Research Design, and Literature Review

Introduction

Since the 1980's, American children have progressively been getting larger. This trend was first noticed at the beginning of the 21st century, when public health officials became aware of the detrimental health consequences that obesity was causing. Rates of childhood obesity are much higher today than in previous decades; they have risen from 6% of children in the mid-1980's to 18% in 2011 (Center for Disease Control). As of 2013, 23 million American children were medically classified as obese; this is a third of all children in the United States. No part of the United States has been immune to this increase, but certain states have been more affected than others. Only 22.1% of Utahan children are overweight or obese, compared with 39.8% of Louisianan children are (Kaiser Family Foundation). Although childhood overweight and obesity has been recognized as a severe threat to public health, there has been no coordinated approach among the states to address this growing problem.

This thesis seeks to understand the variation in state responses to the childhood obesity epidemic. To do this, I have analyzed certain variables to measure their effect on the passage of anti-obesity legislation from 2003 - 2013. These variables include party control in the state House, state Senate, and governorship; interest group activity; and food insecurity, the inability to access nutritionally adequate food. My intention is to identify the factors that influence a state in its decision on whether to adopt anti-obesity legislation; this is a previously unanswered question.

I hypothesized that Democratically controlled states would be more likely to pass anti-obesity legislation than Republican controlled states. Democratically controlled states should be

more likely to pass legislation that mandates state action, while Republican controlled states should be more likely to pass legislation that seeks to educate the public or raise awareness about obesity and related complications. I expect to see a difference in the policies passed between Democratic and Republican states because of an ideological difference that influences the type of legislation that each will support. Republicans value free exercise of individual liberty more than Democrats. State policy that creates mandates has the potential to infringe upon what some citizens view as their free exercise of personal liberties. To avoid infringing on rights, Republican states will pass policies that promote raising awareness and educating the public, instead of policies that mandate state action. Democrats will be more likely to value the promotion of health over the protection of individual liberties. So, Democratic states will pass policies that mandate state action if these policies have the potential to improve the health of citizens. My literature reviews further elaborates on this ideological difference.

I wanted to explore the effect that food insecurity has on the passage of anti-obesity policies. I hypothesized that food insecurity and childhood obesity will be correlated with the quantity and category of anti-obesity policies passed. States with high rates of food insecurity should pass more anti-obesity legislation, with a focus on policies relating to nutrition. If a state has high rates of food insecurity, this is an indication that citizens lack access to affordable and nutritious food. By passing nutrition policies, state governments can promote access to this food.

I hypothesized that activity from interest groups who support anti-obesity or child welfare policies will lead to passing more anti-obesity legislation. If these groups are active, legislators will see anti-obesity policies as more important. As a result, more legislation will be passed. Finally, states with high rates of childhood obesity will be more likely to pass anti-

obesity legislation, as there will be a greater need for anti-obesity policy when rates of childhood overweight and obesity are greater.

There is a large body of research on topics that relate to childhood overweight and obesity. This research has examined the causes of obesity, the health consequences of obesity, and the best methods to prevent and to reduce obesity. This thesis does not address these topics, and does not seek to provide alternative explanations for these puzzles.

The remainder of Chapter I will provide an overview of the obesity epidemic, my research design, and my literature review. Chapter II will explain the different legislative options states have when they develop anti-obesity legislation. My case studies will be discussed in following chapters; Texas will be first, followed by Utah, Illinois, and finally Vermont. Chapter IX contains my statistical analysis. Finally, Chapter X includes my conclusions, as well as the limitations of my findings and directions for future research.

An Overview of the Childhood Obesity Epidemic

This thesis assumes that childhood overweight and obesity is a detrimental condition that should be prevented because of the associated health concerns and costs. This section will provide an overview of childhood overweight and obesity. It will detail the risks associated with this condition to provide evidence for this assumption.

Childhood overweight and obesity is generally measured using a child's body mass index, or BMI. BMI provides a range of healthy weights for children given age, height and gender, and is used because it is inexpensive, easily measured, and standardized. If a child's BMI falls between the 85th – 94th percentiles, they are classified as overweight. If a child is in the 95th percentile or above, they are classified as obese (Center for Disease Control). It is important to

note that these percentiles are not based off children's actual weights, but rather from medical growth charts specifying what children are supposed to weigh. For the purpose of this thesis, the term "childhood obesity" will be inclusive of children who are both overweight and obese. State policy does not differentiate on percentiles as the medical field does. Policies designed to reduce childhood obesity are not just targeted at children above the 95th percentile. Rather, they are targeted all children who are at an unhealthy weight.

The harmful consequences of childhood obesity are well rooted in scientific evidence. Obesity has been linked to many harmful consequences on physical health. Obese children may develop diseases that usually only appear in adults, such as type 2 diabetes, high blood pressure, sleep apnea, hypertension, and bone and joint problems. They are susceptible to developing diseases of the metabolic, digestive, and respiratory systems. Obese children are also likely to develop cardiovascular diseases and are at risk for experiencing heart attacks. These health risk are so severe that for the first time, the current generation of children has a short life expectancy than their parents (Daniels 2006).

One's mental health can also be affected by one's weight. Overweight children have increased rates of disordered eating, depression, and social anxiety compared to their normal weight peers. They are also more likely to experience poor self-esteem and anxiety (Ludwig 2007). Additionally, obese 2 and 3 year olds usually experience delayed skill acquisition (Cawley 2010).

The health conditions associated with obesity are extremely expensive to treat. Childhood obesity related visits to doctor's offices, prescription drugs, and emergency room visits total more than \$14 billion annually (Cawley 2010, Trasande and Chatterjee 2012). Inpatient hospital costs for these children total an additional \$238 million annually. For adults,

this combined figure costs \$147 billion annually in obesity-related healthcare visits. As obese children are likely to become obese adults, an effective way to reduce this cost would be to reduce the amount of children who are obese (Ludwig 2007).

Since Medicaid and Medicare cover some obesity-related treatments, taxpayers bear part of this bill. In 2008, obesity-related healthcare for children and adults cost Medicare \$19.7 billion and Medicaid \$8 billion. Private insurance paid over \$49 billion more for obesity-related treatments (Cawley 2010). These figures have increased greatly since the 1980's, when hospitalization for obesity-related complications totaled \$35 million, a small sum in comparison to the current costs (Trasande et al. 2009, Wang and Dietz 2002). The following graph provides a snapshot of what childhood obesity rates were across the United States in 2011.

Figure 1: Percentages of Obese and Overweight Children by State, 2011

Figure 1: Percentages of Obese and Overweight Children per State, 2011

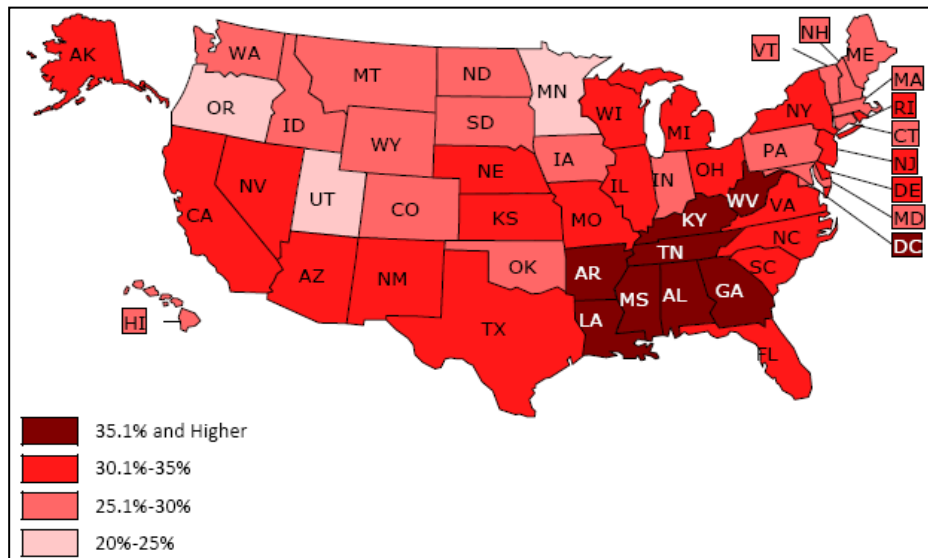


Figure 1 Source: National Conference of State Legislatures Childhood Overweight and Obesity Trends 2011

Research Design

I used a mixed-methods approach to explore the determinants of state policy on childhood obesity qualitatively and quantitatively. I first conducted case studies on four states: Texas, Utah, Illinois, and Vermont. These states were chosen using the most similar systems method in order to better explore the effects of party control on the passage of anti-obesity legislation. I selected these states based on party control and childhood obesity rates. Texas and Utah are both states under Republican control; Vermont and Illinois are under Democratic control. Texas and Illinois have above-average rates of childhood overweight and obesity, while Vermont and Utah have below-average rates of childhood overweight and obesity. For my quantitative approach, I ran regressions using Stata to explore the effects of my independent variables across all 50 states.

In order to test my hypothesis, I needed to gather data on party control, childhood overweight and obesity rates, food insecurity rates, and interest group activity. In this thesis, party control is represented by post-election control of the state House, state Senate, and governorship. The National Conference of State Legislatures (NCSL) publishes this data. From the NCSL, I was also able to gather data on rates of childhood overweight and obesity for 2003, 2007, and 2011. Trust for America's Health, an organization that publishes annual reports on the health of each state, provided the rates of childhood overweight and obesity for 2005 and 2009. Rates of childhood overweight and obesity by state in 2013 were not included as this data is not yet available.

The data on food insecurity was gathered from the United States Department of Agriculture Economic Research Services annual Food Security Reports. Data on interest group

expenditures by election cycle was difficult to find, as many states do not publish this information. The most detailed information that I could gather across all states was from Follow the Money's Top Contributor list. This publishes the top twenty contributors per election cycle for candidates and ballot measures. As this is the only data readily available across all states, it was used in my statistical analysis to represent interest group activity. Unfortunately, this may not provide a complete picture of anti-obesity lobbying, as this does not include smaller interest groups left off this list. For my case studies, I was able to gather more in depth information about interest group activity; this is elaborated on in Chapter III. To be consistent in the statistical analysis, I only included interest group activity from the Top Contributor lists.

No accurate database exists that has published a complete listing of childhood obesity policies passed between 2003 to 2013. I independently gathered all of the anti-obesity policies included in this thesis passed from 2003 to 2009 by searching each state's legislative database using the keywords "obesity", "nutrition", "physical activity", "physical education", "diabetes", "joint use", "shared use", "body mass index," and "insurance." These policies were checked against a listing of Childhood Obesity Legislative Policy Options from the NCSL to ensure accuracy. I gathered the policies passed between 2010 and 2013 from the Yale Rudd Center for Food Policy and Obesity database, which contains a listing of all childhood obesity policies passed from 2010 to 2013. The categories in this thesis are based off categories defined by the NCSL, with additions and changes as I saw necessary. For a full list of the childhood obesity legislation passed from 2003 to 2013, please see the appendix.

Literature Review

Because of the associated health concerns, public health officials and legislators are now working together to reduce the prevalence of childhood obesity. For effective disease management, the fields of public health and politics must work together in order to identify viable solutions and to implement them on a large-scale basis. Government action, including state policy, can be oriented to provide health outcomes that individuals would not be able to achieve on their own (Oliver 2005).

The American public views obesity through two competing issue frames: the personally responsible issue frame and the obesogenic environment issue frame. Those who believe in the personally responsible issue frame think freedom of individual choice is of utmost importance. Government policy cannot infringe on individual rights and must work around the preservation of individual liberties. According to this view, the American people have the right to choose their diet and exercise habits; legislation that imposes nutrition standards or physical activity requirements infringes on this right. Viewed in this light, obesity is a personal failure to make the right choices, not a disease that the government should regulate. States should not pass legislation that mandates involuntary standards; states should focus on educating the public about healthy lifestyle choices (Kersh 2009).

The obesogenic environment issue frame views obesity as a consequence of environmental factors, rather than as a failure of personal decisions. Supporters of this issue frame believe that the American food landscape constitutes an obesogenic environment, or an environment that encourages the development of obesity through the promotion of unhealthy lifestyle choices such as large portion sizes and an abundance of food with minimal nutritional value. Many factors in this environment are out of individual control; as such, government policy

should be used to regulate them. For example, although an individual can choose what he eats, he cannot control whether the neighborhood grocery store sells fresh produce. Since children are especially vulnerable and often are not capable of making educated choices, anti-obesity legislation to protect them is especially important (Kersh 2009).

At the federal level, there is a distinct difference between the types of anti-obesity legislation Republicans and Democrats are likely to propose; I hypothesize that this difference also extends to the state level. Kersh (2009) analyzed anti-obesity bills proposed in Congress. He discovered that much of the proposed anti-obesity legislation could be categorized according to the personally responsible and obesogenic environment issue frames. Republican lawmakers were more likely to propose anti-obesity legislation whose purpose was to promote education about obesity and related conditions, to promote healthy lifestyles, and to protect the food industry from consumer-injury lawsuits. As all of these bills focus on obesity as a failure of personal choice, they can be categorized as part of the personally responsible issue frame. Democratically sponsored bills were more likely to mandate state action. Policy options in these bills include taxing foods of minimal nutritional value, restricting the advertising capabilities of the food industry, and subsidizing healthy foods. These policies can be categorized as falling within the obesogenic issue frame as they seek to influence the food environment, including the availability of and pricing of food. Policies that fall within the obesogenic issue frame are more effective at preventing and reducing rates of obesity than policies that fall within the personally responsible issue frame. Policies within the obesogenic issue frame are difficult to pass at the federal level because there are so many competing interests in Congress (Kersh 2009).

Food insecurity, the “limited or uncertain availability of nutritionally adequate foods because of a lack of money or other resources” is an unfortunate reality in all states (Meyers).

Obesity and hunger both occur with increased frequency among poor populations. But, there are disputed findings for the hypothesis that hunger causes obesity. Myers concludes that individuals experiencing food insecurity are more likely to purchase inexpensive foods. As inexpensive foods usually have minimal nutritional value, these individuals are more likely to become overweight. Hofferth and Curtin (2005) found an inconclusive relationship between the relationship between obesity and food insecurity in children. Although rates of food insecurity vary by state, over 10% of American households with children are food insecure (Coleman-Jensen et al 2013). By creating environments where healthy food is affordable and cheap, public health policy can decrease obesity and food insecurity (Chilton and Rose 2009).

Interest groups have the ability to affect policies passed on the state and federal level (Heany 2006, Nestle 2003, Smith 1995). At the federal level, an interest group has the ability to become a broker, an “intermediary that facilitates transactions by [connecting] other interest groups that are not connected directly to one another,” by informally reaching out to other interest groups, formally forming coalitions, or by bridging previously unconnected communities in order to expand their basis of support (Heany 2006). In Congress, interest groups can yield particular influence with legislators who not have strong opinions on particular issues, which leaves space for outside influence. Interest groups benefit from lobbying as this helps to promote favorable bills and block unfavorable legislation (Smith 1995).

Nestle (2003) defines lobbying as “any legal attempt by individuals or groups to influence government policy or action” and believes that food industry lobbyists are able to influence all levels of government, including at the state level. By establishing relationships with legislators, food industry lobbying groups can ensure that favorable policies are passed. But, policies that are beneficial to food industry interest groups are often times detrimental to public

health. An analysis on donations from these groups showed they are more likely to donate money to Republican candidates than to Democratic candidates (Nestle 2003).

Chapter II: Policy Options

This chapter will describe the different legislative options states have when implementing anti-obesity policy and the relationship between public health and policy. Anti-obesity legislation is broadly targeted at one of two areas: helping children consume fewer calories and/or helping them exercise more. Most of this legislation is focused on schools and communities, the places where children spend the most time. Some anti-obesity efforts are also targeted at families, in order to educate parents on incorporate healthy lifestyles into their homes (Karnik and Kanekar 2012).

Effective anti-obesity policy creates “optimal defaults.” Optimal defaults describe an environment where the healthy choice is the default choice; unhealthy behaviors are made to be more expensive, time consuming, and inconvenient than healthy behaviors to discourage their practice. For example, a parent is more likely to feed their child fast food if a fast food restaurant is located across the street from the child’s school. This same parent may be less likely to frequent the fast food restaurant if it is ten miles away, as opposed to across the street. In this situation, the unhealthy behavior is less convenient in order to discourage it. (Friedman et al. 2008).

States have a variety of options to pursue if they wish to implement anti-obesity policy. Chart 1 details the legislative categories with the issue frame associated with each category. The remainder of this section provides an in-depth explanation of each type of policy option.

Figure 2: Policy Options and Issue Frames

<u>Policy Option</u>	<u>Issue Frame</u>
Diabetes Screening and Management	Either
Fiscal Incentives	Obesogenic Environment
Health Screening and Reporting	Obesogenic Environment
Insurance Coverage	Obesogenic Environment
Joint Use and Shared Use Agreement	Obesogenic Environment
Nutrition	Obesogenic Environment
Physical Education, Physical Activity	Obesogenic Environment
Raising Awareness & Education	Personal Responsibility
School Wellness	Obesogenic Environment
Task Forces and Special Programs	Either

The section below provides a detailed description of each legislative category.

Descriptions of Each Legislative Category

Diabetes Screening and Management

This legislation targets two subsets of children: those who have type ii diabetes and those at risk of developing diabetes. Diabetes management programs help children with diabetes take care of their condition, and can include helping children administer insulin or check their blood pressure. Diabetes screening programs help to identify children at risk for developing diabetes, using non-invasive screening procedures such as measuring BMI. For example,

Connecticut HB 5248 (2012) allows students to self-test blood glucose levels if they have their doctor's permission (National Conference of State Legislatures).

Fiscal Incentives

Fiscal incentives are enacted to encourage healthy eating or to penalize unhealthy behaviors. These policies may include tax breaks for purchasing fresh food or taxes on sugar sweetened beverages. In many states, the revenue generated is used towards funding food banks or making fresh food more widely available. For example, Louisiana HB 458 (2012) allows for tax refunds when citizens donate a portion of their income tax to the LA Food Bank Association Fund (National Conference of State Legislatures).

Health Screening and Reporting

Health screening and reporting policies measure and collect information on student health. This data can then be used to identify students at risk for weight-related complications or to measure the effectiveness of physical education programs. The results are generally aggregated and reported to state officials to evaluate childhood obesity prevention programs and to measure community health trends. Body Mass Index reporting is included under this type of legislation. For example, Ohio SB 316 (2012) allows schools to measure and collect student BMI information and to send this information to the State Department of Health (National Conference of State Legislatures).

Insurance Coverage

State policy is able to influence how obesity treatments are covered under Medicaid and private insurance. A provision of Medicaid called the Early & Periodic Screening and Diagnostic Treatment (EPSDT) program is designed to provide children enrolled in Medicaid with a minimal level of health coverage, including coverage for treatments addressing childhood obesity. However, there is wide variation between states in what benefits are included. Few states explicitly outline the obesity prevention services covered; this can cause confusion for insurance providers regarding what benefits are covered and what services clients may be reimbursed for. Only four states provide treatment standards for childhood obesity, only nine provide instructions on how to screen children for obesity, and only eleven reimburse for nutrition counseling. These are all supposed to be covered under EPSDT (Coleman-Jensen et al. 2012).

States can also pass policies that influence how private insurance plans should handle obesity-related treatments. Forty-three states and the District of Columbia allow private insurers to use obesity as a factor in determining a client's insurance rate; clients who weigh more have higher premiums. Some states, such as Texas, allow medical underwriting to include the use of obesity as a precondition under which to deny coverage (Chilton and Rose 2009). As of 2011, Maryland and Arkansas were the only states to pass laws mandating that private insurance cover obesity-related treatments for children (National Conference of State Legislatures).

Joint Use and Shared Use Agreements

Joint Use and Shared Use Agreements are the same type of policy. They are formal agreements between two bodies, such as a government and a school district, to provide after-

hours access to facilities in order to offer community members safe places to play and exercise. State governments usually assist with funding and implementation of these agreements. For example, Arkansas law SB 51 (2012) provided \$500,000 to be used in establishing joint use agreements (National Conference of State Legislatures).

Nutrition

Nutrition legislation is usually focused in schools, and is designed to curb the trend of schools “[becoming] suppliers of nutrient-poor, high caloric food and beverages to children” (Friedman et al. 2008) This legislation usually limits the type of food that may be sold under competitive contracts, in vending machines, and in school cafeterias (Friedman et al. 2008). Nutrition legislation is also used to support farm-to-school programs, which provide locally produced fresh fruits and vegetables in school cafeterias. For example, Alabama HB 670 (2012) is a farm to school procurement act that allows school districts to purchase fresh food from Alabama farms.

Competitive contracts are agreements between school districts and food and beverage companies to provide food and beverages on school campuses outside of what is provided under federal school lunch and breakfast programs. There are no federal regulations mandating nutrition standards for what is provided under competitive contracts; this has allowed sugar-sweetened beverages and candy to be sold in schools. In order to regulate what is sold under these contracts, state or local governments must pass separate guidelines. As school funding has declined, competitive contracts have become an important source of revenue for schools as they can provide upwards of a hundred thousand dollars in additional revenue to school districts. Usually, this revenue goes to funding school programs (Friedman et al. 2008).

Outside of school settings, nutrition legislation is usually focused on increasing access to farmers markets, particularly in low-income communities where fresh food may not be readily accessible. State governments can promote the development of farmers markets by raising awareness of established markets. Additionally, some states have extended Supplemental Nutrition Assistance Program benefits to apply at farmers markets (New England Alliance for Children's Health).

Physical Education, Physical Activity Requirements

Physical education and physical activity requirements provide for mandated time for physical activity in schools, including the preservation of recess. Because of budgetary restraints and an emphasis on education, this programming is often cut. There are no federally mandated physical education standards for public schools. Although the US Department of Health and Human Services recommends that all school-age children get 60 minutes of daily physical activity, this is not a requirement; it is up to state and local governments to implement. For example, California AB 1464 (2012) provided funding for physical activity programs and for hiring physical education teachers (National Conference State Legislatures, Friedman et al. 2008).

Raising Awareness & Education

This type of legislation typically involved developing public health campaigns and preventative measures to educate the public about obesity or related health concerns. For example, in 2012, Illinois SR 624 designated September, 2012, as Childhood Obesity Awareness

Month, with state-sponsored programs to educate the public about physical education and nutrition (National Conference of State Legislatures)

School Wellness

School wellness policies are health plans for schools. Although their content varies per school, wellness policies generally include obesity prevention programs such increasing the quality of school nutrition services, increasing the quality of physical education, or offering wellness initiatives. School wellness legislation developed after the federal Child Nutrition Act of 2004, which mandated that all school districts develop wellness programs that include nutrition education, physical activity, and nutrition standards (National Conference of State Legislatures). No tracking mechanism was included to ensure school districts adopted these policies. How many districts did adopt wellness policies and the effectiveness of these plans is unknown (Friedman et al., 2008). As such, some states have mandated separate wellness legislation. For example, Connecticut HB 6001b (2012) provided grants to the State Commissioner of Education to plan and implement new school wellness policies in order to reduce childhood obesity (National Conference of State Legislatures).

Task Forces and Special Programs

This category of legislation includes the formation of task forces, grants, and studies that measure childhood obesity or the effectiveness of obesity prevention programs. For this thesis, it is also a catch-all category that encompasses all special legislation that cannot be included in other categories. For example, Hawaii SB 2778 and HB 2516 (2012) created a childhood obesity prevention taskforce to identify overweight children and to help communities

implement initiatives that promote physical activity and good nutrition (National Conference of State Legislatures)

Conclusions

A total of 489 childhood obesity bills were passed from 2003 to 2013. Between states, there is high variation in how many policies were passed. The states that passed the least amount are Kansas, with zero policies passed, Montana, with one policy passed, Nebraska, with one policy passed, and Minnesota, with two policies passed. The states that passed the most anti-obesity policies are Pennsylvania, with fifty policies passed, Texas, with thirty-one policies passed, Illinois, with thirty policies passed, and Louisiana, with twenty-eight policies passed. A breakdown of how many policies were passed by category across all states can be seen on the Figure 3.

Figure 3: Childhood Obesity Legislation Passed Per Category

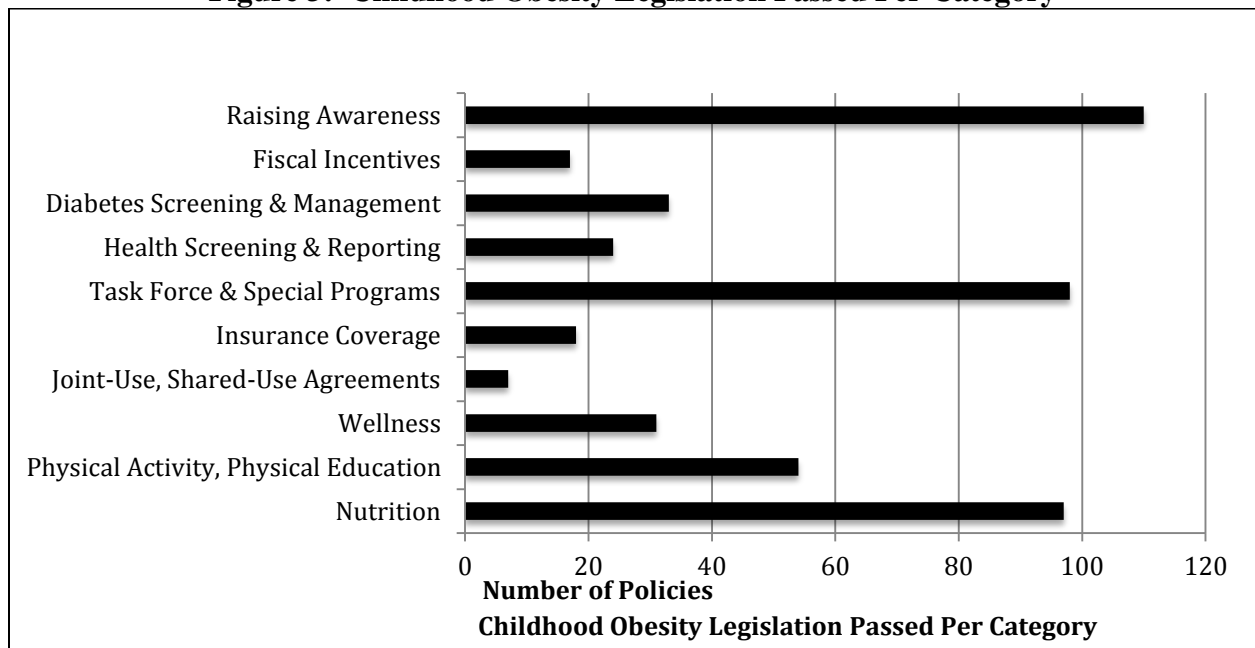


Figure 3 Source: Bill Index

Two types of policy are not included as categories of legislation in this thesis: taxes on sugar-sweetened beverages and restrictions on advertisement to children. They are both effective at reducing rates of childhood obesity, but have been implemented in too few states to be included as categories. The tax on sugar-sweetened beverages usually is proposed as a one-cent per ounce excise tax, designed to reduce consumption of soda and other soft drinks by making them more expensive. This tax is extremely unpopular; of the 15 states that proposed it in 2011, none adopted it.

Children's television often carries advertisements for foods with minimal nutritional value. Restrictions on advertisements to children are designed to reduce this exposure, thereby reducing children's desire to consume these foods. This has been shown to be an effective way to reduce consumption of unhealthy foods, but is politically unpopular to implement (New England Alliance for Children's Health).

This chapter has provided an overview of the different policies that states have passed to address rising rates of childhood obesity. But, it does not provide a comprehensive picture of all policy efforts taken. Because of the limited scope of this thesis, local and federal policies have not been included. State policy is an important tool in addressing childhood obesity. But, it would be sort sighted to assume that one can capture the complete picture of legislative efforts to address childhood obesity by only examining state policy. By not including legislation passed on the federal and local levels, I have left out legislative efforts meant to address childhood obesity.

Chapter III: Overview of Case Studies

These case studies provide an in depth look at how my independent variables affect the implementation of anti-obesity legislation. I selected four states: Texas, Utah, Illinois, and Vermont. These states were selected to explore the effects of two independent variables, party control and childhood obesity rates, on anti-obesity bill implementation.

I selected these four states on their independent variables, using the most similar systems method. Two of these states (Texas and Utah) are Republican, while two are Democratic (Illinois and Vermont). Two states have high rates of childhood obesity (Texas and Illinois), while two states have low rates of childhood obesity (Utah and Vermont). This relationship is illustrated in Figure 4.

Figure 4: Overview of Case Studies

		Rate of Childhood Obesity	
		<u>High</u>	<u>Low</u>
Party Control	<u>Republican</u>	Texas	Utah
	<u>Democratic</u>	Illinois	Vermont

I hypothesized that childhood obesity rates and party control act as determinants of policy in the following ways. First, states with high rates of childhood obesity, Texas and Illinois, will pass more legislation than states with low rates of childhood obesity, Utah and Vermont. Second, there will be a difference in the category of legislation passed by Democratic and Republican states. If the issue frames are applicable at the state level, the policies passed by Illinois and Vermont should be focus on state action, while the policies passed by Texas and Utah should be focus on raising awareness and educating the public. Third, I hypothesize that

Democratic states should have passed a greater number of policies than Republican states. This pattern should extend to individual bills; Democratic legislators should sponsor more anti-obesity legislation than their Republican counterparts. Additionally, Democratic legislators should sponsor legislation that mandates state action, while Republican legislators sponsor legislation that raises awareness or education. I will test the validity of this by examining the sponsor's party for each bill; this will reveal if party affiliation impacts the category of policy legislators will sponsor.

This chapters describe how my independent variables affect the adoption of anti-obesity policies in Texas, Utah, Illinois, and Vermont respectively. For each state, I have written a brief introduction. Following this introduction, I discuss each of my independent variables in each state; these variables include childhood obesity, the political climate, interest group activity, and food insecurity. A complete listing and analysis of the childhood obesity legislation passed in each state completes the case study for that state. The upcoming chapters also describe how party control and childhood obesity rates affects state policy on childhood obesity.

Chapter IV: Case Study for Texas

Introduction

This first case study focuses on Texas, a Republican state with high rates of childhood obesity. I expect to see the following trends within Texas:

- i. Texas will pass an above average amount of childhood obesity legislation, as high rates of childhood obesity have made this condition a pressing problem to which the legislature is responding.
- ii. Because Texas is a Republican state, the majority of anti-obesity legislation will focus on raising awareness, as opposed to mandating state action.
- iii. Bills that mandate state action will be sponsored by Democrats, whereas bills that raise awareness and educate will be sponsored by Republicans.
- iv. The anti-obesity policies passed should emphasize nutrition, because of high rates of food insecurity.

Texas is one of the nation's largest and most populous states, with a population of over 26 million people. This includes a large demographic who could be affected by childhood obesity legislation, as 26.8% of the Texan population is under the age of 18. 17.4% of Texans live below the poverty line; this population is even more at risk for developing obesity (Texas QuickFacts).

The Texan legislature is bicameral and part time, comprised of a House of Representatives with 150 members and a Senate with 31 members. Sessions last 140-days per biennium, starting every odd year (Kurtz). This short session length makes legislators highly dependent on outside sources, as they often do not have enough time to independently gather all

necessary information. Lobbying groups often supply this; therefore, they have the potential to exert a strong influence on legislators. The state government has had a Republican majority in the House and Senate and Republican governor for the duration of this case study (Texas Politics – the Legislative Branch).

Childhood Obesity in Texas

Texan children are some of the most obese children in the nation. High rates of childhood obesity have driven up obesity-related healthcare costs for Texan children. Obese Texan children tend to receive less preventative healthcare and visit the emergency room more frequently than their normal-weighted peers, leading to obese children's healthcare costing 42% more than healthcare for children of normal weight. In 2005 alone, obesity-related healthcare cost over \$1.37 billion for Texan adults and children. Academically, obese Texan children have lower grades and lower standardized test scores than their normal-weighted peers. They also miss more days of school (Arons 2011). Figure 5 displays childhood obesity rates in Texas.

Figure 5: Childhood Obesity Rates in Texas Compared to the National Average

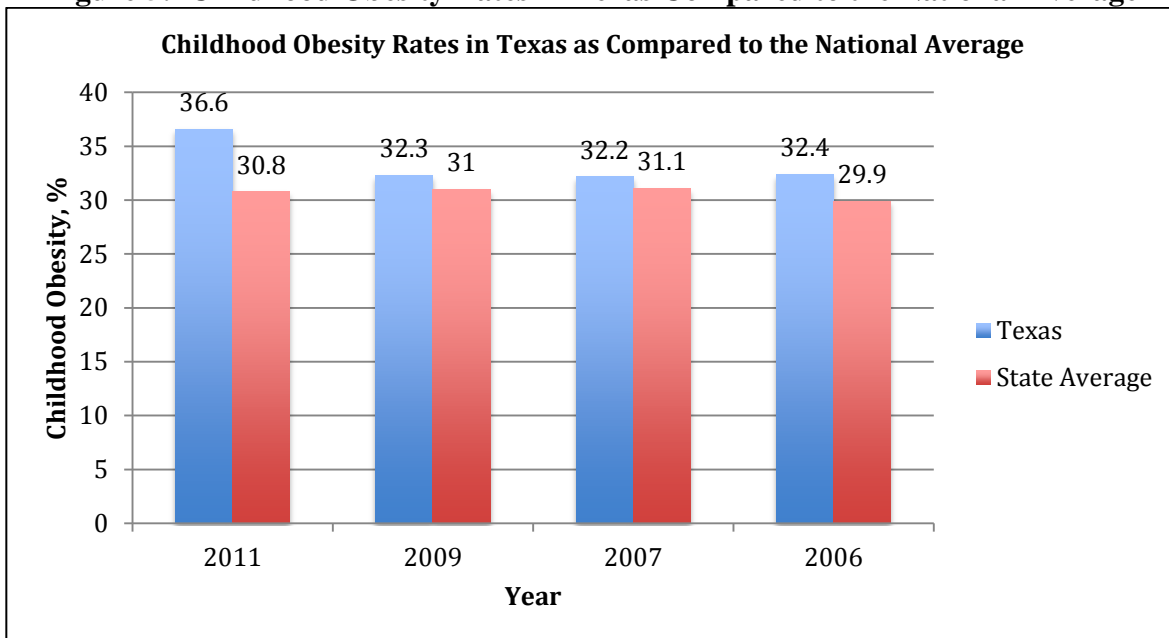


Figure 6 Source: National Conference of State Legislatures and Trust for America's Health

In Texas, a relatively high percentage of children engage in unhealthy behaviors that are correlated with obesity; these include consuming foods of minimal nutritional value and not being physical active. A CDC study discovered that over a third of Texan children drink at least one can of soda a day and that 90% eat less than the recommended serving of vegetables. Only 37% of children attend daily physical education classes and 16% do not participate in weekly physical activity (Overweight & Obesity, Texas).

Many school environments in Texas do not create optimal defaults. More than half of Texan high schools offer foods of minimal nutritional value through their food service program, with only one school in ten schools offering fresh fruits or vegetables. Some schools have begun to create a healthier environment through the Coordinated Approach to Childhood Obesity (CATCH) program, which promotes physical activity and healthy food choices. Schools that offer CATCH are more likely to include daily physical education in their curriculum. To help

students remember healthy food choices, students are taught about nutrition. Foods served in the cafeteria are then labeled “go”, “slow” or “woah”. This designation depends on the nutrition value and indicates how frequently the food should be consumed (Nyberg et al. 2009).

Political Climate

Texan political thought has been classified into three main ideological stances: classic liberalism, social conservatism, and populism. According to classic liberalism, government policies should be centered on protecting individual liberties. Social conservatism is focused on using government policy as a method to preserve the status quo; government policy should not promote social change, as this threatens established norms. Finally, populism supports the idea that the primary goal of the government should be to fulfill the wish of the people (Political Culture and Political Ideology in Texas).

Combined, these three ideologies represent a political climate that advocates for a government that acts in accordance with popular opinion, to preserve social norms, and to protect individual liberties. The political climate in Texas is one that avoids passing unnecessary legislation, which may be interpreted as infringing on the exercise of individual rights. The personal responsibility issue frame is an extension of this political climate. A government that must avoid over-regulation of individual liberties would be more likely to pass policies that focus on raising awareness or educating the public on healthy decisions, as these policies preserve individual choice. Anti-obesity policies that mandate state action to address an obesogenic environment would be seen as overregulation, infringement on personal liberties, and against the popular will.

This belief in the personal responsibility issue frame is widespread through Texas. By analyzing the State of the State Addresses of Governor Rick Perry (R), it is evident that he too believes in this issue frame. It is also clear that he has recognized that childhood obesity is damaging to the health of Texan children. In his 2005 address, Governor Perry recognized that Texas has one of the highest rates of uninsured children; Texas ranked 18th in the nation for eligible children enrolled in Medicaid, but 46th for children enrolled in private insurance. In his effort to ensure a small government, Governor Perry's proposal for increasing child insurance rates involved switching children from Medicaid to private insurance, in order to limit the scope of the government (Perry, 2005). As this policy works to limit government intervention in healthcare insurance, which is considered a personal affair, it falls within the personal responsibility issue frame.

In his 2011 address, Governor Perry called for a repeal of the Affordable Care Act, claiming that this legislation oversteps the federal government jurisdiction (Perry, 2011). As demonstrated in his 2005 address, this is evidence that Governor Perry does not believe that state or federal mandates are the solution. Following this, Governor Perry stated that Texas will neither be setting up a healthcare exchange nor expanding Medicaid coverage (Perry, 2013). These are both actions that were intended to help insure children and adults, which would provide coverage for some obese individuals. Here, Governor Perry's desire to have a limited government is stronger than his desire to increase healthcare coverage to Texans. His adherence to the personal responsibility issue frame is evident from his hesitance to expand the role of the state government in an effort to provide anti-obesity policies, as this could be seen as government intrusion on personal decisions.

Despite this unwillingness to use government policies as a way to lower rates of childhood obesity, Governor Perry has recognized that childhood obesity rates are too high in Texas. To lower obesity rates, he proposed to have the Texas Department of Education develop a health screening and measuring system to evaluate and report on student fitness levels (Perry, 2007).

Other prominent Texans also have shown that their views align with the personal responsibility issue frame. State Senator Florence Shapiro (R-Plano) believes that it should be up to local communities and school to set school nutrition standards, not up to state legislators. For this reason, he also opposes a tax on sugar-sweetened beverages (Associated Press 2005). Senator Shapiro is making the classic argument for the personal responsibility issue frame: diet is a personal decision, not something the state can regulate. Additionally, school district officials in Texas may not believe that school-time behaviors can impact student health. This has led to them oppose mandatory anti-obesity efforts in schools, such as nutrition standards or mandating physical education. Instead of viewing anti-obesity legislation as a way to help students, these officials view it as government intrusion into the school environment. Texan food industry lobbyists have opposed nutrition standards on competitive foods using this same argument (School Food, 2003).

Interest Group Activity

From 2003 to 2013, there was interest group activity from groups on Follow the Money's Top Contributor list and from smaller interest groups. The largest and most well-funded group that advocated for anti-obesity legislation is the Texas Medical Association, a medical society that advocates on behalf of patient health, including anti-obesity measures. The Texas

Medical Association supported many of the anti-obesity bills that were passed, including SB 530 (2007), which set minimum requirements for physical activity in schools, and HB 1013 (2013), which development recommendations for physical activity in schools. In 2009, the lobbied on behalf of SB 205, a bill that would have mandated BMI reporting for overweight students if it had passed. In 2011, the Texas Medical Association’s list of legislative priorities included anti-obesity legislation, such as limiting the availability of foods with minimal nutritional value and increasing physical education and physical activity in schools (Texas Medical Association). Figure 6 details the amount of money they have spent in each election cycle and the party that they donated to. This chart includes all donations, not only to legislators and bill measures that support anti-obesity policies.

Figure 6: Contributions from the Texas Medical Association

Year	Contributor	Donation to Democrats	Donation to Republicans
2012	Texas Medical Association	\$127,246	\$1,034,123
2008	Texas Medical Association	\$272,379	\$560,981
2006	Texas Medical Association	\$231,764	\$674,636
2004	Texas Medical Association	\$256,768	\$595,671

Figure 6 Source: Follow the Money

There are some smaller interest groups that have lobbied both for and against anti-obesity measures. The Texas Beverage Association has vehemently opposed a tax on sugar-sweetened beverages and vending machine standards for schools, as these measures would restrict their sales. The Texas Association of School Boards has also opposed these nutritional standards on competitive foods and vending machine standards, because of a potential loss of school revenue associated with stopping or placing restrictions on competitive contracts (Wire Reports 2006).

Groups that have supported the passage of anti-obesity policies include the Texas Pediatric Society, the Children's Hospital Association of Texas, the Texas Academy of Family Physicians, and the Texas Public Health Coalition. The Texas Pediatric Society, which is the Texan branch of the American Academy of Pediatrics, has lobbied for legislation that promotes physical education and nutrition standards in schools. In 2013, they lobbied against proposed bill HB 1156, which would have repealed the requirement for schools to administer fitness assessments. They also lobbied against SB 684, which would have reduced the number of grades that school districts have to report student fitness and health information for (Texas Pediatric Society).

The Texas Pediatric Society also supported the proposed HB 217, which would have limited the types of beverages that can be sold through competitive programs in elementary schools. HB 217 passed both houses, but was vetoed by Governor Perry. They successfully legislated for the passage of SB 376, which expanded eligibility for free and reduced price breakfast in schools (Texas Pediatric Society).

Finally, Texans Care for Children is one of the only interest groups that solely advocates for child health; most others advocate for this in conjunction with other issues. Their legislative priorities include imposing a tax on sugar-sweetened beverages, increasing access to nutritious foods, and increasing physical activity in schools (Texans Care for Children).

By examining interest group activity over SB 1004 (2011), both sides of the debate can be viewed. SB 1004, sponsored by Eddie Lucio Jr. (D), would have imposed a one-cent per ounce tax on all sugar-sweetened beverages. Most Texan public health groups supported the bill because of its potential to reduce consumption of unhealthy beverages. These public health groups included the Texas Pediatric Society, who supported this bill because of the correlation

between soda consumption and obesity and because soft drinks are disproportionately marketed towards children. Additionally, a recent study by the Department of Agriculture found that this tax could decrease soda consumption among children to the extent that an obese child could lose up to 4.5 pounds in a year (Pont). In an effort to oppose the tax, the American Beverage Association refuted this research, claiming that the tax would not lead to decline in soda consumption and therefore no change in rates of obesity (Nolan 2009).

Texan lobbying groups exhibit some patterns of behavior. Interest groups that advocate for public health, patient wellbeing, or child welfare are consistently in support of anti-obesity legislation. The basis for this support may stem from their recognition that childhood obesity is a public health problem. They believe that anti-obesity legislation has the potential to improve the health of this population. Groups that oppose anti-obesity legislation usually stand to lose profit from the prohibition or limitation of foods of minimal nutritional value, such as schools that would lose out on funding from competitive contracts or beverage associations who would see sales decline.

Based on this data, I cannot say that interest group activity in Texas is correlated with increased passage of anti-obesity policies. Because of a lack of information, including donation amount from smaller groups, I also cannot say that interest group activity is correlated with passing of childhood obesity policies.

Food Insecurity

Food insecurity has been a rather serious issue in Texas; rates in Texas remained higher than the state average from 2003 to 2013. Food insecurity among Texan children is particularly high. In 2011, it was estimated that 27.6% of all Texan children experience food insecurity – this

amounts to over 1.8 million children who experience uncertainty with regards to where they would receive their next meal (Texas Hunger Initiative).

Many of the safeguards meant to help citizens vulnerable to food insecurity are not utilized in Texas. In 2010, over \$6 billion in private and state funds set aside for hunger-related programs went unclaimed. In the same year, almost 25% of Texans eligible for assistance through the federal Supplemental Nutrition Assistance Program did not enroll (Texas Hunger Initiative). Additionally, in the summer of 2012, Texas missed out on over \$47 million in federal funding for failing to provide school meals during summer session (Burke et al. 2013). Rates of food insecurity in Texas can be seen on Figure 7.

Figure 7: Food Insecurity in Texas as Compared to the State Average

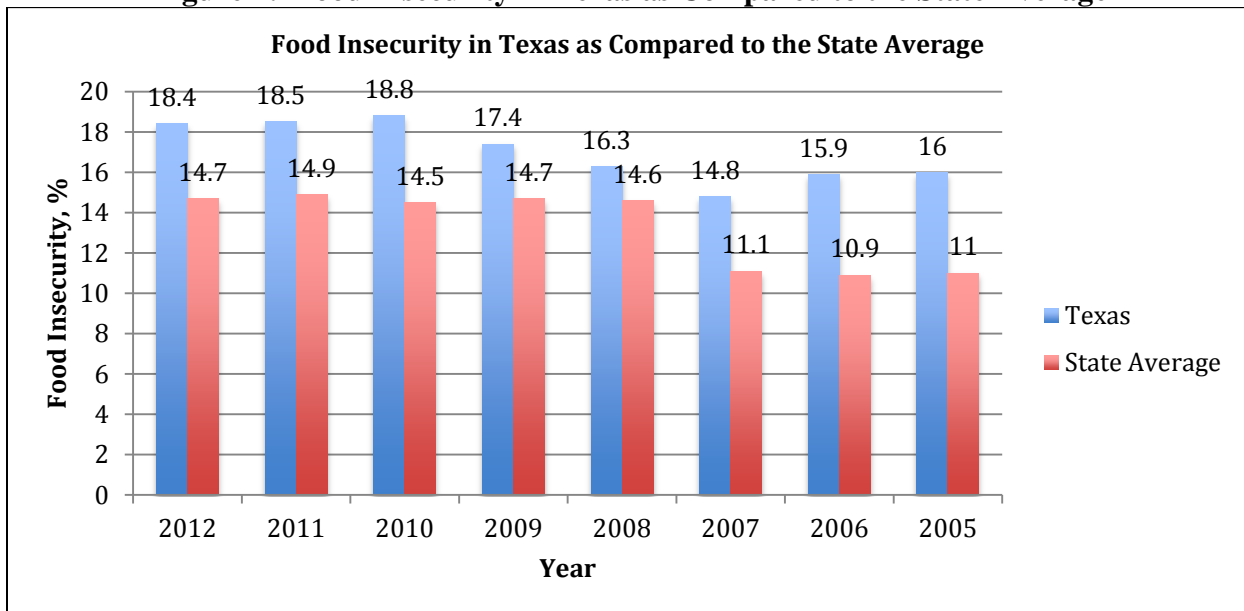


Figure Source: USDA ERS Food Scarcity Reports 2005 - 2012

Texas has experienced relatively high rates of both food insecurity and obesity from 2003 to 2013. I hypothesized that high rates of food insecurity would lead to anti-obesity legislation that focus on nutrition. In states with high rates of food insecurity, many citizens lack

regular access to nutritious food. If legislators have recognized this, they may pass more policies that focus on nutrition. On average, states passed 2 policies relating to nutrition from 2003 to 2013. During this same time, Texas passed 7.

There may be confounding factors that explain why Texas has passed so much nutrition legislation, such as a high poverty rate that could lead to unwillingness to spend additional money on nutritious foods. If many Texans live in rural areas, logistical concerns may make it difficult for rural grocery stores to stock nutritious food. Or, there may be Texans who cannot transport themselves easily to the grocery store. Because they cannot go often, they may stock up on nonperishable canned food, instead of purchasing fresh foods and vegetables.

Policy

From 2003 – 2013, Texas passed many bills relating to childhood obesity. The chart below shows all of the policies passed relating to childhood obesity, including the category of legislation, bill name, year of passage, a summary of legislation, and the sponsor's party. If my hypotheses are valid, specific trends should be evident:

- i. The majority of legislation will be comprised of policies categorized as raising awareness and education.
- ii. Republican legislators will sponsor legislation that raises awareness. Democratic legislators will sponsor legislation that mandates states action.
- iii. Democrats should propose the majority of childhood obesity legislation.
- iv. Texas will pass an above average amount of legislation.

Figure 8, at the end of this chapter, provides a full list of the anti-obesity legislation that Texas has passed. Only some of my expected hypotheses were present in this legislation. My

first hypothesis is not applicable. The majority of legislation mandates state action, whereas I predicted that this legislation would raise awareness. There is support for my second hypothesis. Of the 26 bills that mandated state action, Democrats sponsored 15 of them, thereby showing that Democrats are more likely than Republicans to sponsor this type of policy. Democratic legislators did sponsor a majority of childhood obesity policy, 18 out of 31 bills.

Finally, this is a correlation between high rates of childhood obesity and amount of anti-obesity legislation passed. As I hypothesized, Texas has passed an above average number of anti-obesity legislation. This may be explained by high rates of childhood obesity; because childhood obesity posed a public health threat, the legislature acted in response to the needs of its child citizens. Increasing rates of childhood obesity do not seem to explain the session-to-session variation in quantity of anti-obesity bills passed.

In Texas, Democrats do seem to be more likely than Republicans to sponsor childhood obesity legislation. Given that Democrats have been minority in the state legislature, this trend has more significance. Many Republicans throughout the Texas government, including Governor Perry and many of the senators, believe that individuals should make decisions concerning their personal diets and exercise. They see legislation that mandates nutrition or physical activity standards as legislation that infringes upon their personal liberties. Democrats in Texas may not view anti-obesity legislation this way. Instead of viewing childhood obesity legislation as infringement upon personal liberties, they may view this legislation as a way to mitigate the impact of obesity on children, or as a way to help children make healthy decisions in light of an obesogenic environment. The personal responsibility and obesogenic-environment issue frames fall among party lines in Texas and do play a role in determining policy.

Conclusions

Many of my hypothesized patterns hold true in Texas. High rates of childhood obesity were correlated with a high amount of anti-obesity legislation being passed. As compared to the state average, there was an increased focus on nutrition legislation, which may be explained by high rates of food insecurity. Many of these policies focused on school nutrition; this is an easy way to reach many children and because of impact that the school environment is able to have on children's health. Schools can be a valuable resource in providing nutritious foods to children who may not otherwise have access to them.

Texas has interest groups working to pass and to block childhood obesity legislation. Because of a lack of data, it is not apparent if donations from interest groups during election cycles lead to an increase in anti-obesity policies passed. There is a pattern to this interest group activity - public health groups usually support anti-obesity policies, while businesses that stand to lose profit oppose them.

When Texan legislatures see childhood obesity as a public health threat, they are willing to craft policy to respond. Although Republican lawmakers do not want infringe on individual liberties, they are willing to impose certain restrictions and standards in order to protect child health. As none of these policies also mandated action for adults, there seems to be a limit to the extent of policies the government is willing to impose. The Texas state government has recognized that childhood obesity is a public health threat; through legislation, the government has attempted to make its child citizens healthier.

Figure 8: Anti-Obesity Legislation in Texas

Type of Legislation	Bill Name	Year	Summary	Sponsoring Party
Task Force & Special Programs	HB 1013	2013	Established community partnerships and developed recommendations for increasing physical activity and improving student fitness.	Republican
Raising Awareness	HR 1113	2013	Recognizing April 8-14, 2013 as Healthy Texas Week.	Democrat
Nutrition	SB 376	2013	Specifies the conditions in which students are eligible for a free breakfast, to be provided by school districts.	Democrat
Raising Awareness	HCR 67	2013	Recognizes March 2013 as Child Nutrition Month.	Democrat
Health Screening & Reporting	SB 226	2011	Requires school districts to report the results of student performance on physical fitness assessments to the Texas Education Agency.	Republican
Task Force & Special Programs	SB 796	2011	The Health & Human Services Commission must report how to address diabetes within the Medicaid population. This report shall analyze the costs of preventing and treating individuals with diabetes, and assess programs used to prevent/treat diabetes.	Republican
Nutrition	SB 89	2011	Without a waiver, school districts are required to provide summer nutrition programs. Specifies the conditions under which a waiver will be granted.	Democrat

Type of Legislation	Bill Name	Year	Summary	Sponsoring Party
Nutrition	SB 1027	2009	Creates the interagency farm-to-school coordination task force to promote healthy diets for school children and the business of small to medium sized farms. The task force shall facilitate the availability of locally produced products in public schools.	Republican
Nutrition	SB 282	2009	Creates a nutrition outreach program to promote better health and nutrition programs and prevent obesity among children.	Republican
Nutrition	SB 867	2009	Establishes that school districts must provide summer nutrition programs, unless a waiver is obtained. Specifies the conditions under which a waiver will be granted.	Republican
Task Force & Special Programs	SB 395	2009	Establishes the Early Childhood Health and Nutrition Interagency Council.	Democrat
Fiscal Incentives	SB 161	2009	Allots a certain amount of money from the sale of specialty license plates to support and publicize the Safe Routes to School program.	Republican
Nutrition	HB 1622	2009	Creates the Children's Access to Nutritious Food Program, which shall award grants to organizations in order to increase access for children who are at risk for hunger or obesity to food banks.	Democrat

Type of Legislation	Bill Name	Year	Summary	Sponsoring Party
Insurance Coverage	SB 7	2009	Establishes the Child Health Plan and Medicaid Pilot Programs in order to decrease the rate of childhood obesity and improve nutrition.	Republican
Task Force & Special Programs	SB 343	2009	Establishes an advisory committee to study and provide recommendations to the legislature regarding areas of the state that have low access to fresh fruit and vegetables and the impact of limited retail availability on nutrition, obesity, and related chronic illness.	Democrat
Nutrition	SB 282	2009	The department may develop an outreach program to promote better health and nutrition programs and prevent obesity among children in this state.	Republican
Task Force & Special Programs	SB 870	2009	Promotes a public health awareness plan in order to decrease rates of obesity.	Democrat
Task Force & Special Programs	SB 415	2007	The Interagency Obesity Council shall create an evidence based public health awareness plan that among other provisions, shall assess the feasibility of implementing a “healthy food and beverage” designation on some foods and beverages.	Democrat
Physical Activity & Education	SB 530	2007	Sets minimum time that school districts must allot to physical activity for students.	Democrat

Type of Legislation	Bill Name	Year	Summary	Sponsoring Party
Fiscal Incentives	SB 1451	2007	Directs the proceeds of the sale of specialty license plates to help fund the Safe Routes to School program.	Republican
Raising Awareness	HB 2313	2007	The second full week in September is designated obesity awareness week to raise awareness of the risks associated with obesity and to encourage Texans to maintain a healthy lifestyle.	Republican
Task Force & Special Programs	SB 556	2007	Creates the interagency obesity council to discuss the effectiveness of each agencies programs to increase health and nutrition and to prevent obesity, among other provisions.	Democrat
Diabetes Screening & Management	SB 1239	2005	Relating to a risk assessment program for Type 2 diabetes and the creation of the Type 2 Diabetes Risk Assessment Program Advisory Committee; screen people in public and private schools	Democrat
School Wellness	SB 426	2005	Provides incentives for schools to provide access to campuses after hours, establishes the Texas Fruit and Vegetable Pilot program, and specifies student eligibility for the school breakfast and lunch plan.	Republican

Type of Legislation	Bill Name	Year	Summary	Sponsoring Party
Task Force & Special Programs	SB 1379	2005	Specifies the duties of the Interagency Obesity Council, which include developing school nutrition policy.	Democrat
School Wellness	SB 42	2005	Students in kindergarten – grade 12 must have classes on nutrition and exercise.	Republican
Task Force & Special Programs	HB 1093	2003	Appoints the School Children’s Nutrition and Health Advisory Council.	Democrat
Task Force & Special Programs	SB 474	2003	Establishes a committee to hold hearings to determine the nutritional content of food served in schools, evaluate the effects of obesity in children, asses the value and feasibility of implementing a reduced-price lunch and breakfast programs, and evaluate school contracts for foods.	Democrat
School Wellness	SB 343	2003	Will study incentives to provide access to school campuses after regular school hours, specifies that students under grade 7 will have physical education every day, and that fitness standards shall be adopted.	Democrat
Raising Awareness	HCR 99	2003	Designates March 2003 as National Nutrition Month.	Democrat
Task Force & Special Programs	SCR 49	2003	Creates a joint interim committee to student nutrition in public schools, obesity-related and nutritional diseases.	Democrat

Chapter V: Case Study for Utah

Introduction

The second state that I examined is Utah, which I chose because it is a Republican state with a low rate of childhood obesity. I have made four hypotheses regarding Utah.

- i. Since Utah has had low rates of childhood obesity, obesity will not be seen as a major public health threat. Because of this, few anti-obesity policies will be passed.
- ii. A majority of the anti-obesity policies proposed will be categorized as raising awareness and education. Since Utah is Republican, the state government will be reluctant to mandate action.
- iii. Democratic legislators will be more likely to sponsor anti-obesity legislation than Republican members. Democratically sponsored policies should also mandate state action. Republican sponsored policies should raise awareness.
- iv. Finally, the anti-obesity legislation passed should not emphasize nutrition, because of the low rates of food insecurity in Utah.

Utah is a large state measured by landmass, but a small state when measured by population. As of 2013, about 3 million people lived in Utah, 23.5% of which were under the age of 18. From 2008 to 2012, only 12.1% of the population lived below the poverty line. This is below the national average of 14.9%, and is significant because it means that fewer people are vulnerable to food insecurity and obesity, at least according to the literature (Utah Quick Facts). Utah has a bicameral legislature that is composed of a 75 member House of Representatives and a 29 member Senate. The legislative session is short, lasting only – 6 months out of every biennium. There is a small staff ratio of 1:1 staff to every legislator (Kurtz). For the duration of

this case study, there has been a Republican governor and Republican control of the House and Senate (Statevote).

Childhood Obesity in Utah

Utah is one of the least obese states in the U.S. In 2010, Utah was the 7th least obese state in the nation when considering both adult and childhood obesity rates. This same year, only 11.6% of Utahan children were obese, not including those who are overweight; this was the 7th lowest in the nation (F as in Fat).

Children in Utah have habits that are conducive to maintaining a healthy weight and a healthy lifestyle. Nationally, 12.8% of children aged 1-5 and 10.8% of children aged 6 – 17 participate in four or more hours of screen time per weekend. However, only 9.6% of Utahan children from Utah children ages 1-5, and 6.9% of children ages 6 – 17, participate in four or more hours of screen time per weekend. Of all children in Utah, 87.4% live near parks, recreation spaces, and sidewalks (National Institute for Children’s Healthcare Quality).

These statistics have policy implications. If the majority of children have safe places to play after school hours, it is unlikely that the legislature will focus on passing policies such as joint use agreements, as they may be seen as unnecessary. Additionally, if children are not spending as much time in front of the television, it is unlikely that the legislature will encourage children to have a screen-free week, as Michigan did in 2011.

Although childhood obesity rates in Utah are low, obesity-related healthcare is still an expensive expenditure. In 2000, obesity-related healthcare costs for adults and children cost \$393 million in Utah. By 2008, this figure rose to \$485 million, and by 2013, obesity-related healthcare cost \$901 million. By 2018, Utah is expected to spend more than \$2.3 billion annually on obesity-related healthcare costs (National Institute for Children’s Healthcare Quality).

The Political Climate

Like the Utah Legislature, the Utah public is mostly Republican. By examining the results of public opinion polls, it is evident that the public in Utah generally considers themselves both Republican and conservative. These results can be seen on the Figure 9 and Figure 10:

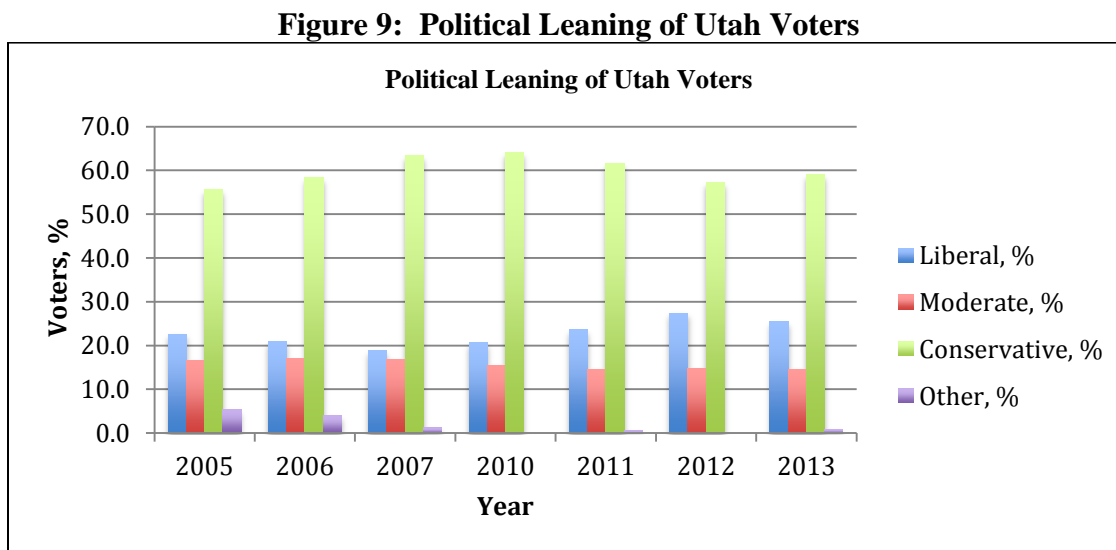
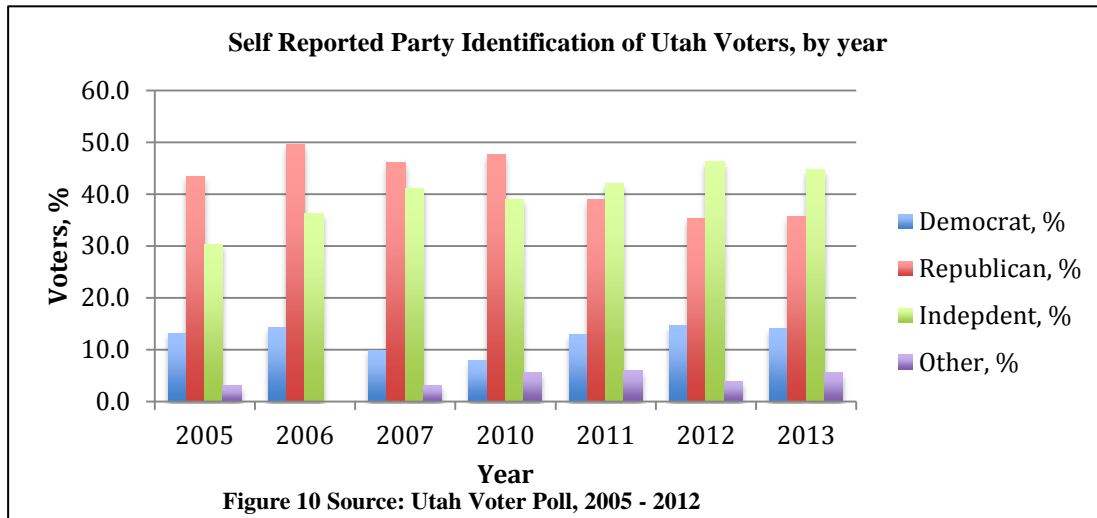


Figure 9 Source: Utah Voter Poll, 2005 - 2012

Figure 10: Self-Reported Political Identification of Utah Voters, by Year



As is evident from the graphs, there are not many people in Utah who are Democrats or liberal. But, the majority of Utahans identify as either conservative or independent, and also as Republicans. As the issue frames are often divided based on political leaning, I would expect that the majority of the Utah public to believe in the personal responsibility issue frame. As Democrats are usually support the obesogenic environment issue frame, a minority of Utahans should endorse this view. If the legislature takes these views into account when passing anti-obesity legislation, most of policies passed should fall into the categories of raising awareness or educating the public, as these are the policies rooted in the personally responsible issue frame.

In Utah, voters have opposed anti-obesity legislation that imposes mandatory restrictions and standards. These proposed policies include taxes on foods of minimal nutrition value, increasing insurance premiums for obese people, and using zoning to control the quantity of fast food restaurants. Utah citizens opposed these policies, citing them as government overregulation and intrusion into their personal lives. This resistance to perceived government overregulation has led public health officials in Utah to claim that the most effective and political

feasible anti-obesity policies would center on reforming the built environment. The built environment is the man-made landscape; anti-obesity reforms could include the inclusion of more sidewalks and parks during city planning (Catlin 2007).

With regards to anti-obesity policies, Utah's legislature has been hesitant to involve the government directly into local affairs. Other states, such as New York and California, have mandated that chain restaurants make caloric information available to customers. Utah has done the opposite by forbidding localities from adopting menu labeling laws. Additionally, the legislature has not passed standards or conditions for menu labeling on a statewide basis. In essence, this insures that menu labeling will not become standard practice in Utah's restaurants (Morelli 2009).

As in Texas, Utah schools officials have shown some unwillingness to implement anti-obesity policies. This hesitation stems from two sources: a belief that anti-obesity policies represent government overregulation and a belief that such legislation will create a loss of revenue from competitive contracts. Michele Bartmess, spokeswoman for a large school district in Utah, was asked about a proposed bill to improve nutrition standards and physical education quality in schools. She responded, "you can't take away [student's] free agency...[this legislation] is looking to solve problems that are better addressed somewhere else. If you want your family to be physically fit, maybe [parents] should ride bicycles with them. I don't know that this mandate will improve the physical fitness of America's children." (Associated Press 2000). Although there is an established relation between school time behaviors and child health, some school district officials do not believe it. As Bartmess implies that responsibility for student health lies with parental action, not government or school action, she expresses support for the personal responsibility issue frame.

School officials in Utah have resisted imposing restrictions on what can be sold through vending machines and competitive contracts. In Utah, these contracts can bring in hundreds of thousands of dollars a year to school districts; usually schools use this money to supplement funding for their programs. Out of all states in 2010 and 2011, Utah spent the least money per pupil enrolled in public schools; extra revenue from competitive contracts becomes especially important given this meager funding (Toomer-Cook 2006). In Utah, the school environment is hostile to potential standards and restrictions from the state government. This hostility does not stem from a desire to have obese students, but rather is a combination of resentment of government overregulation, a disbelief that the school environment can make students healthier, and a desire for the funds obtained through competitive contracts.

Interest Group Activity in Utah

There was not much activity from interest groups that support anti-obesity and child welfare policies in Utah. No interest groups from the Top Contributor lists advocated for these policies, and very few smaller interest groups did. The advocacy branch of the Utah PTA, which supports policies that advance education and child welfare, is one of the only groups that have consistently supported anti-obesity policies. Figure 11 details the legislation supported. This chart only includes bills from 2010, as information before this year is not available.

Figure 11: Legislation Supported by the Utah PTA

Category of legislation	Bill	Year	Summary	Sponsoring Party	Did it pass?
Nutrition	SB 49	2010	Would impose requirements relating to what can be sold in vending machines on school grounds.	Democrat	No
Health Screening & Reporting	SB 276	2010	Would require the State Board of Education to report data on vending machine contents and students' physical activity.	Democrat	No
Raising Awareness & Education	HCR 15	2012	Recognizes obesity as a significant public health and economic issue and urges support of policy development that address the obesity problem.	Republican	Yes
Raising Awareness & Education	HCR 2	2013	Recognizes obesity as a significant public health and economic issue and urges support of policy development that address the obesity problem.	Republican	Yes

Figure 11 Source: Utah PTA

This chart only covers four bills and is only representative of one interest group's activity. Therefore, it is limited as an indicator of larger advocacy trends in Utah. Nevertheless, my hypothesized pattern about issue frame can be seen through this legislation. I hypothesized that Democrats would be more likely to sponsor bills that mandate state action, whereas Republicans would sponsor bills that raise awareness, because of adherence respective issue frames. This is the pattern that is evident from the list of bills the Utah PTA supported. SB 49 and SB 276, the two bills that mandate state action, were both sponsored by Democrats. HCR 15 and HCR 2, the two bills that raise awareness for obesity, were both sponsored by Republicans. Additionally, only the bills that raised awareness passed. This suggests that the legislature is

sensitive to the public's fear of government overregulation, or that they share the same desire to leave individual rights untouched.

There were other interest groups that advocated on behalf of child welfare and education reform in Utah. Since the 2002 election cycle, the two biggest are the Utah Education Association and Parents for Choice in Education. Although there is an established link between proper nutrition and physical activity with student performance, none of these interest groups advocated for anti-obesity measures in schools, such as improving nutrition standards and the quality of physical education (Utah Education Association, Parents for Choice in Education).

There is a split between the thoughts of teachers and school district officials; many teachers have called for schools to increase the quality of their nutrition programs. A 2010 survey of Utah teachers of grades kindergarten through 12 found that student hunger is a widespread issue; 40% of teachers believe that students arriving hungry to class is a serious issue, and 66% of teachers reported that they regularly have students who come to class hungry. Furthermore, in 2013, only 33.9% of Utah children who were eligible to participate in reduced price school lunch programs also participated in school breakfast programs (Utahns Against Hunger). This suggests that child hunger is a significant issue even in Utah and is going unnoticed by lawmakers.

Two other interest groups are notable in Utah for their work advocating for the expansion of Medicaid and the Child's Health Insurance Program: the Utah Health Policy Program and Utah Voices for Children. The Utah Health Policy Program advocates expanding health insurance and healthcare coverage to the uninsured and the under-insured. Utah Voices for Children supports all legislation that increase child welfare. Both lobbied for the passage of HB 326 (2008), which provided for the expansion of the federal Child Health Insurance Program

(CHIP) and allowed all eligible children to enroll. Before this bill passed, enrollment in CHIP was capped, which effectively denied eligible children in Utah the opportunity to enroll. Following the passage of HB 326, Utah saw a decline of 33% in percentage of uninsured children (Utah Voices for Children).

Utah still has a large child population that is uninsured. In 2012, the national average across all states for percentage of children insured in CHIP was 84.4% of those who are eligible. In Utah of this same year, only 76.1% of eligible children were enrolled. This creates additional expenses for Utah; uninsured children receive less preventative care and have more emergency room visits, therefore driving up the cost of all healthcare including that which is obesity related (Utah Health Policy Project).

A lack of information makes the effect of interest groups on anti-obesity policy in Utah unclear. But, there are a couple of patterns that can be seen. As in Texas, the advocacy groups that support anti-obesity policies are groups that advocate for general child welfare. There were no groups that solely supported anti-obesity legislation. The lack of interest groups dedicated to obesity may be explained, at least in part, by Utah's low rates of childhood obesity. Since the prevalence is low, childhood obesity is not seen as a pressing problem in Utah. This leads to a low number of policies passed regarding childhood obesity legislation as well as few interest groups who advocate on behalf of these policies.

Food Insecurity

Rates of food insecurity have fluctuated greatly in Utah from 2005 to 2012. Figure 12 shows the rates of food insecurity in Utah as compared to the state averages.

Figure 12: Food Insecurity Rates in Utah as Compared to the State Average

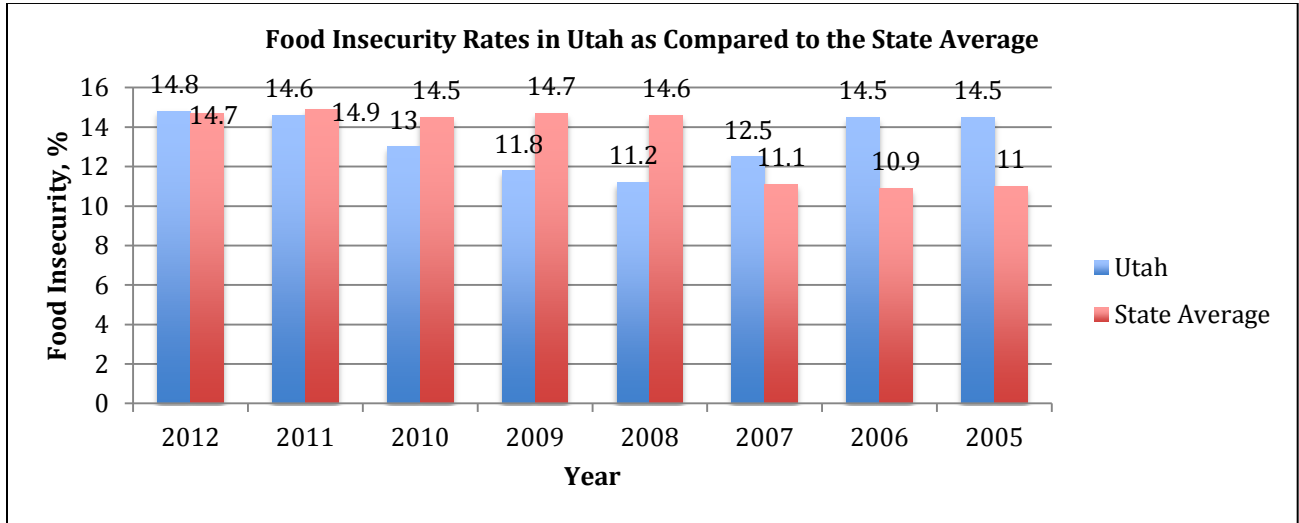


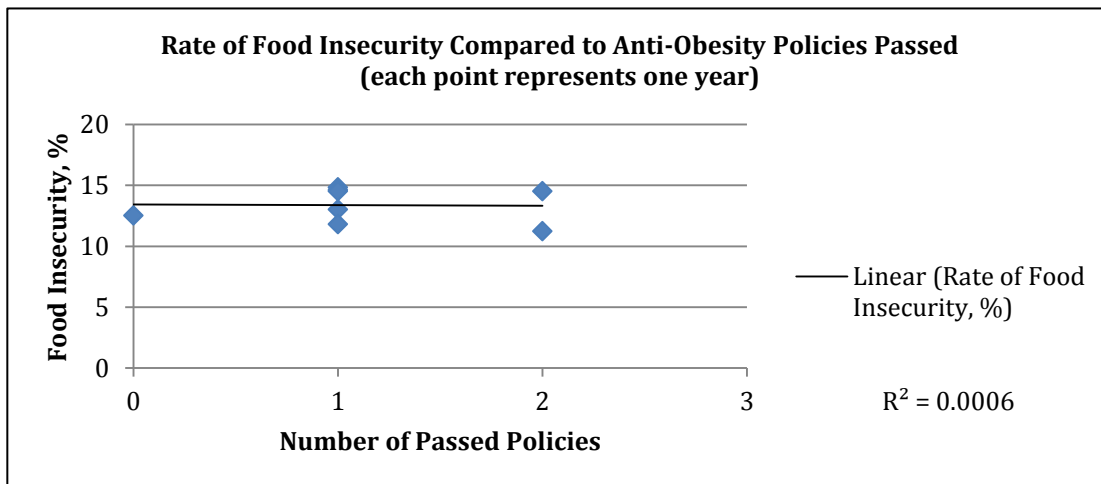
Figure 12 Source: USDA ERS Food Scarcity Reports, 2005 - 2012

As in Texas, there is evidence that some Utah residents who experience food insecurity under-use the programs available to help them. Only half of all Utah residents eligible for the federal Food Stamps program are enrolled; this creates over \$180 million in unclaimed Food Stamp benefits annually in Utah (Utahns Against Hunger). Utah has not taken some actions that other states have taken to combat food insecurity, especially among students. These actions include setting nutrition standards for schools and mandating that schools provide summer nutrition services. Utah has the 15th highest median household income of the states, at \$57,049, but ranks 37th for residents living below the poverty line. As of 2012, 15.1% of Utah children lived in poverty. Here, Utah ranks 46th out of all of the states (Burke et al. 2013). As living in

poverty makes children especially vulnerable to food insecurity, it is noteworthy that the state government has not implemented policies that would increase access to affordable food.

There does not seem to be a relationship between food insecurity and anti-obesity policies in Utah. I hypothesized that high rates of food insecurity would lead states to passing anti-obesity policies that would provide children with better nutrition. This pattern has not been evident in Utah. Even when food insecurity was greatest, Utah did not pass a single anti-obesity policy relating to nutrition. The relationship between anti-obesity legislation and food insecurity, by year, can be seen on the graph below. As the r-squared is so small, very little variation in the dependent variable, number of policies passed, can be explained by the independent variable, rate of food insecurity by year.

Figure 13: Rates of Food Insecurity Compared to Anti-Obesity Policies Passed



Policies

From 2003 – 2013, Utah passed ten childhood obesity bills. Figure 14 on page 54 contains a complete listing of these polices. I hypothesized that these bills will fit certain patterns:

- i. Democrats will sponsor more anti-obesity legislation than Republicans.
- ii. Most of the policies passed will be part of the raising awareness and education category.
- iii. Democratic legislators will be more likely to sponsor bills that mandate state action than Republicans legislators will be.
- iv. Finally, a low amount of anti-obesity policies will be passed.

Of these hypotheses, only some appear to be supported. My first hypothesis, that Democrats should have sponsored more anti-obesity legislation than Republicans, is not supported. Of the ten policies passed, Republicans sponsored seven. My second hypothesis, that most legislation should be categorized as raising awareness, is supported. Six of the ten policies passed are categorized as raising awareness and education. Additionally, there is one anti-obesity policy passed did not mandate state action, yet is not categorized as raising awareness and education. SJR 10 gives the Legislative Management Committee the option of studying physical education programs in schools, but does not mandate that this committee complete this study.

My third hypothesis, that Democrats are more likely than Republicans to sponsor bills that mandate state action, is not supported. Of the three bills sponsored by Democrats, SB 276, HJR 11, and HCR 7, only one mandated state action. Finally, my last hypothesis is not supported. From 2003 to 2013, the mean amount of policies passed is 9.78. Utah, with 10 policies passed, is almost exactly average.

Conclusions

Many of my independent variables did not have a strong effect on the passage of anti-obesity legislation in Utah. It seems that food insecurity and interest group activity have almost no effect on the quantity of policies passed or on the categories of legislation. Furthermore, Utah passed an average amount of anti-obesity policies, as opposed to a low amount as I predicted.

Party control does have an influence on the category of legislation proposed in Utah. By examining the political views of the Utah public and the views of school officials, there appears to be widespread support for the personal responsibility issue frame. Many view government mandates as attacks on their individual rights; because of this, they are against any legislation that attempts to regulate private activities. Some anti-obesity legislation can be seen in this way. As Michele Bartmess stated, many people may be opposed to state mandated nutrition standards for vending machines, as what to drink is considered a personal decision. As such, legislation that attempts to regulate this is unwelcomed.

Political views can explain the category of anti-obesity legislation proposed in Utah. But, it does not provide an adequate explanation for the quantity of legislation proposed. The determinants of anti-obesity legislation in Utah have to be influenced by more than just food insecurity rates, interest group activity, and rate of childhood obesity; if these provided an adequate explanation, there should a higher rate of correlation between the independent and dependent variables.

The variables I proposed only explanation a portion of the anti-obesity legislation passed. There must are other variables that I did not consider, such as religion or access to outdoor recreational activities. Many Utahans are highly religious Mormons. As many religions promote charity work and concern for others, Republican legislators could have passed more

anti-obesity policies than expected because their religious nature made them more concerned with helping children. Additionally, Utah is well known for the outdoor recreational activities that one can do there, such as skiing and hiking. If a legislator wants to encourage children to be more active, it may be more effective for him to promote these outdoor activities, instead of imposing legislation. This would encourage children to be active while maintaining a small government.

Figure 14: Anti-Obesity Legislation Passed in Utah

Type of Legislation	Bill Number	Year	Summary	Sponsoring Party
Raising Awareness & Education	HCR 2	2013	Recognizes obesity as a significant public health and economic issue in Utah and urges support of policy development that addresses the obesity problem in Utah and promotes public awareness of the adverse effects of obesity on individual health.	Republican
Raising Awareness & Education	HCR 15	2012	Recognizes obesity as a significant public health and economic issue in Utah and urges support of policy development that addresses the obesity problem in Utah and promotes public awareness of the adverse effects of obesity on individual health.	Republican
Raising Awareness & Education	HCR 7	2011	Supports increased participation by children in outdoor activities and policies that promote outdoor activities for children.	Democrat
Health Screening & Reporting	SB 276	2010	Requires the Department of Education to report data related to vending machine contents and students physical activity.	Democrat
Raising Awareness & Education	SCR 4	2009	Designates September 2009 as Obesity Awareness Month in the state and September 5, 2009, as "Walk from Obesity" Day.	Republican
Raising Awareness & Education	SCR 1	2008	Designates April 2008 as Obesity Awareness Month in the state; and urges healthcare suppliers, communities, businesses, and schools throughout the state to develop awareness campaigns and voluntary programs that focus on obesity and its prevention.	Republican

Type of Legislation	Bill Number	Year	Summary	Sponsoring Party
Insurance Coverage	HB 326	2008	Amends the Utah Children's Health Insurance Program to increase coverage so that all eligible children may enroll in the program.	Republican
Diabetes Screening & Management	SB 8	2006	Directs public schools to train school personnel who volunteer to be trained in the administration of glucagon in an emergency and permits a student to possess and self-administer diabetes medication, when requested by parents.	Republican
Raising Awareness & Education	HJR 11	2005	The joint resolution of the Legislature urges the development of wellness policies to reduce obesity in children and adolescents.	Democrat
Task Force & Special Programs	SJR 10	2005	Gives the Legislative Management Committee items of study that they may assign, including Physical Education and Nutritional Programs - to study physical education programs in public schools and the use of proven data-driven exercise and nutritional programs that can be provided by the private sector.	Republican

Chapter VI: Case Study for Illinois

Introduction

Illinois is a Democratic state with high rates of childhood obesity. I hypothesized that certain patterns that be visible within the anti-obesity legislation passed in Illinois.

- i. Illinois will pass a high number of anti-obesity bills, because it is a Democratic state with a high rate of childhood obesity.
- ii. Because Democrats are more likely to subscribe to the obesogenic environment issue frame, most of the legislation passed will mandate state action.
- iii. Democratic legislators will propose legislation that mandates state action, whereas Republic legislators will propose legislation that raises awareness.
- iv. Since Illinois has low rates of food insecurity, making nutritious food more available should not be a legislative priority. There should not be a high focus on passing nutrition policy.

Illinois is a large and populous state. In 2012, it was the 5th most populous state with almost 13 million people; 23.8% of this population is under the age of 18. Illinois is the one of the only larger, Democratic states that also has a high rate of childhood obesity. In Illinois, the percentage of the population living below the poverty line is 13.7%, lower than the national average of 14.9% (Illinois QuickFacts).

Illinois has a bicameral General Assembly that is comprised of a 59 member Senate and a 118 member House of Representatives. Since the 2002 election, the state House, state Senate, and governorship have been under Democratic control. According to the Kurtz Index of Professionalization, the Illinois legislature is professional; it's legislators are paid a salary, have

an average of 5.5 staff members per legislator, and are in session 20 months out of every biennium (Kurtz). This long session length provides more time to pass legislation, which could be a possible confound in explaining why Illinois has passed so many bills.

Childhood Obesity in Illinois

For the duration of this case study, Illinois has experienced high rates of childhood obesity. In 2010, Illinois children were the 10th heaviest in the nation, with more than 33% of children either overweight or obese (Blue 2010). During this same year, Illinois ranked 4th of all states for the percentage of children who are obese, with 20% of Illinois children obese. The rate of childhood obesity in Illinois as compared to the state average can be seen on Figure 15. This rate was on par with the average until 2005, when it shot upwards.

Figure 15: Childhood Obesity Rates in Illinois as Compared to the National Average.

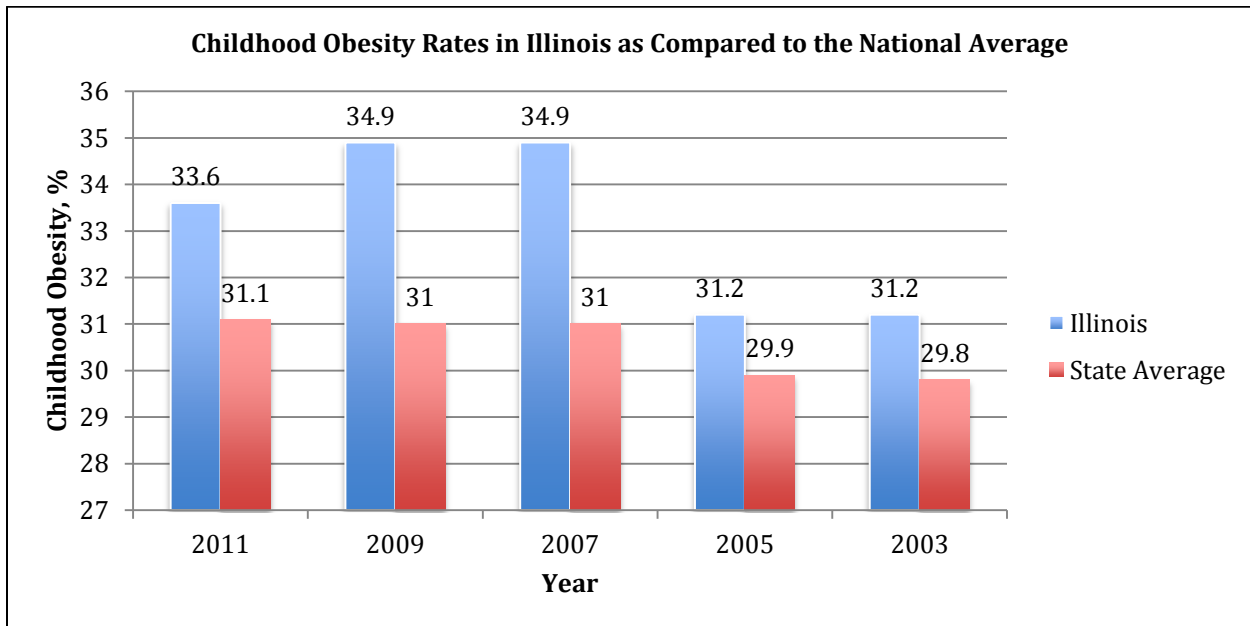


Figure 15 Source: National Conference of State Legislatures and Trust for America's Health

The CDC's research on Illinois children suggests they live a somewhat sedentary lifestyle. Most Illinois children partake in some type of physical activity; over 67.5% of children report that they attend daily physical education classes. But, only 24.1% of children report being active for at least 60 minutes a day. On a weekly basis, 16.5% of children do not participate in any physical activity. In addition, 37.5% of Illinois children report watching 3 or more hours of television on an average weekday (Overweight & Obesity – Illinois). As inactive lifestyles may contribute to developing obesity, this represents a possible area for anti-obesity legislation to target. For example, preserving recess in schools could increase children's physical activity levels. As Illinois has a harsh climate, with cold winters and humid summer, legislation could also focus on funding indoor recreational spaces.

As in Utah and Texas, obesity has been an expensive problem for Illinois. Healthcare costs for obesity-related treatment for children and adults in Illinois average \$3.4 billion annually. Public health officials in Illinois have estimated that by 2018, this cost will have increased five-fold. One public authority estimated that a one-cent per ounce excise tax on sugar-sweetened beverages in Illinois would decrease consumption of sugar-sweetened beverages (such as soda and sweetened fruit juice) between 8% and 11% per year, and could generate \$678 million annually in tax revenues. As 31.1% of Illinois adolescents reported drinking soda at least once a day, this tax could discourage soda consumption among children and teens (Overweight & Obesity – Illinois).

Political Thought

The State of the State Addresses for the last two governors of Illinois, Democrats Pat Quinn and Rod R. Blagojevich, display both governor's concern for obese children. Both

discussed plans to decrease childhood obesity through policies that fall within the obesogenic environment issue frame. In his 2013 address, Governor Quinn expressed support for increasing health coverage through Medicaid for those who are uninsured, including children (Quinn 2013). People who are insured are more likely to receive preventative care than those who are uninsured. Increasing healthcare enrollment could increase access to preventative care, which may help prevent obesity from developing or ensure that those with obesity are receiving the proper care.

In his 2008 address, Governor Blagojevich applauded the recent increase in Illinois residents who have enrolled in health insurance. He claimed that in his previous term, insurance enrollment increased by almost 250,000 adults and children (Blagojevich 2008). Governor Blagojevich was early to recognize the health problems that obesity can cause. As early as 2004, he proposed banning the sale of soda and foods of minimal nutritional value in school vending machines, and replacing them with juice, water, and milk. Additionally, he proposed increasing enrollment in school breakfast programs and amending the built environment in Illinois to include more play areas for children (Blagojevich 2004).

The policies proposed by both Governor Quinn and Governor Blagojevich fall within the obesogenic environment issue frame. Both governors proposed policies that in Texas or Utah might be considered government overregulation and infringement on personal liberties. Governor Perry supported increasing child healthcare enrollment only if it involved switching children off Medicaid to private insurance. In Illinois, Governor Quinn has applauded the recent increase in Medicaid enrollment; this is the opposite of the stance taken by Governor Perry. Increasing Medicaid enrollment is part of the policies supported under the obesogenic environment issue frame, as it involves direct state involvement into citizen's lives.

The policies proposed by Governor Blagojevich also indicate that he supports the obesogenic environment issue frame. Governor Blagojevich was early to recognize that childhood obesity was having a negative impact in his state – he addressed anti-obesity measures in his 2004 address, long before other governors did. The policies he proposed, such as stringent vending machine requirements, were the same policies that were vehemently opposed in Utah. Governor Blagojevich’s public support of policies that could be considered government overregulation, such as vending machine requirements and increasing Medicaid enrollment, indicate that his policy beliefs also fall within the obesogenic environment issue frame.

Companies based in Illinois seem to be aware that the state government is willing to impose extra anti-obesity regulations. Kraft Foods, based in Illinois, voluntarily curbed advertising to children under the age of 12 in an anti-obesity measure. Additionally, the Vending Machine Trade Association of Illinois voluntarily imposed a color-coded rating system on food in vending machines. The system designated foods with green, yellow or red coloring that corresponds to the frequency with which that item should be consumed; this similar to the CATCH system used in Texan public schools (Associated Press 2005). Kraft also planned to eliminate marketing in Illinois schools, including eliminating practices such as giving out free samples and distributing promotional posters (Associated Press 2003). In Texas and Utah, there was strong opposition to anti-obesity policies from companies who stood to lose profit as a result of the legislation; the voluntary measures enacted by Kraft Foods and the Vending Machine Association show a stark difference in the business climate between these states.

These actions from Kraft Foods and the Vending Machine Association could be the result of different scenarios. It is possible that these companies recognize that their products, many of which have minimal nutritional value, may contribute to childhood obesity. Instead of

using the personal responsibility issue frame as justification to continue to market and sell their foods, these organizations are taking steps to reduce the high rates of child obesity in Illinois. Or, these companies could have recognized the legislature would be willing to impose certain standards and restrictions. By acting before the legislature, this possibility is circumvented.

Food Insecurity

As compared to the state average, Illinois has experienced slightly lower rates of food insecurity; this trend can be viewed on Figure 16. But, many people are still affected; it is estimated that 1.9 million Illinois residents experience food insecurity annually. Children are especially vulnerable – more than 1 in 3 children in Illinois qualify for free or reduced price lunches at school (Renken 2013). As these programs affect such a large number of children, the nutritional quality of the food provided under these programs is especially important.

Figure 16: Food Security in Illinois as Compared to the National Average

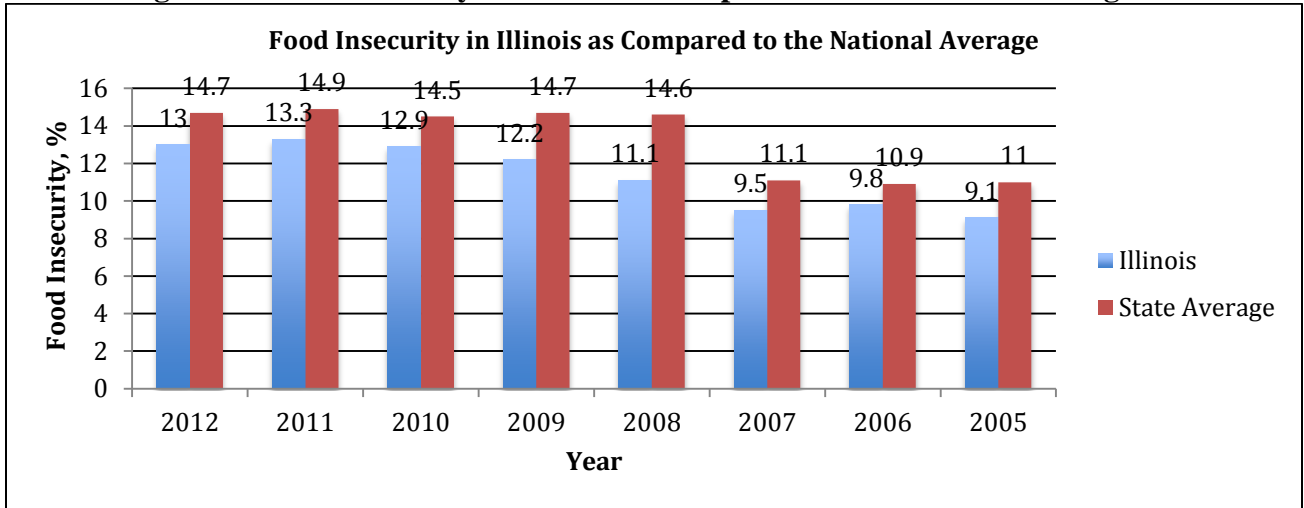


Figure 16 Source: USDA ERS Food Security Reports, 2005 – 2012

As can be seen on the Figure 17, there is a slightly positive correlation between the independent variable, rate of food insecurity, with my dependent variable, number of policies passed. Considering the r-squared value, almost 20% of the variation in the number of policies passed can be explained by the rate of food insecurity.

Figure 17: Anti-Obesity Policies as Related to Food Insecurity Rates

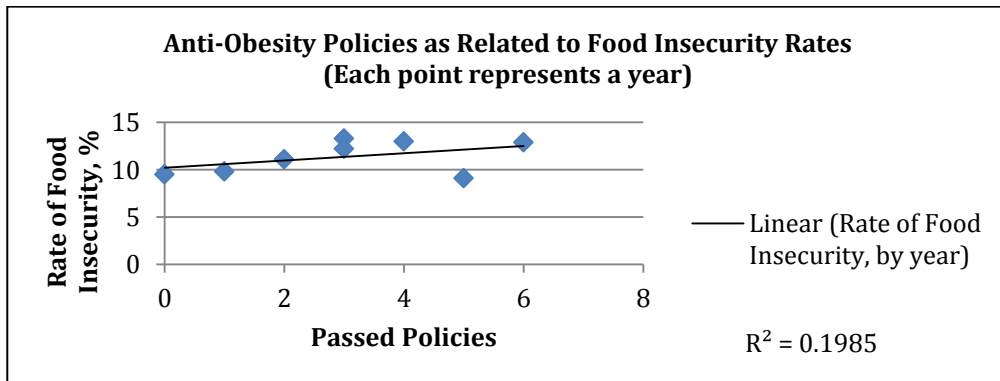


Figure 2 Source: Bill Index

Interest Group Activity

There was no activity from interest groups who support anti-obesity policies in Follow the Money's Top Contributors List. This listing contained organizations that advocate for child welfare and education, such as the Illinois Education Association and Stand for Children Illinois, but none of these groups also advocated for anti-obesity policies or healthier school environments (IL Education Association). Stand for Children Illinois, one of the biggest education advocacy groups in the state, excluded nutrition and physical activity standards from their priority list for improvements in Illinois schools (Stand for Children Illinois). During the same time period, Illinois passed 30 anti-obesity measures, a very large number compared with the state mean of 10. This suggests that well-funded interest groups did not drive development of anti-obesity policies.

Some smaller interest groups did lobby for the passage of anti-obesity policies. The Illinois PTA made childhood obesity one of their legislative priorities. Their advocacy included lobbying for the passage of SB 3706 (adopted 2010), which established a database that contains listing of physical education and nutrition best practices in Illinois schools (Illinois PTA). The Consortium to Lower Obesity in Chicago Children, an interest group whose advocates solely for anti-obesity legislation, supported HB 210 (2005), which established a nutrition council, and HB 2940 (2004) which provided for the collection of obesity-related data from health examinations (Consortium to Lower Obesity). The Illinois chapter of the American Academy of Pediatrics has advocated for reducing obesity rates by passing a tax on sugar-sweetened beverages and by promoting breast feeding (Academy of Pediatrics).

Additionally, the Illinois Alliance to Prevent Obesity (IAPO) advocates for anti-obesity policies with an emphasis on anti-childhood obesity legislation. This association was formed

following the passage of HB 3767 (2010), which established an Obesity Prevention Initiative. This initiative contained a mandate to hold public hearings on obesity; the IAPO was originally developed to promote these hearings. Their goal is to stabilize obesity rates in Illinois by 2015 and to see these rates lower by 2018. IAPO supports all legislation that is in line with their eight objectives: increasing the sale of healthy food, state-level obesity prevention, decreasing consumption of food of minimal nutritional value, promoting the consumption of healthy food in public areas, increasing opportunities for physical activity, promoting walk-ways and sidewalks, promoting healthy workplaces, and encourages hospitals to support and develop obesity prevention initiatives (Illinois Alliance to Prevent Obesity).

Policies

I hypothesized the following patterns will exist in Illinois anti-obesity legislation. A complete listing of these bills can be seen in Figure 18.

- i. The majority of bills should mandate state action.
- ii. Democratic legislators should sponsor more childhood obesity legislation than Republican legislators. Democrats should sponsor the legislation that mandates state action, whereas Republicans should sponsor the legislation that raises awareness.
- iii. There will not be a large policy emphasis on nutrition legislation.
- iv. The amount of anti-obesity passed should be above the state average.

An analysis of these bills shows that many of my hypotheses are supported. My first hypothesis, that most of the legislation should mandate state action, is supported. Of these bills, 20 mandated state action, whereas 11 raised awareness or educated the public. The second hypothesis, that Democrats should sponsor most of this legislation, is also supported.

Republicans sponsored 9 anti-obesity policies, whereas Democrats sponsored 21. The third hypothesis, that there will not be an emphasis on nutrition policy, has mixed support. Only 2 of these policies focused on nutrition; out of 31 total policies passed, this is not a high proportion. But, the mean across states for nutrition policies is 2, matching the number of policies that Illinois passed. The final hypothesis, that Illinois should pass a large amount of policies, has strong support. Illinois passed 31 anti-obesity measures from 2003 to 2013; this is well above the state mean of 10 policies and the median of 7 policies passed.

Conclusions

Of the three cases studies discussed thus far, Illinois has fit my theory the best. As I hypothesized, Democrats proposed a majority of the anti-obesity policies, including a majority of the bills that mandated state action. Republicans were more likely to propose bills that raise awareness. This split along party lines can be explained because differences in ideology lead legislators supporting different issue frames; Republicans do not want to infringe on individual liberties, while Democrats are willing to use the power of the state to address environmental conditions that are out of individual control.

A major difference between Illinois and the previous case studies was the view that interest groups and businesses took towards anti-obesity legislation. In Texas and Utah, if an organization stood to lose profit from an anti-obesity measure, they lobbied against it. The opposite happened in Illinois; instead of lobbying against these policies, businesses voluntarily restricted their activity, even though this resulted in losing profit. Illinois companies may have adopted these measures to avoid stricter government policy – if they voluntarily restricted their activity, the government could have decided not to pass regulations. This implies that these

companies knew that the Illinois state government would consider, if not pass, restrictions on their business practices; the government was willing to do this because of adherence to the obesogenic environment issue frame, which led them to address obesogenic conditions.

Figure 18. Anti-obesity Legislation Passed in Illinois

Category of Legislation	Year	Bill Name	Summary	Sponsoring Party
Raising Awareness	2013	HJR 5	Urges the Governor to suggest that one-week of each school year be used to emphasize physical fitness in schools.	Republican
Raising Awareness	2013	HR 24	Encourage teachers and administrators to promote 60 minutes of daily physical activity for Illinois' schoolchildren and to embrace better nutritional education to further build healthier lifestyles.	Republican
Raising Awareness	2012	SR 624	Designates September 2012 as Childhood Obesity Awareness Month.	Democrat
Task Force & Special Programs	2012	SB 3374	Establishes the Physical Development and Health Task Force to make recommendations to the Governor and General Assembly on the Illinois Learning Standards for Physical Development and Health.	Democrat
Health Screening & Reporting	2012	HB 605	Requires that school districts must report their health and wellness policies to the State Board of Education.	Democrat
Raising Awareness	2012	HR 783	Encourages that certain policies and courses of action concerning obesity be supported.	Democrat
Raising Awareness	2011	HR 227	Designates March 16, 2011 as Shape up Illinois Day.	Democrat

Category of Legislation	Year	Bill Name	Summary	Sponsoring Party
Task Force & Special Programs	2011	SB 1852	Creates a Farmers' Market Task Force to enact statewide administrative regulations for farmers' markets.	Republican
Raising Awareness	2011	SR 214	Urges the promotion of "Kids Eat Right."	Republican
Health Screening & Reporting	2010	SB 3706	State Board of Education to develop and maintain a nutrition and physical activity best practices database.	Democrat
Task Force & Special Programs	2010	SJR 72	Creates a task force to consider an Illinois Fresh Food Fund and recommend measures to yield supermarket development.	Democrat
Task Force & Special Programs	2010	SB 615	The Department of Agriculture shall establish and make available a geo-coded electronic database to facilitate the purchase of fresh produce and food products by schools.	Democrat
Nutrition	2010	SB 3158	Creates the Commission to End Hunger Act. The Commission shall develop an action plan, review progress, and ensure cross-collaboration among government entities and community partners towards ending hunger in Illinois.	Democrat
Diabetes Care & Management	2010	HB 6065	Requires a parent or guardian to submit a diabetes care plan for a student with diabetes who seeks assistance with diabetes care in the school setting.	Republican
Physical Education & Physical Activity	2010	SJR 80	Creates the Recess in Schools Task Force to examine the barriers facing schools in providing daily recess to every age-appropriate student and make recommendations in a final report to the General Assembly.	Democrat

Category of Legislation	Year	Bill Name	Summary	Sponsoring Party
Nutrition	2009	HB 78	Creates the Farm Fresh Schools Program in order to reduce obesity and improve nutrition and public health.	Republican
Task Force & Special Programs	2009	HB 3767	The Department of Health with partner groups shall plan at least 3 hearings on the health and social costs of obesity and the need to address it.	Republican
Raising Awareness	2009	HR 19	Urges the Governor to present a capitol budget that includes funding for the Illinois Special Places Acquisition, Conservation and Enhancement Program.	Republican
Task Force & Special Programs	2008	SB 2012	Establishes a Task Force to recommend to the Governor and General Assembly on (1) reforming the delivery system for chronic disease prevention and health promotion; (2) ensuring adequate funding for infrastructure and program delivery; and (3) the role of health promotion and chronic disease prevention in support of spending on health care.	Democrat
Raising Awareness	2008	HR 1026	Recognizes April 12, 2008, as YMCA Healthy Kids Day in the State of Illinois.	Democrat
Raising Awareness	2006	HR 1038	Recognizes April 8, 2006 as YMCA Healthy Kids Day in Illinois.	Democrat
Task Force & Special Programs	2005	HB 612	Establishes the Childhood Health Promotion Program to prevent and reduce the incident and prevalence of obesity in children and adolescents.	Democrat
School Wellness	2005	SB 162	Establishes that all schools shall have a school wellness policy that shall be published by the state board.	Democrat

Category of Legislation	Year	Bill Name	Summary	Sponsoring Party
Raising Awareness	2005	SB 147	Designates September 2005 as Obesity Awareness Month.	Democrat
School Wellness	2005	SB 162	All schools must have a wellness policy and creates a task force to identify barriers to wellness.	
Task Force & Special Programs	2005	HB 210	Provides that the Council shall act in coordination with the Interagency Nutrition Council when dealing with activities related to nutrition, nutrition education, and physical activity.	Democrat
Raising Awareness	2004	HR 596	Declares January and February Obesity Awareness Month.	Republican
Task Force & Special Programs	2004	SB 76	Creates the Nutrition Outreach and Public Education Act. Establishes a nutrition outreach and public education program.	Democrat
Health Screening & Reporting	2004	SB 2940	Provides that health examinations shall include the collection of data relating to obesity. Provides that the department of public health may collect health data from local schools and the State Board of Education relation to obesity on health examination forms.	Democrat
Raising Awareness	2003	HR 594	Urges Congress to strengthen and improve the Nation School Lunch Program and the Child Nutrition Program.	Republican
Task Force & Special Programs	2003	HR 147	Directs the Department of Public Health, in conjunction with the State Board of Education, to conduct a sugar consumption study to determine the effects of sugar consumption as it relates to the overall health of school children.	Democrat

Chapter VI: Case Study for Vermont

Introduction

This final case study focuses on Vermont. According to my hypothesis, the following patterns should be present:

- i. A low amount of childhood obesity policies will be passed. As Vermont has a low rate of childhood obesity, anti-obesity legislation should not be a legislative priority.
- ii. Because Vermont is a Democratic state, it should adhere to the obesogenic environment issue frame; most of the legislation it passes should mandate state action.
- iii. Republican legislators will be more likely to sponsor bills that raise awareness, whereas Democratic legislators should sponsor bills that mandate state action.
- iv. Since rates of food insecurity are low, there should not be an emphasis on nutrition policy.

Vermont is a small, Democratic state with low rates of childhood obesity. As of 2012, its population numbered 625,953, with 19.8% of this population under the age of 18. Only 11.6% of this population lives below the poverty line; this is well beneath the state average of 14.9% (Vermont QuickFacts). Vermont's legislature is bicameral, with a 150 member House of Representatives and a 30 member Senate. Unlike other states, there is a third party presence in Vermont - the Democratic party, Republican party, and the Vermont Progressive party all compete (Vermont Secretary of State). Vermont's legislature is part time, only in session for 12.5 months per biennium, and has a ratio of 1 staff member per legislator (Kurtz). Unlike Texas, Utah, and Illinois, Vermont's government has not experienced one-party dominance of the governorship, House, and Senate between the years 2003 – 2013. In 2002, there was a

Republican majority in the House, and until 2010, Vermont had a Republican governor. Otherwise, all offices have been under Democratic control.

Childhood Obesity in Vermont

Rates of childhood obesity in Vermont are low compared to other states. But they have experienced great hikes since the 1990s; from 1999 to 2007, rates of only obesity in children rose from 8.3% to 11.8%. For children and adults, obesity related medical expenditures total \$183 million a year; this sum is lower than Texas and Illinois, but is still a significant amount. If a one-cent per ounce excise tax on sugar-sweetened beverages was enacted, it is estimated to decrease consumption of these beverages by up to 23% in Vermont (Rudd Center).

A 2005 study done by the Vermont Department of Health found that if a Vermont child has two obese parents, the child has a 60-80% chance of becoming obese. If both parents are of normal weight, this risk drops to 9%. This same study also found that Vermont children are not be eating enough fruits and vegetables, as only 24% of children eat the daily recommended servings. Additionally, this study found a correlation between inactivity and weight: 50% of overweight children in high school watch three or more hours of television a day, but only 32% of their normal-weight peers watch the same amount (Vermont Department of Health).

Political Climate

Unlike Texas, Illinois, and Utah, Vermont is unique as the only state to not experience single party dominance of its House, Senate, and governorship. Because of this, Vermont's policymakers often did not adhere to one issue frame; vacillation stems from the need to pass policies the other party will also support. By examining the policies past under Vermont's

previous two governors, Jim Davis (R) and Peter Shumlin (D), the effect of this deviation from following a single issue frame is clear. Governor Douglas was in office from 2003 to 2009. His administration focused on policies atypical of other Republican governors, such as subsidizing health insurance to make it more affordable (Remsen 2010). This contrasts to what was seen in Texas under Governor Perry, who wanted to decrease child enrollment in Medicaid. Unlike Governor Perry, Governor Davis's support of this subsidization suggests that he does not view healthcare legislation as anathema to government regulation. Governor Davis, who had to work with a Democratic legislature, may have had to cross some party lines to accomplish this legislative priority. But, many of the other policies he supported while in office were typical of a Republican agenda; these included decreasing government spending and reducing taxes (Galloway 2011).

Vermont developed a universal healthcare system long before other states. As previously discussed, this type of policy would traditionally fall under the obesogenic environment issue frame. This system was developed in 2007, when Governor Davis was in office. Governor Davis did vetoed this bill when he received it; the legislature over-rode his veto in order to pass the bill (Remsen 2010). Because this healthcare system did not provide for coverage of obesity treatments, it is not included in the Bill Index. Governor Davis's views do not fully align with either issue frame. If he only supported the personal responsibility issue frame, his administration would not have made expanding healthcare a legislative priority. But, if he fully supported the obesogenic environment issue frame, he may have supported the development of Vermont's universal healthcare system. Governor Davis's views are not dichotomous as these issue frames suggest.

Like Governor Davis, Governor Peter Shumlin supported some policies that typical governors of his party may not have. In 2011, he supported the establishment of a state healthcare exchange called Green Mountain Care, a healthcare exchange established following the passage of the Affordable Care Act (Howard 2011). But, he did not support a one-cent per ounce tax on sugar-sweetened beverages, as he worried that this tax may be bad for business. Additionally, he preferred to combat obesity using education (Davenport 2010). Addressing childhood obesity through education is the cornerstone of the personal responsibility issue frame. But declining to use state mandates, instead preferring the use of education, Governor Shumlin has proven that his policies do not strictly adhere to the obesogenic environment issue frame. As he is a Democratic governor, this is the issue frame that would be expected to apply.

Food Insecurity

Food insecurity in Vermont has remained below the state average for the duration of this case study, as can be seen in Figure 19.

Figure 19: Food Insecurity in Vermont as Compared to the State Average

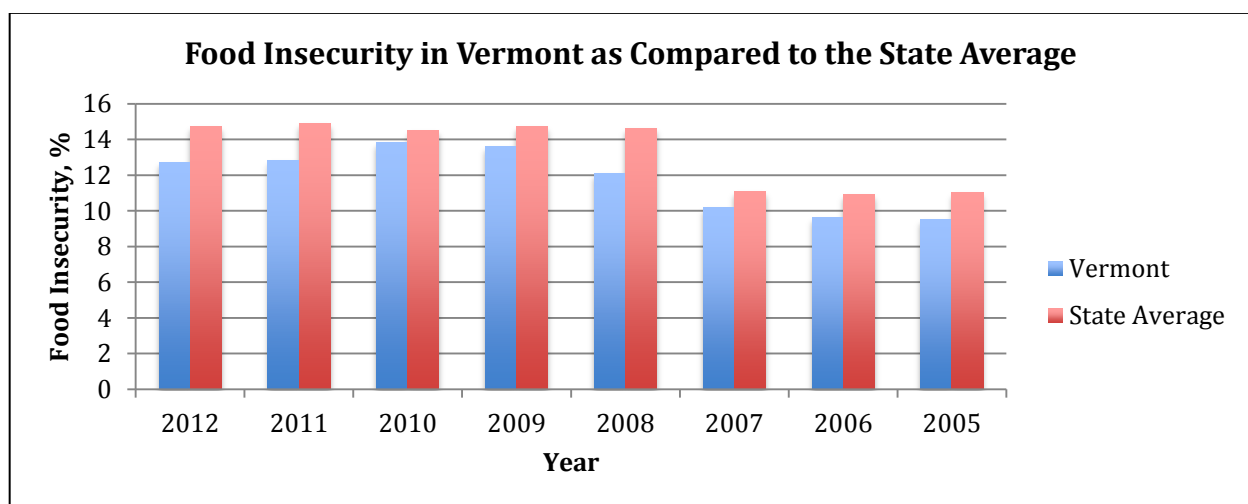


Figure 19 Source: USDA ERA Food Scarcity Reports, 2005 - 2012

The mean rate of food insecurity for Vermont is 11.8% across these years. Hunger Free Vermont, a food security advocacy group, has estimated that food insecurity rates among children have average 21% during this time (Hunger Free Vermont). As seen in Texas, many programs meant to combat food insecurity and hunger may be underutilized in Vermont. More than 24,000 Vermont children live in households that are eligible to receive federal Food Stamp benefits. Yet, about 30% of these households are not enrolled in this program.

The vast majority of Vermont public schools offer free or reduced price breakfast and lunch programs, which are important in the effort to combat child food insecurity. Of 323 public schools in the state of Vermont, only 30 schools do not offer a free or reduced price breakfast program. This means that 91% of schools do offer this program (Voices for Vermont Children). Expanding eligibility for free and reduced price school lunch and breakfast programs is one of the main ways that states can decrease food insecurity among children. As these programs are already widely offered in Vermont, this decreases the likelihood that the legislature will pass more nutrition policies. There is always room for improvement. But, based on this statistic, it seems that Vermont is actively reaching most children who could potentially be affected by food insecurity.

Interest Group Activity

During the 2008 and 2012 election cycles, there was activity from Top Contributors who supported healthcare and anti-obesity policies. In 2008, Green Mountain PAC, a healthcare advocacy political action committee, donated \$9,000 to four different Democratic candidates. This falls along expected patters; healthcare advocacy groups are more likely to donate to

Democrats because of ideological similarities. In 2012, the Beverage Association of Vermont donated \$2,000 to Governor Shumlin (D), as well as money to two Republican candidates (Follow the Money, Vermont). These contributions follow the patterns that I hypothesized. Green Mountain Care is the program through which universal healthcare to all Vermonters is granted. Democrats, who may believe in the obesogenic-environment issue frame, will not consider universal healthcare programs to be government overregulation. Because of this, they will be more likely to support these policies. The donations to Governor Shumlin, a Democrat, are not surprising considering he opposed the sugar-sweetened beverage excise tax. By doing so, Shumlin crossed issue frames to oppose a policy that would normally be support by Democrats who believe in the obesogenic environment issue frame. This interest group activity and the policies supported by Governors Shumlin and Davis, suggest that the issue frames may not apply to Vermont governors.

Policies

If my hypotheses are correct, there are some patterns I expect to see:

- i. Vermont should pass a low number of anti-obesity policies.
- ii. Most of the bills passed will mandate state action.
- iii. Democrats will sponsor most of the bills that mandate state action. Republicans will sponsor most of the legislation that focuses on raising awareness.
- iv. This legislation should not focus on nutrition.

A full listing of the childhood obesity legislation that has been passed in Vermont can be seen in Figure 20. Only some of the patterns I hypothesized are present. I expected Vermont's low rate of childhood obesity would lead to the passage of a low number of anti-obesity policies.

But, this is not the case. Vermont 12 anti-obesity bills, surpassing the state average of 10 bills passed. My second and third hypotheses are supported. Of the 12 bills that were passed, 10 mandated state action. Democrats proposed 9 of the 10 bills that mandated state action. Republicans did not sponsor any bills that mandate state action; a member of the Vermont Progressive Party sponsored the last bill. Finally, there is no evidence for my last hypothesis. Vermont passed four policies on nutrition – this is double the state mean and constitutes 25% of the anti-obesity policies passed.

Conclusion

Of all of four states discussed in these case studies, Vermont, has the most deviation from my expected patterns. In Texas, Utah, and Illinois, there is adherence to the issue frames. Additionally, belief in these issue frames is determined by one's party affiliation. My examination of the anti-obesity policies support by Governors Shumlin and Davis displays that they do not stick to the issue frame their party affiliation would suggest they support. Governor Shumlin opposed policies, like the excise tax on sugar-sweetened beverages, which normally would be support by Democrats who adhere to the obesogenic environment issue frame. Governor Davis supported increasing government healthcare subsidizes; an act that is unusual since most Republicans follow the personal responsibility issue frame.

Additionally, my other variables did not follow my hypothesized patterns. Although Vermont has a low rate of food insecurity, their anti-obesity legislation had a very strong emphasis on the nutrition legislation. Vermont is a rural state, and the presence of a strong farming community could be a possible confounding variable. If Vermont had a strong farming community, this could influence the legislature to pass policies, such as farm to school acts,

which help to support this community and make children healthier. Instead of understanding nutrition policy in the context of childhood obesity, it may be more accurate to understand it in the context of its economic benefits that come from helping Vermont farmers.

Figure 20: Anti-Obesity Legislation in Vermont

Category of Legislation	Year	Bill	Bill Summary	Sponsor's Party
Task Forces & Special Legislation	2011	H.0198	Ensures that all users of the Vermont transportation system are considered and accommodated.	Democrat
Insurance Coverage	2011	H.0202	Creates Green Mountain Care, a health care program that and provides comprehensive, affordable, high-quality health care coverage for all Vermont residents.	Democrat
Nutrition	2010	H.0408	Expands access to federally funded nutrition programs.	Democrat
Raising Awareness	2010	SCR 47	Honors Vermont Food Education Every Day because it emphasizes the importance of food and nutrition education.	Democrat
Nutrition	2009	H.0192	Encourages the use of local foods in Vermont's food system.	Independent
Insurance Coverage	2007	H.0887	An act establishing that all Vermonters receive affordable and appropriate health care at the appropriate time, and that health care costs be contained over time.	Democrat

Category of Legislation	Year	Bill	Bill Summary	Sponsor's Party
Raising Awareness	2007	HR 34	Designates April 30 th as Walk @ Lunch Day.	Democrat
Insurance Coverage	2006	H.0861	Creates Catamount Health, a Vermont health plan.	Democrat
Insurance Coverage	2006	H.0895	Requires hospitals, medical service corporations and nonprofits HMOs to offer Catamount Health.	Democrat
Nutrition	2005	H.0456	This act establishes a mini-grant program to help schools increase their use of local farm products or teach children about farm-to-school connections.	Democrat
School wellness	2003	H.0272	Establishes school wellness policies and nutrition policies for foods sold in schools.	Democrat
Nutrition	2003	H.0054	Each school board operating a public school operate a food program within the school district to make available a school lunch to each attending pupil every day.	Democrat

Chapter VIII: Conclusions from the Case Studies

As a reminder, the case studies were selected to provide diversity in rates of childhood obesity and in party control, according to the figure below:

Overview of Case Studies

		Rate of Childhood Obesity	
		<u>High</u>	<u>Low</u>
Party Control	<u>Republican</u>	Texas	Utah
	<u>Democratic</u>	Illinois	Vermont

There were significant trends across these four case studies. First, the states with high rates of childhood obesity did pass more policies than the states with low rates of childhood obesity. But, the states with low rates of childhood obesity, Utah and Vermont, did not pass a below average amount of policies as I hypothesized they would. State size could be acting as confounding variable here. The states with high rates of childhood obesity, Texas and Illinois, are large states. The states with low rates of childhood obesity, Utah and Vermont, are small states. Accounting for state size could have lent greater validity to this hypothesis.

Second, there was mixed evidence for my hypothesis that Kersh's issue frames would apply at the state level. Party control of states was not a good indicator of how many childhood obesity policies the legislature would pass. But, within state legislatures, individual legislator's party affiliation did predict the type of policy that they would sponsor. In all states but Utah, Democratic legislators sponsored more legislation than Republicans that mandated state action. In all states but Vermont, Republicans sponsored more legislation that raised awareness for obesity.

Third, interest group activity was difficult to measure across all states, as data on contributions and legislative priorities is often not published. For this reason, interest group activity was not a good variable to use to predict determinants of policy. My case studies provided an opportunity to look beyond Follow the Money's Top Contributors list. By looking at smaller interest groups, I was able to better explain the lobbying battle that can occur over some childhood obesity bills. But, I was not able to use this information to predict bill passage.

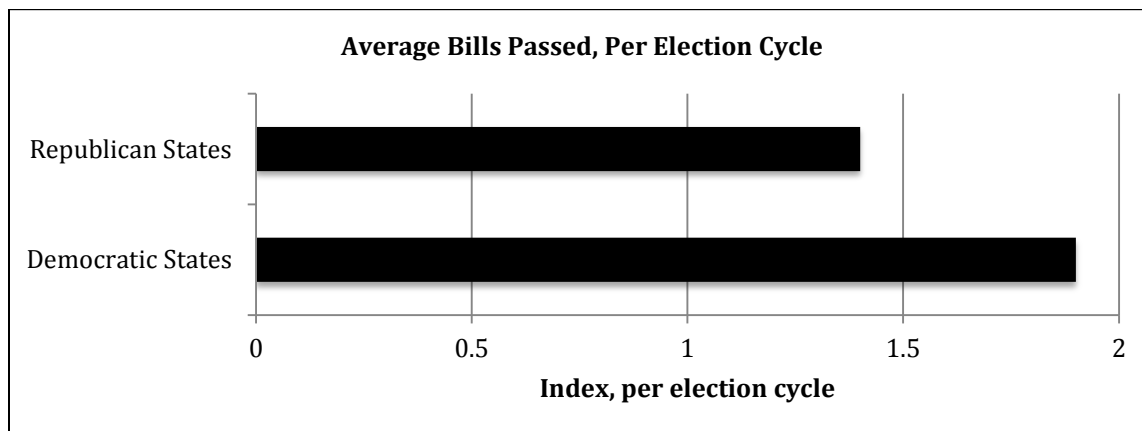
Throughout these case studies, I assumed that my independent variables drove my dependent variables. For example, food insecurity led to policy, as childhood obesity rates led to policy. A weakness of this thesis is that I have no tools to prove that this is the direction that causality flows; in reality, the casual chain could go in the other direction. With the exception of party control, it seems that all of my variables are susceptible to reverse causality. It is possible that policy came first, and rates of childhood obesity, rates of food insecurity, and interest group activity is a response to this. If this thesis had the capacity to delve farther back into U.S. history and examine the policies proposed in the 1980's and 1970's, these policies could provide an explanation for the rising rates of childhood obesity that occurred during the 1990's. In this case, obesity rates would follow policy and the casual flow would be reversed from what I have proposed.

Chapter IX: Statistical Analysis

This chapter will detail the methods and results of my statistical analysis, which was done using Stata. I will first present some summary statistics in order to provide a brief overview of my findings. This dataset has 248 observations; this is lower than would be expected, given that my dataset covers all 50 states for six two-year election cycles. Because some states had ties in party control of their House or Senate, those observations were dropped. This includes Virginia's Senate from 2003 – 2004, Tennessee's House from 2009 – 2010, Oregon's House from 2011 – 2012, Oklahoma's Senate from 2007 – 2008, Montana's House from 2005 – 2006 and 2009 – 2010, Iowa's Senate from 2005 – 2006, and Alaska's Senate from 2009 – 2010 and 2011 – 2012. Additionally, Nebraska was dropped entirely. As their legislature is unicameral and bipartisan, there is no way to assess party control.

Democratically controlled states did pass more anti-obesity legislation than did Republican controlled states. The following chart compares the average number of policies passed by Democratic and Republican states. The average is taken by policies passed per election cycle, not for the entire decade. The mean of policies passed by states with Democratic governors is 1.9, whereas the mean for states with Republican governors is 1.4. This shows a relationship between party control of the governorship and quantity of anti-obesity legislation passed; Democratic governors have governed in states that have passed more anti-obesity policies than have their Republican counterparts. Democratic control of the governorship is positively associated the passage of anti-obesity policies. But, this does not mean it is because states had a Democratic governor that they passed more policies. These results are shown in the data table 1, below:

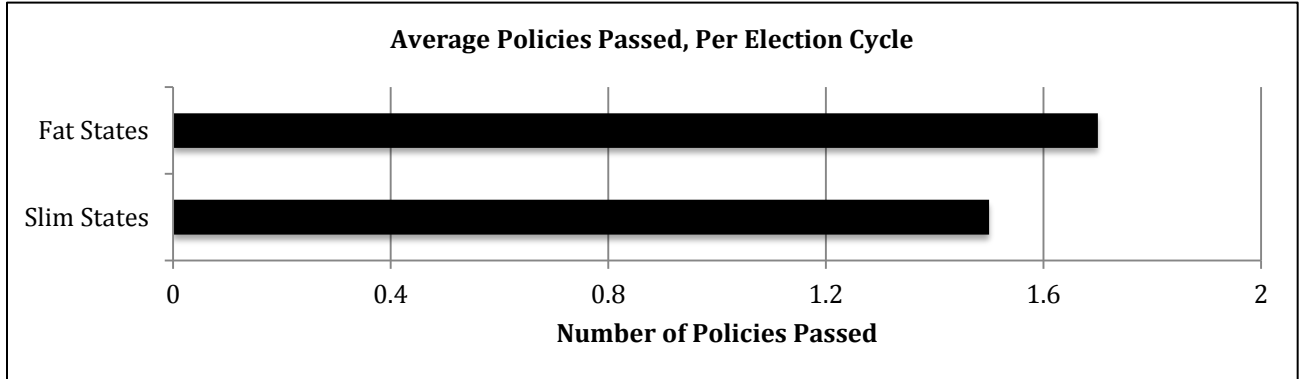
Data Table 1: Average Bills Passed per Election Cycle



The mean rate of childhood overweight and obesity across states was 30.39%, with a standard deviation of 4.11%. From 2003 to 2013, there was significant variable in the rate of childhood obesity between states. In 2003, Utah had the lowest rate of childhood overweight and obesity, at 20.8%. Mississippi in 2009 had the greatest percentage of children who were overweight or obese, at 44.4%. There is high variation here; 20.8% is almost three standard deviations below the norm, whereas 44.4% is over three standard deviations above the norm.

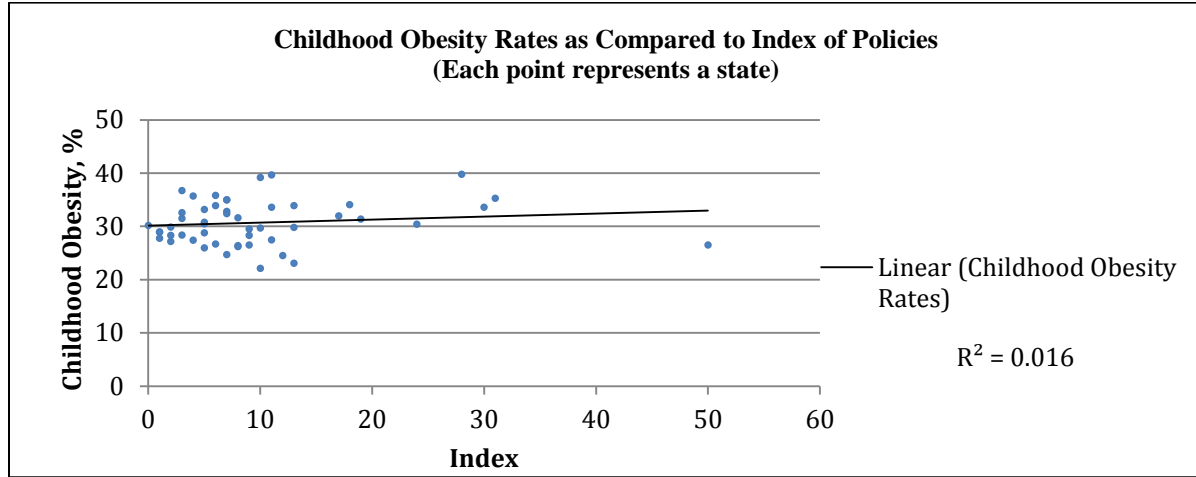
The next chart displays the difference in the index, or total legislation passed, between states based on if they have childhood obesity rates that are above or below the mean rate. States with rates above 30.39% are designed as fat states on this chart, whereas states with rates below 30.39% are designated as the slim states. States with childhood overweight and obesity rates below the mean have passed an average of 1.5 policies, whereas states with childhood overweight and obesity rates that are above the mean have passed an average of 1.7 policies. This does provide support for my hypothesis that states with high rates of childhood obesity will see obesity as a more pressing concern, and will therefore be more likely to pass anti-obesity policies.

Data Table 2: Average Policies Passed Per Election Cycle



The following scatter plot below also visualizes the relationship between a state's index and rates of overweight and obesity in that state. The index is on the x-axis and refers to the amount of childhood obesity legislation that states have passed from 2003 to 2013. Unlike the index in the previous charts, it is not divided by election cycle. Rather, it is inclusive of the total amount of policies states have passed. The y-axis is childhood obesity rates in 2011, the latest year from which data is available. This scatter plot does not provide evidence for my hypothesis that states with high obesity rates will pass more anti-obesity legislation. Although there is a slight positive correlation between rates of overweight and obesity and the index, there is a very low r-squared value. Explaining the overall index by rates of childhood overweight obesity is not an accurate measure.

Data Table 3: Childhood Obesity Rates Compared to Index of Policies



The next table displays the results of a time series cross sectional model, testing the hypothesis that year to year changes of party control and obesity rates within states can affect policy. This tests variation in states year to year, for rates of overweight and obesity, rates of food insecurity, party control of the governorship, party control of the Senate, and party control of the House. Because Nebraska was dropped, the n value is 49. It is evident from this regression that rates of childhood overweight and obesity are statistically significant at the 95% confidence level at explaining variation in the index. Rates of food insecurity are statistically significant at the 90% confidence level at explaining variation in the index. But, the r-squared value is very small and indicates that these two independent variables can only explain 5.75% of the variation (R-squared within = 0.0575).

Variable	Coefficient	Std. Error	z	P> z
overweight~t	0.17	0.07	2.25	0.025
foodinsecu~y	0.13	0.06	1.95	0.052
gov_party_~r	-0.26	0.37	-0.71	0.481
ssparty	-0.10	0.58	-0.18	0.858
shparty	-0.02	0.52	-0.03	0.973

Following this, I created a “Republican Index” variable that measures the effect of having Republican control of the governorship, state House, and state Senate at once. This is a binary variable - a “1” was coded if there was Republican control, a “0” if there was not. I ran a second time series cross sectional model, again testing how year to year changes within states could affect policy. For this test, rates of overweight and obesity, rates of food insecurity, and the Republican Index were measures. As I hypothesized, the coefficient was negative, suggesting that Republican control is less likely to result in the passage of anti-obesity legislation than Democratic control is. Although there is a correlation, this effect is not statistically significant. Rates of childhood overweight and obesity and rates of food insecurity were statistically significant, both at the 95% confidence level. As in Table 6, the r-squared could only explain a very small amount of variation in the index.

Variable	Coefficient	Std. Error	z	P> z
overweight~t	.166	.073	2.28	0.023
foodinsecu~y	.130	.064	2.02	0.043
republican~x	-.140	.204	-0.69	0.492

Finally, I ran a cross sectional regression, testing the differences across states in the anti-obesity legislation that they have passed. There are 49 observations, instead of 50, because Nebraska was dropped. The variables included in this regression are rate of childhood overweight and obesity, rate of food insecurity, republican index, legislator salary, length of legislative session per biennium and ratio of staff per legislator. These last three variables were included to control for state capacity. When these factors are all controlled for, my variables are not statistically significant. The r-squared value of .2369 does suggest that including these other variables paints a more complete picture of what goes into passing childhood obesity legislation,

as significantly more of the variation on the dependent variable is being explained here as compared to the last regression results.

Variable	Coefficient	Std. Error	z	P> z
overweight~t	0.032	0.062	0.52	0.607
foodinsecu~y	0.097	0.129	0.75	0.456
republican~x	-0.159	0.226	-0.70	0.485
interestgr~y	0.897	0.785	1.14	0.260
Salary	0.000	0.000	-0.20	0.841
indexofpro~r	0.074	0.076	0.97	0.335
indexofpro~m	0.097	0.076	1.28	0.208

There are some interesting conclusions that can be taken away from the results of these tests. Changing the index, defining it either by legislative cycle or across all years, changed how much of the variation in this variable could be explained by childhood overweight and obesity rates. There was a difference in how much of the dependent variable, index of policies, could be explained by rates of childhood overweight and obesity when the index included only one legislative cycle verse the entire case study. The r-squared was small in both of these cases. But, this suggests that amount of anti-childhood obesity legislation that is passed may fluctuate in response to an increase in actual rates or a perceived increased in the magnitude of the problem. If a state had a rate of childhood overweight and obesity of 50%, yet no one perceived this as a health concern, it is very unlikely that this state would pass any legislation designed to make these children healthier. States may have differing opinions as to what counts as a “crisis” with regards to rates of childhood overweight and obesity. If Utah saw their rate of childhood overweight and obesity increase to over 30%, this could provoke an outcry. But, if Mississippi had their rate of childhood overweight and obesity drop this low, it could potentially be declared as an outstanding public health achievement. A state’s reaction to childhood obesity may be

largely dependent on the current climate of childhood obesity, as well as public perception as to if that rate is a problem or not.

A side effect of only including state policies was that the n value, the sample size, was very small. Compounding this problem was the fact that Nebraska was dropped because the effects of party control cannot be seen with a legislature that is unicameral and nonpartisan. If my dataset was able to include information from the local and federal level, the regression results may be very different and might have more statistical salience. Overall, these results suggest a reassuring finding: that states respond to childhood obesity as a public health concern, not as a partisan issue. Although the types of policies that states pass may vary along party lines, most states show a willingness to pass legislation in order to address this health concern.

Chapter X: Conclusions

Final Remarks

This thesis examined determinants of state policy on childhood obesity. I looked at four independent variables, rates of childhood obesity, rates of food insecurity, interest group activity, and party control, to measure their effect on anti-obesity legislation. I found that party control and rates of childhood obesity do affect the type and quantity of policies that states pass. States with high rates of childhood obesity will pass more legislation than states with low rates of childhood obesity. Democratic legislators are more likely to sponsor policies that mandate state action, whereas Republican legislators are more likely to sponsor policies that raise awareness. As this split falls along party lines, it indicates that the issue frames are applicable at the state level.

There is weaker support for my other hypotheses. As can be viewed from the case studies, interest group activity is not a reliable indicator of anti-obesity legislation. In my statistical analysis, this variable did not hold significance. I found mixed support for my hypothesis that high rates of food insecurity would lead states to pass anti-obesity policies that emphasize nutrition. This pattern was found in Texas, but not in Utah, Vermont, or Illinois. In my statistical analysis, rates of food insecurity were significant at the 90% confidence level.

Throughout this thesis, many of my independent variables explained very little of variation within state policy. None of them individually, nor all of them combined, provide an adequate explanation for why anti-obesity policy exists as it does. There may be confounding variables whose effects I did not consider. Or, there could be a more simple explanation. In my first chapter, I explained the health consequences associated with obesity to support the claim that obesity is detrimental to public health. State governments pass anti-obesity legislation in

response to these public health consequences, not because of political variables. Every state has a threshold at which point they begin to pass anti-obesity legislation; as the consequences of obesity become more severe, states pass this point and enact policy. This threshold is variable between states and explains why rates of childhood overweight and obesity are the most significant variable. States respond to childhood obesity as a public health concern, not as a polarizing political matter.

Limitations of Findings

My conclusions are limited in several ways. Because a lack of reliable information on interest group activity on a statewide basis, the Top Contributor list was the most reliable data I could find. But, this listing leaves out the activity and donations of smaller groups. This limits how applicable my findings about interest group activity are and confines these results to be most relevant to the activity of large donor groups. Second, the cross sectional regression that I ran had a very small n value. This n value is small because I only included states and Nebraska was dropped. My findings might be more robust if I had been able to increase the value of my sample size by including local or federal anti-obesity legislation in addition to state policies.

Because I excluded federal and local policy, many efforts to address childhood obesity were not included in this thesis. Local governments are more likely to pass certain types of policies than state governments; Complete Streets legislation, which encourages walking as a means of transportation, and joint use agreements are most commonly proposed on this level of government. Notable policies passed on the federal level include the National School Lunch Program and the National School Breakfast Program. By only including policies passed on the state level, I left out important anti-obesity legislation and provided an incomplete look at the

Directions for Further Research

Several directions for future research are present. One could look at determinants of local, state, and federal policy. This would increase the sample size, provide a more comprehensive look at the anti-obesity legislation that has been passed, and result in more robust findings. The conclusions would be applicable for all levels of government, instead of only applying to the state.

Future research could also look at how different variables impact anti-obesity policy passage, including how the media portrays obesity, how many legislators are doctors, and pollution level. How the media portrays obesity has the potential to affect how the public views this condition, including their thoughts on its prevalence and health consequences. There could be a correlation between how the media treats childhood obesity and how many anti-obesity policies are passed. Second, legislators who practiced medicine may be likely to propose more health-related legislation, as compared to the policies proposed by legislators who did not practice medicine. Practicing medicine may bias a legislator to believe certain conditions are prevalent and damaging, thereby leading him to sponsor more legislation that aims to address that disease. Finally, levels of pollution may indirectly affect the passage of anti-obesity legislation. If a state government wants to encourage children to exercise outdoors, but their state has high pollution levels, that government may first focus on policies that bring down pollution levels. Or, they may increase funding for indoor recreational spaces in order to provide children with alternatives to outdoor exercise.

Appendix

Rates of Childhood Obesity, 2011 -2003

	2011	2009	2007	2005	2003
Alabama	35	36.1	36.1	34.6	34.5
Alaska	29.9	33.9	33.9	30.7	30.7
Arizona	36.7	30.6	30.6	29.7	29.7
Arkansas	33.9	37.5	37.5	32.9	32.8
California	30.4	30.5	30.5	30	30
Colorado	23.1	27.2	27.2	21.9	21.9
Connecticut	29.7	25.7	25.7	27.3	27.3
Delaware	32	33.2	33.2	35.5	35.5
Florida	27.5	33.1	33.1	32.5	32.4
Georgia	35	37.3	37.3	31.7	31.7
Hawaii	27.4	28.5	28.5	26.9	26.8
Idaho	27.8	27.5	27.5	25.6	25.6
Illinois	33.6	34.9	34.9	31.2	31.2
Indiana	31.5	29.9	29.9	32.9	32.9
Iowa	28.3	26.5	26.5	25.5	25.5
Kansas	30.2	31.1	31.1	30	30.1
Kentucky	35.7	37.1	37.1	38.2	38.2
Louisiana	39.8	35.9	35.9	35.6	35.6
Maine	29.5	28.2	28.2	30	30
Maryland	31.6	28.8	28.8	29.9	29.9
Massachusetts	30.5	30	30	28.9	28.9
Michigan	32.6	30.6	30.6	28.8	28.7
Minnesota	27.2	23.1	23.1	23.9	23.9
Mississippi	39.7	44.4	44.4	36.7	36.6
Missouri	28.4	31	31	31	31
Montana	29	25.6	25.6	27.3	27.3
Nebraska	28.9	31.5	31.5	26.3	26.3
Nevada	33.2	34.2	34.2	26.6	26.6
New Hampshire	26	29.4	29.4	27.3	27.3
New Jersey	24.7	31	31	31.5	31.5
New Mexico	32.8	32.7	32.7	28.6	28.9
New York	32.4	32.9	32.9	30.9	30.9
North Carolina	31.4	33.5	33.5	33.9	33.9
North Dakota	35.8	25.7	25.7	26.9	26.9
Ohio	30.8	33.3	33.3	30.4	30.5
Oklahoma	33.9	29.5	29.5	28.2	28.2
Oregon	26.4	24.3	24.3	26.5	26.4
Pennsylvania	26.5	29.7	29.7	29.3	29.3

Rhode Island	28.3	30.1	30.1	27	27
South Carolina	39.2	33.7	33.7	36.1	36.1
South Dakota	26.5	28.4	28.4	25.8	25.8
Tennessee	34.1	36.5	36.5	35.3	35.3
Texas	36.6	32.2	32.2	32.4	32.4
Utah	22.1	23.1	23.1	20.9	20.8
Vermont	24.5	26.7	26.7	25.6	25.6
Virginia	29.8	31	31	30.5	30.5
Washington	26.2	29.5	29.5	25	25.1
West Virginia	33.6	35.5	35.5	36.4	36.5
Wisconsin	28.8	27.9	31	29.4	29.4
Wyoming	26.7	25.7	25.7	22.9	22.8
Average	31.1	31.01	31.07	29.85	29.85

Rates of Food Insecurity, 2012 - 2005

	2012	2011	2010	2009	2008	2007	2006	2005
Alabama	17.9	18.2	17.3	15.0	13.3	11.9	12.1	12.3
Alaska	12.1	13.9	13.6	12.9	11.6	12.4	12.6	12.2
Arizona	14.9	15.8	15.3	14.5	13.2	12.0	12.2	13.1
Arkansas	19.7	19.2	18.6	17.7	15.9	14.4	14.3	14.7
California	15.6	16.2	15.9	14.1	12.0	10.2	10.9	11.7
Colorado	14.1	13.4	13.4	12.2	11.6	11.0	12.0	12.0
Connecticut	13.4	11.9	12.7	11.4	11.0	8.8	8.6	8.2
Delaware	11.6	10.9	9.7	9.5	9.4	8.6	7.8	6.6
Florida	14.8	15.4	16.1	14.2	12.2	9.0	8.9	9.4
Georgia	16.9	17.4	16.9	15.6	14.2	13.0	12.6	12.4
Hawaii	14.0	13.8	13.1	11.4	9.1	8.4	7.8	7.8
Idaho	14.3	13.7	12.4	11.6	11.4	11.4	12.7	14.1
Illinois	13.0	13.3	12.9	12.2	11.1	9.5	9.8	9.1
Indiana	13.5	13.2	13.0	12.3	11.2	10.2	10.8	11.1
Iowa	12.6	12.0	12.1	11.5	11.6	11.7	11.4	10.9
Kansas	14.4	14.5	14.5	14.2	13.8	13.0	12.5	12.3
Kentucky	15.6	16.4	15.6	13.4	12.6	12.7	13.6	12.8
Louisiana	15.7	14.1	12.6	10.0	11.0	11.7	14.4	12.8
Maine	14.9	14.7	15.4	14.8	13.7	13.3	12.9	12.3
Maryland	13.0	12.5	12.5	11.1	9.6	8.3	7.8	8.2
Massachusetts	11.4	11.9	10.8	10.0	8.3	8.0	7.8	8.1
Michigan	13.4	14.2	14.7	13.4	12.0	11.8	12.2	11.5
Minnesota	10.6	10.2	10.3	10.5	10.3	9.5	7.7	8.2
Mississippi	20.9	19.2	19.4	17.1	17.4	17.4	18.1	16.5
Missouri	16.7	16.0	15.8	15.0	14.0	12.9	12.3	11.6
Montana	14.1	14.5	14.1	12.4	10.9	9.5	9.9	11.2
Nebraska	13.4	13.3	12.7	12.2	10.4	9.5	9.5	10.3
Nevada	16.6	15.3	14.7	12.8	12.4	10.4	8.8	8.4
New Hampshire	9.9	9.6	9.6	8.9	8.5	7.7	7.4	6.5
New Jersey	12.1	12.3	12.1	11.5	10.3	8.8	7.7	8.1
New Mexico	15.2	16.5	15.4	14.7	14.1	15.0	16.1	16.8
New York	13.2	13.3	12.9	12.4	11.3	9.9	9.8	10.4
North Carolina	17.0	17.1	15.7	14.8	13.7	12.6	12.9	13.2
North Dakota	8.7	7.8	7.1	6.7	6.9	6.5	6.4	6.4
Ohio	16.1	15.5	16.4	14.8	13.3	12.2	12.7	12.6
Oklahoma	15.3	14.7	16.4	15.2	14.0	13.0	14.6	14.6
Oregon	13.6	13.6	13.7	13.9	13.1	12.4	11.9	11.9
Pennsylvania	12.3	12.5	12.5	11.8	11.2	10.0	10.0	9.8
Rhode Island	15.4	15.5	14.7	13.7	11.7	10.9	11.3	12.4
South Carolina	15.4	14.8	14.8	13.5	13.1	13.1	14.7	15.5

South Dakota	12.9	12.7	12.3	11.2	10.3	9.7	9.5	9.5
Tennessee	16.2	15.2	15.0	15.1	13.5	12.8	12.5	13.0
Texas	18.4	18.5	18.8	17.4	16.3	14.8	15.9	16.0
Utah	14.8	14.6	13.0	11.8	11.2	12.5	14.5	14.5
Vermont	12.7	12.8	13.8	13.6	12.1	10.2	9.6	9.5
Virginia	9.2	9.1	9.6	9.2	8.6	8.0	7.9	8.4
Washington	14.6	15.4	14.7	14.0	11.1	10.1	10.3	11.2
West Virginia	14.2	14.1	14.1	13.4	12.0	10.7	9.3	8.9
Wisconsin	11.2	11.3	11.8	11.4	10.1	8.9	9.5	9.0
Wyoming	13.8	12.7	11.6	9.8	9.2	10.6	11.1	9.9
Average	14.7	14.9	14.5	14.7	14.6	11.1	10.9	11.0

Post Election Party Control, 2012 – 2008

Post Election Party Control	2012			2010			2008		
	Gov	SS	SH	Gov	SS	SH	Gov	SS	SH
Alabama	R	R	R	R	R	R	R	D	D
Alaska	R	R	R	R	T	R	R	T	R
Arizona	R	R	R	R	R	R	R	R	R
Arkansas	D	R	R	D	D	D	D	D	D
California	D	D	D	D	D	D	R	D	D
Colorado	D	D	D	D	D	R	D	D	D
Connecticut	D	D	D	D	D	D	R	D	D
Delaware	D	D	D	D	D	D	D	D	D
Florida	R	R	R	R	R	R	R	R	R
Georgia	R	R	R	R	R	R	R	R	R
Hawaii	D	D	D	D	D	D	R	D	D
Idaho	R	R	R	R	R	R	R	R	R
Illinois	D	D	D	D	D	D	D	D	D
Indiana	R	R	R	R	R	R	R	R	D
Iowa	R	D	R	R	D	R	D	D	D
Kansas	R	R	R	R	R	R	D	R	R
Kentucky	D	R	D	D	R	D	D	R	D
Louisiana	R	R	R	R	D	R	R	D	D
Maine	R	D	D	R	R	R	D	D	D
Maryland	D	D	D	D	D	D	D	D	D
Massachusetts	D	D	D	D	D	D	D	D	D
Michigan	R	R	R	R	R	R	D	R	D
Minnesota	D	D	D	D	R	R	R	D	D
Mississippi	R	R	R	R	D	D	R	D	D
Missouri	D	R	R	D	R	R	D	R	R
Montana	D	R	R	D	R	R	D	R	T
Nebraska	R			R			R		
Nevada	R	D	D	R	D	D	R	D	D
New Hampshire	D	R	D	D	R	R	D	D	D
New Jersey	R	D	D	R	D	D	D	D	D
New Mexico	R	D	D	R	D	D	D	D	D
New York	D	R	D	D	R	D	D	D	D
North Carolina	R	R	R	D	R	R	D	D	D
North Dakota	R	R	R	R	R	R	R	R	R
Ohio	R	R	R	R	R	R	D	R	D
Oklahoma	R	R	R	R	R	R	D	R	R
Oregon	D	D	D	D	D	T	D	D	D
Pennsylvania	R	R	R	R	R	R	D	R	D

Rhode Island	I	D	D	I	D	D	R	D	D
South Carolina	R	R	R	R	R	R	R	R	R
South Dakota	R	R	R	R	R	R	R	R	R
Tennessee	R	R	R	R	R	R	D	R	T
Texas	R	R	R	R	R	R	R	R	R
Utah	R	R	R	R	R	R	R	R	R
Vermont	D	D	D	D	D	D	R	D	D
Virginia	R	T	R	R	D	R	D	D	R
Washington	D	D	D	D	D	D	D	D	D
West Virginia	D	D	D	D	D	D	D	D	D
Wisconsin	R	R	R	R	R	R	D	D	D
Wyoming	R	R	R	R	R	R	D	R	R

Post Election Party Control, 2006 – 2002

Post Election Party Control	2006			2004			2002		
	Gov	SS	SH	Gov	SS	SH	Gov	SS	SH
Alabama	R	D	D	R	D	D	R	D	D
Alaska	R	R	R	R	R	R	R	R	R
Arizona	D	R	R	D	R	R	D	R	R
Arkansas	D	D	D	R	D	D	R	D	D
California	R	D	D	R	D	D	R	D	D
Colorado	D	D	D	R	D	D	R	R	R
Connecticut	R	D	D	R	D	D	R	D	D
Delaware	D	D	R	D	D	R	D	D	R
Florida	R	R	R	R	R	R	R	R	R
Georgia	R	R	R	R	R	R	R	R	D
Hawaii	R	D	D	R	D	D	R	D	D
Idaho	R	R	R	R	R	R	R	R	R
Illinois	D	D	D	D	D	D	D	D	D
Indiana	R	R	D	R	R	R	D	R	D
Iowa	D	D	D	D	T	R	D	R	R
Kansas	D	R	R	D	R	R	D	R	R
Kentucky	R	R	D	R	R	D	R	R	D
Louisiana	D	D	D	D	D	D	D	D	D
Maine	D	D	D	D	D	D	D	D	D
Maryland	D	D	D	R	D	D	R	D	D
Massachusetts	D	D	D	R	D	D	R	D	D
Michigan	D	R	D	D	R	R	D	R	R
Minnesota	R	D	D	R	D	R	R	D	R
Mississippi	R	D	D	R	D	D	R	D	D
Missouri	R	R	R	R	R	R	D	R	R
Montana	D	D	R	D	D	T	R	R	R
Nebraska	R			R			R		
Nevada	R	R	D	R	R	D	R	R	D
New Hampshire	D	D	D	D	R	R	R	R	R
New Jersey	D	D	D	D	D	D	D	D	D
New Mexico	D	D	D	D	D	D	D	D	D
New York	D	R	D	R	R	D	R	R	D
North Carolina	D	D	D	D	D	D	D	D	R
North Dakota	R	R	R	R	R	R	R	R	R
Ohio	D	R	R	R	R	R	R	R	R
Oklahoma	D	T	R	D	D	R	D	D	D
Oregon	D	D	D	D	D	R	D	T	R
Pennsylvania	D	R	D	D	R	R	D	R	R

Rhode Island	R	D	D	R	D	D	R	D	D
South Carolina	R	R	R	R	R	R	R	R	R
South Dakota	R	R	R	R	R	R	R	R	R
Tennessee	D	R	D	D	R	D	D	D	D
Texas	R	R	R	R	R	R	R	R	R
Utah	R	R	R	R	R	R	R	R	R
Vermont	R	D	D	R	D	D	R	D	R
Virginia	D	R	R	D	R	R	D	R	R
Washington	D	D	D	D	D	D	D	R	D
West Virginia	D	D	D	D	D	D	D	D	D
Wisconsin	D	D	R	D	R	R	D	R	R
Wyoming	D	R	R	D	R	R	D	R	R

Interest Group Activity

State	Legislative Cycle	Interest Group Activity	State	Legislative Cycle	Interest Group Activity	State	Legislative Cycle	Interest Group Activity
Alabama	2013 -2014	0	Kentucky	2005 - 2006	0	NorthDakota	2009 - 2010	0
Alabama	2011 - 2012	0	Kentucky	2003 - 2004	0	NorthDakota	2007 - 2008	0
Alabama	2009 - 2010	0	Louisiana	2013 -2014	0	NorthDakota	2005 - 2006	0
Alabama	2007 - 2008	1	Louisiana	2011 - 2012	0	NorthDakota	2003 - 2004	0
Alabama	2005 - 2006	0	Louisiana	2009 - 2010	0	Ohio	2013 -2014	2013
Alabama	2003 - 2004	0	Louisiana	2007 - 2008	0	Ohio	2011 - 2012	2011
Alaska	2013 -2014	0	Louisiana	2005 - 2006	1	Ohio	2009 - 2010	2009
Alaska	2011 - 2012	0	Louisiana	2003 - 2004	0	Ohio	2007 - 2008	2007
Alaska	2009 - 2010	0	Maine	2013 -2014	0	Ohio	2005 - 2006	2005
Alaska	2007 - 2008	0	Maine	2011 - 2012	0	Ohio	2003 - 2004	2003
Alaska	2005 - 2006	0	Maine	2009 - 2010	0	Oklahoma	2013 -2014	2013
Alaska	2003 - 2004	0	Maine	2007 - 2008	0	Oklahoma	2011 - 2012	2011
Arizona	2013 -2014	0	Maine	2005 - 2006	1	Oklahoma	2009 - 2010	2009
Arizona	2011 - 2012	0	Maine	2003 - 2004	0	Oklahoma	2007 - 2008	2007
Arizona	2009 - 2010	0	Maryland	2013 -2014	0	Oklahoma	2005 - 2006	2005
Arizona	2007 - 2008	0	Maryland	2011 - 2012	0	Oklahoma	2003 - 2004	2003
Arizona	2005 - 2006	0	Maryland	2009 - 2010	0	Oregon	2013 -2014	2013
Arizona	2003 - 2004	0	Maryland	2007 - 2008	1	Oregon	2011 - 2012	2011
Arkansas	2013 -2014	0	Maryland	2005 - 2006	0	Oregon	2009 - 2010	2009
Arkansas	2011 - 2012	0	Maryland	2003 - 2004	0	Oregon	2007 - 2008	2007
Arkansas	2009 - 2010	1	Massachusetts	2013 -2014	0	Oregon	2005 - 2006	2005
Arkansas	2007 - 2008	1	Massachusetts	2011 - 2012	0	Oregon	2003 - 2004	2003
Arkansas	2005 - 2006	1	Massachusetts	2009 - 2010	0	Pennsylvania	2013 -2014	2013
Arkansas	2003 - 2004	1	Massachusetts	2007 - 2008	0	Pennsylvania	2011 - 2012	2011
California	2013 -2014	0	Massachusetts	2005 - 2006	0	Pennsylvania	2009 - 2010	2009
California	2011 - 2012	0	Massachusetts	2003 - 2004	0	Pennsylvania	2007 - 2008	2007
California	2009 - 2010	0	Michigan	2013 -2014	0	Pennsylvania	2005 - 2006	2005
California	2007 - 2008	0	Michigan	2011 - 2012	1	Pennsylvania	2003 - 2004	2003
California	2005 - 2006	0	Michigan	2009 - 2010	0	RhodeIsland	2013 -2014	2013
California	2003 - 2004	0	Michigan	2007 - 2008	0	RhodeIsland	2011 - 2012	2011
Colorado	2013 -2014	0	Michigan	2005 - 2006	1	RhodeIsland	2009 - 2010	2009
Colorado	2011 - 2012	1	Michigan	2003 - 2004	1	RhodeIsland	2007 - 2008	2007
Colorado	2009 - 2010	0	Minnesota	2013 -2014	0	RhodeIsland	2005 - 2006	2005
Colorado	2007 - 2008	0	Minnesota	2011 - 2012	0	RhodeIsland	2003 - 2004	2003
Colorado	2005 - 2006	1	Minnesota	2009 - 2010	0	SouthCarolina	2013 -2014	2013
Colorado	2003 - 2004	0	Minnesota	2007 - 2008	0	SouthCarolina	2011 - 2012	2011
Connecticut	2013 -2014	0	Minnesota	2005 - 2006	0	SouthCarolina	2009 - 2010	2009
Connecticut	2011 - 2012	0	Minnesota	2003 - 2004	0	SouthCarolina	2007 - 2008	2007
Connecticut	2009 - 2010	0	Mississippi	2013 -2014	1	SouthCarolina	2005 - 2006	2005
Connecticut	2007 - 2008	0	Mississippi	2011 - 2012	1	SouthCarolina	2003 - 2004	2003
Connecticut	2005 - 2006	0	Mississippi	2009 - 2010	1	SouthDakota	2013 -2014	2013
Connecticut	2003 - 2004	0	Mississippi	2007 - 2008	0	SouthDakota	2011 - 2012	2011
Delaware	2013 -2014	0	Mississippi	2005 - 2006	1	SouthDakota	2009 - 2010	2009
Delaware	2011 - 2012	0	Mississippi	2003 - 2004	0	SouthDakota	2007 - 2008	2007
Delaware	2009 - 2010	0	Missouri	2013 -2014	0	SouthDakota	2005 - 2006	2005
Delaware	2007 - 2008	0	Missouri	2011 - 2012	0	SouthDakota	2003 - 2004	2003
Delaware	2005 - 2006	0	Missouri	2009 - 2010	0	Tennessee	2013 -2014	2013
Delaware	2003 - 2004	0	Missouri	2007 - 2008	0	Tennessee	2011 - 2012	2011
Florida	2013 -2014	0	Missouri	2005 - 2006	0	Tennessee	2009 - 2010	2009
Florida	2011 - 2012	0	Missouri	2003 - 2004	0	Tennessee	2007 - 2008	2007
Florida	2009 - 2010	0	Montana	2013 -2014	0	Tennessee	2005 - 2006	2005
Florida	2007 - 2008	1	Montana	2011 - 2012	0	Tennessee	2003 - 2004	2003
Florida	2005 - 2006	1	Montana	2009 - 2010	1	Texas	2013 -2014	2013
Florida	2003 - 2004	0	Montana	2007 - 2008	0	Texas	2011 - 2012	2011
Georgia	2013 -2014	0	Montana	2005 - 2006	1	Texas	2009 - 2010	2009
Georgia	2011 - 2012	1	Montana	2003 - 2004	0	Texas	2007 - 2008	2007

Georgia	2009 - 2010	1	Nebraska	2013 -2014	0	Texas	2005 - 2006	2005
Georgia	2007 - 2008	1	Nebraska	2011 - 2012	0	Texas	2003 - 2004	2003
Georgia	2005 - 2006	1	Nebraska	2009 - 2010	0	Utah	2013 -2014	2013
Georgia	2003 - 2004	0	Nebraska	2007 - 2008	1	Utah	2011 - 2012	2011
Hawaii	2013 -2014	1	Nebraska	2005 - 2006	0	Utah	2009 - 2010	2009
Hawaii	2011 - 2012	1	Nebraska	2003 - 2004	0	Utah	2007 - 2008	2007
Hawaii	2009 - 2010	1	Nevada	2013 -2014	0	Utah	2005 - 2006	2005
Hawaii	2007 - 2008	1	Nevada	2011 - 2012	0	Utah	2003 - 2004	2003
Hawaii	2005 - 2006	0	Nevada	2009 - 2010	0	Vermont	2013 -2014	2013
Hawaii	2003 - 2004	0	Nevada	2007 - 2008	0	Vermont	2011 - 2012	2011
Idaho	2013 -2014	0	Nevada	2005 - 2006	0	Vermont	2009 - 2010	2009
Idaho	2011 - 2012	1	Nevada	2003 - 2004	0	Vermont	2007 - 2008	2007
Idaho	2009 - 2010	0	NewHampshire	2013 -2014	0	Vermont	2005 - 2006	2005
Idaho	2007 - 2008	0	NewHampshire	2011 - 2012	0	Vermont	2003 - 2004	2003
Idaho	2005 - 2006	0	NewHampshire	2009 - 2010	0	Virginia	2013 -2014	2013
Idaho	2003 - 2004	1	NewHampshire	2007 - 2008	0	Virginia	2011 - 2012	2011
Illinois	2013 -2014	0	NewHampshire	2005 - 2006	0	Virginia	2009 - 2010	2009
Illinois	2011 - 2012	0	NewHampshire	2003 - 2004	0	Virginia	2007 - 2008	2007
Illinois	2009 - 2010	0	NewJersey	2013 -2014	0	Virginia	2005 - 2006	2005
Illinois	2007 - 2008	0	NewJersey	2011 - 2012	0	Virginia	2003 - 2004	2003
Illinois	2005 - 2006	0	NewJersey	2009 - 2010	0	Washington	2013 -2014	2013
Illinois	2003 - 2004	0	NewJersey	2007 - 2008	0	Washington	2011 - 2012	2011
Indiana	2013 -2014	1	NewJersey	2005 - 2006	0	Washington	2009 - 2010	2009
Indiana	2011 - 2012	0	NewJersey	2003 - 2004	0	Washington	2007 - 2008	2007
Indiana	2009 - 2010	0	NewMexico	2013 -2014	0	Washington	2005 - 2006	2005
Indiana	2007 - 2008	0	NewMexico	2011 - 2012	0	Washington	2003 - 2004	2003
Indiana	2005 - 2006	0	NewMexico	2009 - 2010	0	WestVirginia	2013 -2014	2013
Indiana	2003 - 2004	0	NewMexico	2007 - 2008	0	WestVirginia	2011 - 2012	2011
Iowa	2013 -2014	0	NewMexico	2005 - 2006	0	WestVirginia	2009 - 2010	2009
Iowa	2011 - 2012	0	NewMexico	2003 - 2004	0	WestVirginia	2007 - 2008	2007
Iowa	2009 - 2010	0	NewYork	2013 -2014	1	WestVirginia	2005 - 2006	2005
Iowa	2007 - 2008	0	NewYork	2011 - 2012	1	WestVirginia	2003 - 2004	2003
Iowa	2005 - 2006	0	NewYork	2009 - 2010	0	Wisconsin	2013 -2014	2013
Iowa	2003 - 2004	0	NewYork	2007 - 2008	0	Wisconsin	2011 - 2012	2011
Kansas	2013 -2014	0	NewYork	2005 - 2006	1	Wisconsin	2009 - 2010	2009
Kansas	2011 - 2012	1	NewYork	2003 - 2004	0	Wisconsin	2007 - 2008	2007
Kansas	2009 - 2010	0	NorthCarolina	2013 -2014	0	Wisconsin	2005 - 2006	2005
Kansas	2007 - 2008	0	NorthCarolina	2011 - 2012	0	Wisconsin	2003 - 2004	2003
Kansas	2005 - 2006	0	NorthCarolina	2009 - 2010	0	Wyoming	2013 -2014	2013
Kansas	2003 - 2004	0	NorthCarolina	2007 - 2008	0	Wyoming	2011 - 2012	2011
Kentucky	2013 -2014	0	NorthCarolina	2005 - 2006	0	Wyoming	2009 - 2010	2009
Kentucky	2011 - 2012	0	NorthCarolina	2003 - 2004	0	Wyoming	2007 - 2008	2007
Kentucky	2009 - 2010	0	NorthDakota	2013 -2014	0	Wyoming	2005 - 2006	2005
Kentucky	2007 - 2008	0	NorthDakota	2011 - 2012	0	Wyoming	2003 - 2004	2003

Bill Index

Alabama

2012

HB 670 – Farm-to-school Procurement Act

Would provide for the coordination and development of certain farm-to-school procurement processes and procedures by the State Department of Education and the Department of Agriculture and Industries. This bill would also allow purchases of fresh food by a local board of education by the small purchase procedure as long as purchased with a total cost of less than one hundred thousand dollars.

SJR 83 – Interim Study Committee created

Creating an interim study committee to review the feasibility of delegating to trained school personnel the authority to administer insulin to students.

2011

SJR 55 – Recognizes National Physical Education and Sports Week

Recognizing the week of May 1-7, 2011, as Physical Education and Sports Week and the month of May as Physical Fitness and Sports Month.

HB 433 – Child Nutrition Programs

An act to provide authority for the State School Superintendent to approve the use of Other Current Expense funds allocated to local boards of education for Child Nutrition Programs in the annual Education Trust Fund appropriations act for the fiscal year ending September 30, 2011 for purposes other than pass-through calculations to the Child Nutrition Programs of the local boards of education.

SB 331 – Physical Education

This bill requires all students in grades k-8 to take physical education.

2010

HJR 463 – Declares Diabetes Awareness Week

Recognizes the week of November 8-12, as Diabetes Awareness Week in Alabama public schools.

2007

HJR 306 – Created a legislative task force on childhood obesity

Establishes a legislative task force on morbid obesity to study the feasibility of implementing a pilot program to increase the funding formula of the State Employees' Health Insurance Plan and the Public Education Employees' Health Insurance Plan for bariatric surgery in the morbidly obese.

Alaska

2013

HCR 1 – State food resource development working group

Would request the Governor to establish a state food resource development working group to work with the Alaska Good Policy Council to identify resources and set policies to build a strong and sustainable health food system in the state.

2010

HB 70 – Alaska grown agricultural products

An Act establishing the farm-to-school program in the Department of Natural Resources, the Alaska grown fresh fruit and vegetable grant program in the Department of Education and Early Development, the farmers' market technology improvement pilot program in the Department of Environmental Conservation, and the farmers to food banks pilot program in the Department of Commerce, Community, and Economic Development.

Arizona

2013

HB 2042 – Arizona revised statutes; relating to school district governing boards

Amends Section 15-344.01 to read Diabetes management; policies and procedures; civil immunity. Provides that the school board may adopt policies and procedures for pupils who have been diagnosed with diabetes by a health professional.

2010

HB 2080 – Student health

Concerning policies for students with chronic health problems.

2008

SB 1229 – An act relating to school districts

The school district governing board and the charter school governing body may adopt policies and procedures for pupils who have been diagnosed with diabetes by a health professional.

Arkansas

2011

SB 66 – Insurance coverage for morbid obesity

An Act to Require Health Benefit Plans to provide coverage for the treatment of morbid obesity

SB 138 – The Positive Youth Development Grant Program

To expand the availability of positive youth development programs to include activities that improve the health and wellness of children, among other things.

2009

SB 374 – After school program grants

An act to make an appropriation to the department of human services – division of child-care and early childhood education for after school program grants

2007

HR 1023 – Recess Legislation

Urges school districts to provide a mid-morning and mid-afternoon recess to all students in kindergarten through grade 6.

HB 1039 – Physical activity requirements

Specifies the physical activity requirements in schools and requires annual reports on the progress in implementing nutrition and physical education standards.

HB 1173 – Reversal of the BMI Report Card Requirement

Rescinds the requirement for school districts to provide parents with BMI reports, prohibits vending machines in elementary schools, and requires schools to disclose funds from contracts with food and beverage companies.

California

2013

HB 290 – Childhood nutrition training

Would provide that for licenses issued on or after January 1, 2015, a director or teacher who receives the health and safety training shall also have at least one hour of childhood nutrition training as part of the preventive health practices course or courses, and would require the childhood nutrition training to include content on age-appropriate meal patterns, as specified, and information about participation in the federal Child and Adult Care Food Program.

HB 626 – School nutrition

Would place restrictions on foods and beverages sold that do not meet state nutrition standards, would require meals served in after school programs follow same standards as during school day, would delineate which costs of running a food service are to be borne by the food service budget and which by the school district, and would establish requirements for oversight.

HCR 30 – Student and Youth Bill of Rights

Would adopt a student bill of rights that rests on the belief that in addition to educational opportunity, youth need supportive conditions in which to thrive and grow, including healthy and nutritious food, and physical activity and recreation, among other supports.

2012

HB 1915 – Safe Routes to School

Would establish a "Safe Routes to School" program for construction of bicycle and pedestrian safety and traffic calming projects, and to award grants to local agencies in that regard from available federal and state funds, based on the results of a statewide competition.

HB 2367 – Sale of school garden produce

Would allow school districts to sell produce grown in school instructional gardens.

SCR 47 – Health in All Policies

Would create a task force that would encourage interdepartmental collaboration with an emphasis on the complex environmental factors that contribute to poor health and inequities when developing policies. The focus would be on ways all government policies can offset the prevalence of preventable chronic illnesses, such as diabetes, obesity, heart disease, and stroke.

AJR 27 – Women in sports

This measure would commemorate the 40th anniversary of Title IX on June 23, 2012, commend the movement toward increased equality and fair treatment of female athletes, and praise the goal of greater opportunities in sports for girls and young women in California.

2011

HB 402 – Relating to the CalFresh program and school lunch

Would authorize a school district or a county superintendent to incorporate into the School Lunch Program application packet specified notifications related to the CalFresh program, including a notification that if a pupil qualifies for free school lunches, he or she also may qualify for the CalFresh program.

HB 516 – Safe Routes to School

Would integrate the input of parents, teachers, and other community members in the decision-making process of Safe Schools routes.

HB 581 – Create California Health Food Financing Initiative Fund

Would create the California Healthy Food Financing Initiative Fund in the State Treasury, to be comprised of federal, state, and private funds, for the purpose of expanding access to healthy foods in underserved communities.

AB 2084 – Relating to child day care facilities

Licensed child day care facilities must follow specific requirements relating to the provision of beverages.

AB 152 – Improving Access to Healthy Food

Requires the Department of Public Health to investigate and apply for federal funding opportunities regarding promoting healthy eating and preventing obesity, among other provisions.

2010

HB 2084 – Beverages in Child Day Care Facilities

This bill would require a licensed child day care facility to serve only low-fat (1%) or non-fat milk to children 2 years of age or older; no more than one serving per day of 100% juice; no beverages with added sweeteners, either natural or artificial, excluding infant formula or children's complete balanced nutrition products. Clean, safe drinking water must be readily available throughout the day.

SB 1413 – Fresh Drinking Water in Schools

This bill would require a school district to provide access to free, fresh drinking water in school food service areas by January 1, 2012, but allows a school district to adopt a resolution stating that it is unable to comply.

2009

AB 1080 – Joint use agreements

Authorizes school districts to enter into leases and agreements relating to property and building to be used jointly by the district and a local governmental agency.

2008

ACR 134 – Relative to Legislative Task Force on Summer and Intersession Enrichment

Establishes a Legislative Task Force on Summer and Intersession Enrichment that promotes good health, nutrition and physical activity among school children and provides safe places for children to be during the summer.

CA EDU CODE 49452.6 – BMI reporting in schools

Authorized individual BMI reporting of students to parents

2007

SB 80 – Regarding school meal programs

Requires school districts participating in National School Lunch Program or the National School Breakfast Program provide a certification that they comply with new nutritional standards.

SB 490 – Relating to pupil nutrition

The act prescribes nutrition standards for snacks sold to pupils in middle, junior, or high school with certain exceptions. The act also prohibits the sale of certain beverages to a pupil at an elementary school.

SB 601 – Physical Education Professional Development Program

Mandates the amount of physical education required in school districts and requires data collection through categorical program monitoring to determine whether each school district is in compliance with the required minimum minutes of instruction.

SCR 18 – Relating to California Fitness Month

This measure would proclaim the month of May, 2007, as California Fitness Month, and would encourage all Californians to enrich their lives through proper diet and exercise.

SCR 28 – Youth sports

A resolution that recognizes the importance of quality youth sport experiences.

2005

AB 569 – School meals

Requires the Department of Education to conduct a study on or before March 31, 2007, on certain matters relating to the feasibility of requiring schools that meet the qualifications for the federal severe need reimbursement to offer breakfast.

SB 281 – California Fresh Start Pilot Program

Requires all schools participating in meal programs to provide nutritious food and beverages to pupils.

Colorado

2012

SB 68 – Banning use of trans fat in schools

Would prohibit a public school or institute charter school from making available to a student a food item that contains any amount of industrially produced trans fat. The prohibition applies to all food and beverages made available to a student on school grounds during each school day and extended school day, including but not limited to a food or beverage items in a school cafeteria, school store, vending machine, or other food service entity or fundraising.

2011

HB 1069 – Increase physical activity in public schools

Would require school districts and charter schools to set a minimum requirement of minutes per week of physical activity for elementary students.

2010

HB 1191 – Eliminate Candy and Soda Sales Tax Exemptions

Would narrow the existing state sales and use tax exemptions for food so that candy and soft drinks are no longer exempt from the state sales tax and use taxes.

SB 1335 – Healthy Food Grant Program

Establishes a healthy food grant program to promote better school nutrition.

SB 106 – Food Systems Advisory Council

Creates a statewide food systems advisory council, with members from nutrition and health; agricultural production; food wholesalers and food retailers; anti-hunger and food assistance programs; economic development; and local government. Purpose- to identify studies and best practices of the food system; to develop local food policies that contribute to building robust, resilient, and long-term local food economies; and to develop policy recommendations regarding hunger and food access.

SB 81 – Farm to School Interagency Task Force

In order to provide for the development of a state farm-to-school program, which will promote the consumption of nutritional foods provided by state agricultural producers, the bill creates the "Farm-to-School Healthy Kids Act", which establishes the interagency farm-to-school coordination task force.

2009

SJM 2 – Reauthorizes Child Nutrition Act

A resolution that calls on the federal government to reauthorize the "Child Nutrition and WIC Reauthorization Act of 2004" to prevent its expiration.

SJM 5 – Request for changes to the National Park Service Rules

A Resolution to make National Parks more accessible by bicycle.

2008

SB 129 - An Act concerning nutrition in schools

Limits the type of beverages that can be sold in schools

HB 1224 – Concerning wellness education in public schools

Each school district board of education is encouraged to expand its local wellness policy on or before October 1, 2008.

2007

SB 59 – Start Smart Nutrition Program

Creates a fund to eliminate the reduced price paid by children who are eligible for reduced-price breakfasts under the terms and conditions set forth in the federal "National School Lunch Act" and who are participating in the federal school breakfast program.

2006

SB 127 – An act concerning the provision of fresh produce in public schools

Creates the fresh fruits and vegetables pilot program in order to decrease children's rates of obesity, decrease children's consumption of unhealthy foods, and increase children's awareness and preference for a variety of fresh fruits and vegetables.

2005

HB 1307 – Concerning a preference for the purchase of Colorado agricultural products by state governmental entities.

Connecticut

2012

HB 5348 – Concerning physical activity in elementary schools

Would require each local and regional board of education to require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of time devoted to physical exercise of not less than twenty minutes in total.

HB 5557 – Regarding state expenditures

Would include funds to support a Coordinated School Health pilot program in two districts.

SB 458 – Educational reform

Would require 20 minutes of daily physical activity for grades kindergarten to fifth.

SB 299 – An Act concerning minor revisions to the education statutes

Provides guidelines for state-contracted child care center programs.

2011

HB 6156 – An act concerning farmer’s markets

Would create portability for the food service permit held by farmers and enable such farmers to readily sell their goods at multiple farmers’ markets.

2010

SB 438 - An act concerning education reform in Connecticut

Among other provisions, specifies how many physical education credits are needed before a student can graduate from high school.

2009

HB 6600 – Insurance

An act relating to insurance. Among other provisions, requires preventative care for children with no co-pay.

2006

Senate Substitution Bill 204 - An Act promoting the physical healthy needs of students

The department of education shall develop guidelines for the physical health of students and make copies of these guidelines available.

HB 5847 – An Act implementing the provisions of the budget concerning education

Among other provisions, establishes a farm to school programs.

HB 373 – School nutrition

An act concerning technical high school wiring for technology and healthy food and beverages served in schools.

Delaware

2013

HR 13 – Creating of walking and biking trails

Requests a study of building and maintaining non-motorized travel connections within and between cities and towns and linking them to form uninterrupted networks for walking and biking.

2012

HJR 11 – Declares a National Nutrition Month

Proclaiming March 2012 is National Nutrition Month

HB 303 – An act to amend Title 18 of the Delaware code relating to school based health centers and insurance

School Based Health Centers exist in 28 Delaware high schools and provide convenient and effective health services to students. The federal government is requiring that Delaware change the manner in which it bills for SBHC services, by requiring that private insurers be billed before Medicaid is billed. This legislation establishes the framework for doing such billing.

2011

HB 3 – Limiting artificial trans fat in food available or served to students in public schools

Would prohibit public schools, including charter schools, and school districts from making available or serving food with more than 0.5 gram of artificial trans fatty acids to students in grades K through 12.

SCR 13 – Promoting of walking and cycling

Requesting the Delaware Department of Transportation study the building and maintaining of non-motorized travel connections within and between cities and towns in Delaware and to link these connections to form uninterrupted networks for walking and bicycling.

SCR 20 – Expressing support for the work of Delaware’s No Child Left Inside

This resolution expresses support for outdoor activities for children to experience nature.

2010

HB 328 – Amends Title 14 of the Delaware Code relating to exceptional persons

Among other provisions, provides free physical education to students with disabilities.

2009

SCR 19 – Physical Activity

Encouraging all Delaware public and private schools to increase the amount of physical activity for students in order to decrease obesity and improve the health of Delaware’s young people.

HB 139 – An Act to Amend Title 16 of the Delaware Code Relating to the Delaware Healthy Children Program

This Bill extends Delaware’s Children’s Health Insurance Program (CHIP) to include reduced-cost health insurance coverage for children of families with personal incomes above 200% of the Federal Poverty Level.

2008

HB 286 – Assist enrollment in the Delaware Healthy Children Program

This bill would require local school districts, vo-tech school districts, and the Department of Health and Social Services to take advantage of the right afforded by Title 7, Part 245 of the Code of Federal Regulations for school districts and state agencies to share data for the purpose of enrolling children in free or reduced price health insurance program.

2007

SCR 13 – Healthiest Kids in the Nation

This resolution endorses and supports Nemours Health and Prevention Services’ “Campaign to Make Delaware’s Kids the Healthiest in the Nation”.

2006

HB 372 – Relating to the assessment of fitness of public school students
Requires the Department of Education to develop a regulation requiring each local school district and charter school to assess and report the physical fitness of each student at least once at the elementary, middle and high school level.

SB 289 – Amends Title 14 of the Delaware Code relating to the creation of a statewide health advisory council
The purpose of the Health Advisory Council, as recommended by the Physical Education Task Force created by HCR 37 of the 143rd General Assembly, is to provide advice and guidance to the Department of Education regarding current and future physical education and physical activity programs in Delaware schools.

HB 471 – Amends the Delaware Code Relating to a pilot program for physical education and physical activity in Delaware public schools
This Act provides for a physical education/physical activity pilot program in at least six (6) of Delaware's elementary, middle or high schools. The Department would be required to provide technical assistance in the development and any training related to implementation. The Department could also work with an outside entity, such as the Nemours Health and Prevention Services, to conduct an evaluation. This Act would be effective upon funding provided by either the General Assembly and/or outside entity.

2005

HCR 37 – Creation of a task force

This Resolution creates a task force to examine current physical activity and physical education, policies and programs in Delaware and to develop a comprehensive integrated plan to increase physical activity and reduce obesity to improve the quality of life for all Delawareans.

2004

HR 4 – Support for the “Farm to Cafeteria Projects Act”

Urges the United States Congress to support the “Farm to Cafeteria Projects Act”

2003

HJR 10 – Creating a task force on chronic illness and disease management and prevention

This Resolution creates a Task Force to study the coordination of private and public health sectors for chronic disease management in the State of Delaware and sets a date to submit its findings by March 31, 2004.

Florida

2013

Florida Statute § 381.0056(5)

Among other provisions, requires school health services to administer growth and development screenings for students, including BMI screening.

2011

SB 1312 – Health Schools for Healthy Lives Act

Would transfer and reassign functions and responsibilities, including records, personnel, property, and unexpended balances of appropriations and other resources for the administration of the school food and nutrition programs from the Department of Education to the Department of Agriculture and Consumer Services.

HB 7207 – Growth Management

A community planning act that encourages local governments to apply for certain innovative planning tools and authorizes state land planning agency and other appropriate state and regional agencies to use direct & indirect technical assistance

2010

HB 1619 – Farm Fresh School Service

Creates the Florida Farm Fresh Schools Program. Requires the department to work with the DOACS to recommend policies and rules to the State Board of Education relating to school food services that encourage schools and school districts in this state to buy fresh and local food.

SB 140 – School Food Service Programs

Creates the Florida Farm Fresh School Programs while the Department of Education. Requires the department to develop policies that encourage school districts to buy fresh and local food and select foods with maximum nutritional benefits.

HB 747 – Treatment of Diabetes

Revises the Diabetes Advisory Council membership; prohibits from restricting assignment of diabetic students in school; authorizes student to manage diabetes while at school, at school-sponsored activities, or in transit to-or-from school sponsored activities with written authorization from parent & physician

2008

SB 610 – Don Davis Physical Education Act

Requires physical education for students in grade 6 – grade 8.

HB 9101 – Obesity Awareness Day

Recognizes April 10, 2008, as Obesity Awareness Day

2007

HB 967 – Physical Education

Requires Education Commissioner to provide Internet access to information concerning professional development in physical education; requires district school boards to provide specified physical education for certain students

2004

HB 227 – Summer nutrition

Requires that district school boards develop plans to sponsor summer nutrition programs.

Georgia

2012

HB 879 – Care of students with diabetes in school

Provides for the care of students with diabetes in school.

2011

HR 589 – Establishes a Farm to School Day

Recognizes March 30, 2011, as Farm to School Day at the state capitol and commends farm to school programs.

SR 508 – Farm to School Programs

A resolution commending farm to school programs.

HR 466 – Healthy Kids Challenge Day
Commending the Healthy Kids Challenge program and recognizing March 3, 2011, as Healthy Kids Challenge Day at the state capitol.
2007

SR 517 – Committee on Diabetes and Childhood Obesity
A resolution creating a Senate Study Committee on Diabetes and Childhood Obesity in Georgia.

SR 930 – 2008 Legislative Fitness Challenge; recognize February 25

A resolution recognizing Monday, February 25, 2008, as the kickoff for the 2008 Legislative Fitness Challenge; and for other purposes.

SR 1092 – Diabetes Awareness Day

A resolution recognizing March 6, 2008, as Diabetes Awareness Day.

Hawaii

2013

HCR 23 – Task force on obesity prevention services

Requests the establishment of the Obesity Prevention Healthcare Reimbursement Task Force to facilitate government, non-profit, and private health care organizations collaborate to increase the provision of obesity-related services and counseling by health care providers as mandated under the new Affordable Care Act guidelines.

2012

SB 2778 – Appropriation for Early Childhood Health

Would appropriate money to (1) collect and analyze Hawaii-specific early childhood overweight and obesity data to identify children at risk; (2) increase awareness of the health implications of early childhood obesity; (3) promote best practices through community based initiatives to improve healthy life choices; and (4) establish a task force to develop and recommend legislation related to the prevention of childhood obesity.

HB 2516 – Appropriates funds to the Department of Health to support early childhood development.

2011

HCR167 – Working group to examine the 2008 Farm Bill amendment and the Richard B. Russel National School Lunch Act

Would convene a working group to examine ways to bring more locally grown produce into the school lunch program.

Idaho

2008

HB 588 – Revenue and Taxation Income Tax

Provides income credits or refunds for certain resident individuals to offset the cost of sales tax on groceries.

Illinois

2013

HJR 5 – Urge emphasis on physical fitness and health

Urges the Governor to suggest that one week of each school year be used to emphasize the importance of physical fitness in schools in the State of Illinois.

HR 24 – Concerning physical activity and healthy lifestyles for children

Would encourage school teachers and administrators to promote 60 minutes of daily physical activity for Illinois' schoolchildren and parents and their children to embrace better nutritional education to further build healthier lifestyles.

2012

SR 624- Childhood Obesity Awareness Month

A resolution designating Sept. 2012 as childhood obesity awareness month

SB 3374- School physical education task force

Establishes the Physical Development and Health Task Force to make recommendations to the Governor and General Assembly on certain goals of the Illinois Learning Standards for Physical Development and Health.

HB 605 - An Act concerning education

Among other provisions, requires that school districts must report their health and wellness policies to the State Board of Education

HR 783 – Obesity & Cancer Awareness

Encourages that certain policies and courses of action concerning obesity be supported.

2011

HR 227 – Designates Shape-Up Day

Designates March 16, 2011 as “Shape up Illinois Day” in the state of Illinois.

SB 1852 – Create a Farmers’ Market Task Force

Would create a Farmers’ Market Task Force to enact statewide administrative regulations for farmers’ markets.

SR 214 – Kids Eat Right

Urges localities, schools, non-profit organizations, businesses, other entities, and the people of Illinois to promote Kids Eat Right.

2010

SB 3706 – Nutrition and Physical Activity Program Database

Amends the Critical Health Problems and Comprehensive Health Education Act. Provides that the State Board of Education shall develop and maintain a nutrition and physical activity best practices database. Provides that the database shall contain the results of any wellness-related fitness testing done by local school districts, as well as information on successful programs and policies implemented by local school districts designed to improve nutrition and physical activity in the public and charter schools

SJR 72 – Illinois Fresh Food Fund

Urges a Task Force be created to consider an Illinois Fresh Food Fund and recommend measures, including potential legislation, yielding a result that successfully stimulates supermarket development.

SB 615 – Local food, farms and jobs act

Amends the school code. The Department of Agriculture shall establish, and make available on its website, a geo-coded electronic database to facilitate the purchase of fresh produce and food products by schools.

SB 3158 – Commission to end hunger act

Creates the Commission to End Hunger Act. Provides that the purpose of the Commission shall be to develop an action plan every 2 years, review the progress of this plan, and ensure cross-collaboration among government entities and community partners towards the goal of ending hunger in Illinois.

HB 6065 - Care of Students Diabetes Act

Requires a parent or guardian to submit a diabetes care plan for a student with diabetes who seeks assistance with diabetes care in the school setting.

SJR 80 – Recess in Schools Task Force

Creates the Recess in Schools Task Force to examine the barriers facing schools in providing daily recess to every age-appropriate student and make recommendations in a final report to the General Assembly

2009

HB 78- Farm Fresh Schools Program

Provides that the Department of Agriculture in cooperation with the State Board of Education and the Department of Public Health, shall create the Farm Fresh Schools Program.

HB 3767 – Obesity Prevention Initiative

Creates the Obesity Prevention Initiative Act.

HR 19 - Urges a capitol budget on open space

Urges the Governor to present a capitol budget that includes funding for the Illinois Special Places Acquisition, Conservation and Enhancement Program.

2008

SB 2012 - Chronic Disease Task Force

Creates the Chronic Disease Prevention and Health Promotion Task Force.

HR 1026 - YMCA Healthy Kids Day

Recognizes April 12, 2008 as YMCA Healthy Kids Day in the State of Illinois.

2006

HR 1038 - YMCA Healthy Kids Day

Recognizes April 8, 2006 as YMCA Healthy Kids Day in the state of Illinois.

2005

HB 612 - Childhood Health Prevention Program

Establishes the Childhood Health Promotion Program to prevent and reduce the incident and prevalence of obesity in children and adolescents.

SB 162 - School wellness policies

State board of education to set goal that all schools have a school wellness policy; department of public health and state board to publish all; create a task force to identify barriers to wellness.

SR 147 - Obesity Awareness Month

Designates September 2005 as “Obesity Awareness Month”.

HB 210 – Nutrition & Early Learning

Amends the Illinois Early Learning Council Act. Provides that the Council shall act in coordination with the Interagency Nutrition Council when dealing with activities related to nutrition, nutrition education, and physical activity.

2004

HR 596 – Recognizes Obesity Awareness

Declares January and February Obesity Awareness Month.

SB 76 – Nutrition Outreach Act

Creates the Nutrition Outreach and Public Education Act. Establishes a nutrition outreach and public education program.

SB 2940 – Public Health, Obesity

Provides that health examinations shall include the collection of data relating to obesity. Provides that the department of public health may collect health data from local schools and the State Board of Education relation to obesity on health examination forms.

2003

HR 594 – National School Lunch Program

Urges Congress to strengthen and improve the Nation School Lunch Program and the Child Nutrition Program.

HR 147 – Sugar Consumption Study

Directs the Department of Public Health, in conjunction with the State Board of Education, to conduct a sugar consumption study to determine the effects of sugar consumption as it relates to the overall health of school children.

Indiana

2011

HCR 31 – State policy to reduce childhood obesity and diabetes

Urges the Legislative Council to assign to the Health Finance Commission the topic of developing a state policy to aid in the reduction of childhood obesity and diabetes.

2007

HB 1116 – Teacher training

Among other provisions, establishes a training program for school employees who are not health care professionals to assist students with diabetes in managing and treating the disease. Sets forth requirements for individualized health plans for students who will be managing and treating diabetes while at school or school activities.

2006

SB 111 – Student nutrition and physical activity

Requires school boards to establish a school health advisory council to develop a local wellness policy that complies with certain federal requirements. Requires the department of education to provide information concerning health, nutrition, and physical activity. Establishes requires applying to food and beverage items that are available for sale outside the federal school meal programs.

Iowa

2008

HF 2539 – Health care reform

An act relating to health care reform including health care coverage intended for children and adults, health information technology, long-term living planning and patient autonomy in health care, preexisting conditions, and dependent children coverage.

2006

SF 2124 – Establishment of a prevention grant program

An act providing for the establishment of a nutrition and physical activity community obesity prevention grant program. Includes measuring, reporting, and tracking the weight and height of students.

Kentucky

2012

HB 550 – Kentucky Health Nutrition Pilot Project

Would create a nutrition project to enhance the health of a selected needy population dealing with the most serious health challenges by promoting the consumption of low-fat, antioxidant-rich foods and that- 1 . Includes a science-based education component; 2 . Shall be delivered at no cost and foods shall be provided at a price that covers the costs of providing the food products and services, but that excludes any markup over these costs that would result in a profit to the provider.

SB 110 – Community use of school facilities and property

Would provide limited civil immunity to school districts and personnel who make school property available for recreational use by members of the community during non-school hours.

HB 419 – Income tax check-off for local food banks

Establishes a check-off for contributions to the farms to food banks trust food.

2011

HCR 13 – Create a childhood obesity task force

Would establish a Legislative Task Force on Childhood Obesity.

Louisiana

2012

HB 1088 – Coordinated school health program

Would provide for the establishment and administration of a targeted coordinated school health program for the purpose of reducing childhood obesity and a grant program to assist public school governing authorities with implementation.

HCR 100 – Reconvene the Complete Streets Working Group

Would recreate the Complete Streets Working Group to further study and implement Complete Streets guidelines, as well as study the progress made on Complete Streets project implementation.

SR 146 – School compliance study

Would urge and request the Louisiana Department of Education and the State Board of Elementary and Secondary Education (BESE) to conduct a survey or study to determine school compliance with the state law regarding vending machines in schools and the requirement of thirty minutes of physical activity in the public schools.

HB 867 – Established a pilot program

Authorizes a cooperative endeavor between University Medical Center in Lafayette and the Lafayette Parish School System to develop a pilot program for coordinated school health and wellness centers.

HR 138 – Health Care

A resolution to urge and request the Department of Health and Hospitals to study the feasibility of establish a chronic disease database in Louisiana.

2011

HR 154 – Requests the Dept. of Children and Family Services to adopt physical fitness standards for child day care facilities

Would urge and request the Department of Children and Family Services to adopt physical fitness standards for child day care facilities and that the physical activity and screen time standards follow guidelines set forth by the National Association of Sport and Physical Education and the American Academy of Pediatrics.

SCR 14 – Shared use of facilities

Would encourage city, parish, and other local public school boards to enter into joint-use agreements for the use of school facilities to promote good health in Louisiana communities.

SR 134 – Request various childhood obesity groups to report to the Senate Committee on Health & Welfare

Would request the Senate Committee on Health and Welfare to study the efforts of various agencies and organizations related to fighting the childhood obesity epidemic and to request that these agencies report on their ongoing efforts.

HCR 55 – Group-State, Obesity

Requests the Office of Group Benefits to conduct a study on the financial benefits of establishing a program to address the high rate of obesity in LA.

HB 194 – Educational Services

Request the Department of Children and Family Services to provide certain educational services within the Supplemental Nutrition Assistance Program and to report to the House and Senate health and welfare committees on service outcomes.

HB 458 – Food bank donation

Creates an individual income tax return check-off for donations to the LA Food Bank Association

2010

HB 1141 – School Food Programs

Requires that public elementary schools that have policies denying school meals to students must follow certain procedures including notifying parents of when meals may be denied and the reason for denial; verify with school staff that the child is not part of a program requiring him or her to have meals; mandating that the school provide a sandwich or snack to the child if denied a meal; and reporting to the Dept of Social Services if the child is denied a meal three times.

HB 840 – Food Policy Council

Creates the LA Sustainable Local Food Policy Council until April 2012 within the Department of Agriculture and Forestry, for the purpose of building a local food economy benefiting Louisiana by creating jobs, stimulating statewide economic development, preservation of farmlands and water resources, increasing consumer access to fresh and nutritious foods, and providing greater food security for all Louisianians.

HCR 209 – To study feasibility of increasing PE units required for high school graduation.

Would request the State Board of Elementary and Secondary Education study the feasibility of increasing physical education units required for high school graduation and to submit a written report of findings and conclusions, including recommendations, to the House and Committees on Education 60 days prior to the beginning of the 2011 regular session of the legislature.

SR 172 – To study efforts to fight childhood obesity

Requests the Senate Committee on Health and Welfare to study the efforts of various agencies and organizations related to fighting the childhood obesity epidemic and to urge and request those various agencies and organizations to report by January 1, 2011, to the Senate Committee on Health and Welfare about the status of their ongoing efforts to curb the high incident rate of childhood obesity.

2009

HB 193 – School nutrition

Provides rules and regulations for school nutrition programs.

HB 767 – Beverages in schools

Provides rules and regulations relative to beverages offered for sale to students in public high schools.

HB 400 – Physical activity

Requires public schools to provide at least thirty minutes of physical activity each school day for students in grades seven and eight and establishes school health advisory councils.

SB 309 – Fitness assessments

Provides for health-related fitness assessments to determine physical fitness levels of students in schools.

2008

HCR 68 – Committee to study childhood obesity

Requests the House Committee on Health and Welfare and the State Committee on Health and Welfare to function as a joint committee to study childhood obesity in the state.

SR 160 – Bariatric surgery demonstration program

A resolution to urge and request the office of group benefits to study the bariatric surgery demonstration program initiated in 2004 and provide a written report of the results of the study to the Senate Committee on Health and Welfare.

SCR 98 – Joint committee

A resolution to request joint committee study of the current and future impact of those chronic diseases which have the greatest impact on the citizens, commerce, workforce, social fabric and insurance costs in LA.

SR 29 – School-based Health Care Youth

A resolution that commends the efforts of the Louisiana Assembly on School-Based Health Care youth advisory program and recognizes April 23, 2008, as “Louisiana Assembly on School-Based Health Care Youth Advocacy Day” at the Louisiana Senate.

SR 53 – Legislative Wellness Day

Commends the efforts of various organizations and recognizes May 6, 2008, as “Legislative Wellness Day” at the Louisiana Senate

HR 42 – A resolution for weight loss

Commends the citizens of House District No. 29 for striving to lose 2,900 pounds collectively and extends to them best wishes for success

HCR 200 – Trans Fact

Request a joint study on the feasibility and advisability of prohibiting public schools from serving foods containing trans fat to students.

HR 169 – Bariatric surgery

Urges and requests the Office of Group Benefits to study the bariatric surgery demonstration program

2007

HB 883 – Louisiana Diabetes Initiatives Council

Provides for the powers, duties, and functions of the Louisiana Diabetes Initiatives Council.

Maine

2013

HB 460 – Encourage teaching for agricultural studies

Agricultural studies may be taught or integrated into the curriculum of public and private elementary and secondary schools and may address, among other things, the importance of eating healthy food and its role in combating childhood obesity.

2012

HB 1373 – Creating fund for obesity prevention programs

Would fund prevention, education and treatment activities concerning unhealthy weight and obesity.

2011

HB 1060 – Establish Maine Farm and Fish to School Program

Would establish the Maine Farm and Fish to School Program to increase the purchasing by schools of food raised, grown or harvested by Maine farmers and fishermen.

HB 398 – Concerning competitive foods served in schools

Would align state standards for foods and beverages served outside the National School Lunch Program with federal nutrition standards.

HB 939 – Establish a pilot physical education project

Would establish a pilot physical education program in four elementary schools to demonstrate the efficacy of fully implementing progressive practices involving physical education and health education and the coordination of reporting information regarding the health, fitness and academic performance of elementary school children.

SB 264 – Act to Reduce Student Hunger

Would require public schools with at least 40% of students qualifying for free or reduced-price lunch to implement a federally subsidized summer food service program to provide meals to children during the summer months.

LD 1280 – Elementary school physical education

An Act to Establish a Pilot Physical Education Project in Four Maine Schools

Establishes the Obesity & Chronic Disease Fund to fund existing physical education programs and implement a new physical education program for elementary schools.

2009

LD 1407 – Elementary school physical education

An Act to assess the physical education capacity of elementary schools in Maine and to Establish the Obesity and Chronic Disease Fund within the Department of Education.

HB 983 – Physical education and health in elementary schools

Requires the Commissioner of Education to conduct an assessment of the physical education capacities of elementary schools and to report to the Joint Standing Committee on Education and Cultural Affairs; establishes the Obesity and Chronic Disease Fund, transferred to the Department of Education; allows the Obesity and Chronic Disease Fund to receive public or private funds or income from other sources.

Maryland

2012

HB 9 – Expanding Health Curriculum in Public Schools

Would integrate new requirements into the health curriculum, including the importance of physical activity, information regarding diabetes, and new requirements for reporting to the Department of Education.

2010

HB 334 – Physical education facilities

Requiring the State Department of Education to adopt regulations that require public schools that are newly constructed or completely renovated and occupied on or after January 1, 2013, to include a gymnasium and adequate support space for physical education instruction and to adopt guidelines for facilities for physical education programs.

SB 4459 – An act relative to school nutrition

Provides standards for instruction on the issues of nutrition and exercise.

HB 1017 – Health Insurance – Child Wellness Benefits

Requiring individual, group, or blanket health insurance policies and nonprofit health service plans to cover, in the minimum package of child wellness services required to be provided under their family member coverage, visits for obesity evaluation and management and visits for and costs of developmental screening; expanding the list of visits at which examinations, assessments, and guidance services must be covered.

2009

HB 1264 – Gwendolyn Britt Student Health and Fitness Act

Authoring local school systems to develop and implement specified Wellness Policy Implementation and Monitoring plans; requiring the State Department of Education to take specified steps to support specified Wellness Policy Implementation and Monitoring Plans; requiring specified local school systems to submit plans and reports to the Department; requiring the Department to establish an Advisory Council; etc.

2008

HB 1411 – Fitness and Athletics Equity for Students with Disabilities Act

Requiring county boards of education to ensure that students with disabilities have equal opportunities to participate in physical education programs and try out for, and, if selected, to participate in mainstream athletic programs

SB 955 – Task Force on Student Physical Fitness in Maryland Public Schools

Establishing a Task Force on Student Physical Fitness in Maryland Public Schools; providing for the membership and chair of the Task Force; requiring the State Department of Education to provide staff for the Task Force; requiring the Task Force to study the advisability of requiring all public schools in the State to provide a minimum amount of physical activity or physical education to students each week; etc.

HB 1176 – Committee on Childhood Obesity

Establishing a Committee on Childhood Obesity to provide specified recommendations to the Governor and the General Assembly; specifying the membership, chair, and staff of the Committee

Massachusetts

2010

HB 4459 – School Nutrition Standards, Competitive Foods

The department shall develop nutritional guidelines and standards for the sale or provision of competitive foods or beverages in public schools; provided, however, that competitive foods or beverages sold or provided in public schools shall be limited to foods or beverages that comply with the leading nutritional standards and other regulations promulgated by the department.

HB 4568 – Establishing the MA Food Policy Council

Establishes a Food Policy Council for the state.

SB 2322 – School Nutrition

Provides nutritional requirements for food served in schools

2009

HB 4149 – Appropriates for the fiscal year

Incorporates obesity prevention programs into school curricula.

2008

HB 4900 – Appropriates for the fiscal year

Appropriates \$150,000 for the Childhood Obesity School Nutrition Project for school lunch programs.

Michigan

2011

HR 65 – Screen-Free Week

Declares the week of April 18 - 24, 2011, as Screen-Free Week.

2008

HB 6368 – Farm-to-school procurement act

An act to provide for the coordination and development of certain farm-to-school procurement processes and procedures

HB 6365 – Amends the school code

An act to provide a system of public instruction and elementary and secondary schools, to revise, consolidate, and clarify the laws relating to elementary and secondary education, including what can be purchased through competitive programs.

Minnesota

2010

SB 2908 – Related to changing standards for physical education and school wellness

Would, among other things, mandate the adoption of the most recent National Assn. for Sport and Physical Education standards for grades K-12; encourage the Dept of Education to develop guidelines that promote quality recess practices; and mandate school districts to post the current local school wellness policy on their website.

2008

SB 3780 – Health Improvement Program

Among other things, implements evidence based strategies to reduce the population of Minnesotans who are overweight or obese.

Mississippi

2012

HB 540 – Shared use of school facilities

Would allow school board of a school district to adopt a policy allowing the public use of indoor or outdoor school property during non-school hours for purposes of recreation or sport with protection from liability.

SB 2752 – Coordinated School Health pilot program

Would grant the State Board of Education the authority to establish a targeted coordinated school health pilot program that would bring together school administrators, teachers, other staff, students, families and community members to assess health needs, set priorities, and plan, implement and evaluate school health activities directed toward improving student health.

2011

HB 1170 – Create an advisory committee to study the availability of healthy foods

Would create an advisory committee to examine areas in the state that are underserved in retail of healthy foods and the impact of the limited availability on proper nutrition, obesity, and related chronic diseases.

HB 924 – Reactivate Mississippi Obesity Prevention Council

Would reactive the Mississippi Obesity Prevention Council and appoint members.

SB 2798 – School reporting

Mandated reports by schools and the State Department of Education, including on physical education data.

2010

HB 1078 – Healthy School Initiative

Requires state department of education to implement healthier environments in schools and to offer school districts to incentivizes for their implementation.

HB 1079 – Office of Healthy Schools, Food Service Training

To require the office of healthy schools of the state department of education to provide comprehensive training on certain food service practices provided by local school districts; to authorize the department to determine the time, location and frequency with which the trainings are held; to require certain district personnel to attend the trainings; and for related purposes.

HB 1566 – Farmers Markets

An Act To Amend Section 27-65-103, Mississippi Code Of 1972, To Exempt From Sales Taxation Sales Of Food Products That Are Grown, Made Or Processed In Mississippi And Sold From Farmers' Markets That Have Been Certified By The Mississippi Department Of Agriculture And Commerce; And For Related Purposes.

2009

HB 1530 – Bariatric surgery as an obesity treatment

An act to establish a program designed to address the problem of the high rate of obesity in Mississippi, by providing for the treatment and management of obesity and related conditions through various methods, include the use of bariatric surgery as a treatment option.

2007

SB 2369 – Healthy Students Act

An act to require a minimum period of physical-activity based instruction and a minimum period of health education instruction in grades k-8.

2006

HB 319 – Local School Health Councils

Directs all school districts to establish local school health councils by November 1, 2006, in conformity with federal requirements; to provide that this section does not prohibit sales of food through school fund-raisers held off the school campus; and for related purposes.

Missouri

2011

HB 344 – Create the Farm-to-Table Advisory Board

Would increase awareness of local agriculture and promote the use of locally-grown agricultural products in the school cafeterias.

HCR 23 – Declares support for Complete Streets policies

Declares support for Complete Streets policies that considers the safe access of all users -- pedestrians, motorists, and bicyclists -- in street design.

2005

HB 568T – Model School Wellness Program

Creates a Model School Wellness Program to create pilot programs in school districts to encourage school districts to avoid tobacco use, eat balanced diets, get regular exercise, and become familiar with diseases associated with being overweight. Includes reporting on aggregate data on BMI and measuring changes in behaviors relating to nutrition and physical activity.

Montana

2011

HJR 8 – Creates a committee to study child hunger and ways to improve access to nutritious food

Would create a committee to study childhood hunger and ways to improve access to nutritious food for all Montana children.

Nebraska

2006

LB 1107 – An act relating to schools

An act relating to schools; to provide for student self-management of diabetes at school and school-related activities.

Nevada

2011

SB 27 – Training for employees of child care facilities

Would require employees in specified child care facilities to receive annual training in childhood obesity, nutrition, and physical activity, among other topics.

2009

SCR 20 – Diabetes Awareness Day

Designates March 25, 2009, as Diabetes Awareness Day in Nevada.

2007

SCR 27 – Nutrition Education

Encourages development of a coordinate collaboration among agencies that provide nutrition education.

SCR 9 – Physical Activity in schools

Urges the public schools and school districts to preserve and strive to expand the amount of time allocated for physical activity.

AB 354 – Health Care Students

Requiring certain physical examinations of pupils and authorizing the board of trustees of a school district to adopt a policy encouraging the school district and schools within the district to collaborate with qualified health care providers and students enrolled in health care programs in postsecondary institutions to assist in physical examinations.

New Hampshire

2008

HB 1422 – Establishing a commission on the prevention of childhood obesity

This bill establishes a commission on the prevention of childhood obesity.

SB 312 – Relative to insurance coverage for obesity and morbid obesity

This bill requires insurance coverage for the disease and ailments caused by obesity and morbid obesity and treatment for such, including bariatric surgery, when determined to be medically necessary by a physician.

2007

HB 213 – School nutrition program funds

This bill allows charter schools, approved nonpublic schools, and residential facilities for children to apply for reimbursement for approved school meals.

HB 927 – Physical education

An act relative to the specific criteria and substantive educational program that define an adequate education, the resources required to provide an adequate education, and the establishment of a timetable for costing an adequate education, including physical education.

2004

HB 1352 – Requiring school districts to recommend daily physical activity to pupils

This bill requires the local school board and the department of education to develop and adopt a policy recommending that each pupil participate in developmentally appropriate daily physical activity and exercise as a way of minimizing certain childhood health problems.

New Jersey

2012

HB 3688 – Implement mobile farmers' market and fresh produce voucher program

Would authorize Department of Agriculture to implement mobile farmers' market and fresh produce voucher program for residents of urban "food desert" communities.

2011

HB 2859 – Authorizes sale/lease of unneeded public property to nonprofits for gardening and urban farming.

Authorizes sale and lease of unneeded public property to certain nonprofits for gardening and urban farming and exempts such urban farms from property taxation.

2010

HB 2854 – Establishes the "Jersey Fresh Farm to School Week"

Would establish a yearly week-long celebration of events that highlight and promote the value and importance of New Jersey agriculture and fresh foods produced in NJ, and the value and importance of fresh farm foods for children.

HB 2859 – Authorizes the sale/lease of unneeded public property to nonprofits for gardening and urban planning.

Authorizes sale and lease of unneeded public property to certain nonprofits for gardening and urban farming and exempts such urban farms from property taxation.

2009

AB 267 – Diabetes care

Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.

2008

AR 86 – American Diabetes Month

Recognizes November 2008 as "American Diabetes Month."

2006

SB 1218 – School nutrition requirements

Establishes certain nutritional restrictions on food and beverages served, sold or given away to pupils in public and certain nonpublic schools.

New Mexico

2012

SM 8 – School Nutrition Day

Declares Thursday January 26, 2012 to be School Nutrition Day.

HM 3 – Ample outdoor opportunities for children

A resolution that supports the idea that every New Mexico child should have the opportunity to play outside freely and encourages certain state departments to develop policies that support this goal.

2011

SB 144 – Requiring school districts to establish free breakfast programs

Would require school districts and charter schools to establish free breakfast programs.

2008

SB 128 – Relating to health care reform

Establishes a Healthy New Mexico Task Force to devise a strategic plan for implementing disease prevention and chronic condition and chronic disease management measures.

SB 165 – Expenditures by state agencies

Among other provisions, provides funding for the farmer's market nutrition enhancement program and funding for a preventive health pilot program in rural areas to work to improve the health of people suffering from diabetes, obesity, and other preventable conditions.

2007

HB 207 – Relating to public schools

Provides for physical education in grades kindergarten through six in elementary schools, adds physical education program units and charter school student activities program units into the program cost calculation.

HM 21 – Diabetes program for Native Americans

Expresses support for continued funding beyond 2008 for the special diabetes program for Native Americans.

New York

2013

A06628 – Obesity prevention

Establishes provisions to combat the incidence of adult and childhood obesity; provides for direct marketing of fresh vegetables and fruits in areas with a high incidence of adult and child obesity; directs Cornell cooperative extension program to offer obesity and respiratory disease prevention programs.

A02893 – Wellness programs

Provides for the inclusion of weight control in the health care and wellness education and outreach program; includes weight management and physical fitness in wellness programs.

2012

S00627 – Establishing local and regional farmers' markets

Would create opportunities to develop regional and local wholesale farmers' markets to encourage the purchase of New York grown products.

2011

S00587 – Inventory of Schoolyards

Would require the Chancellor in a city with a school district with a population of one million or more to compile an inventory and create a written report on the status of all outdoor schoolyards.

2007

A04308 – BMI Reporting

Among other provisions, requires mandatory BMI screening for school children.

2004

S06738A – School nutrition

Provides for the creation of a school district nutrition advisory committee.

2003

S02045 – Childhood obesity prevention program

Establishes the childhood obesity prevention program within the department of health to prevent and reduce the incidence and prevalence of obesity in children and adolescents.

North Carolina

2013

HB 57 – Indirect costs to school food service

Would (1) prohibit local school administrative units from assessing indirect costs to a child nutrition program unless the program is financially solvent and (2) appropriate funds to promote optimal pricing for child nutrition program foods and supplies, as recommended by the joint legislative program evaluation oversight committee based on recommendations from the program evaluation division.

SB 336 – Diabetes care

An act requiring the divisions of medical assistance and public health within the department of health and human services, and the State Health Plan Division within the department of the state treasurer, to coordinate the Diabetes programs they each administer; to each develop plans to reduce the incidence of diabetes, to improve care, and to control complications; and to report to the joint legislative oversight committee on health and human services and the fiscal research division.

2011

HJR 647 – Diabetes task force

A joint resolution to establish the Joint legislative task force on diabetes prevention and awareness.

SB 415 – School nutrition

An act to provide school breakfasts at no cost for school children who qualify for reduced-price meals at schools participating in the National School Breakfast Program; and to require the State Board of Education to report on the public school nutrition programs operated by the local school administrative units.

2010

HB 1726 – Improve child care nutrition and activity standards.

Would require the Child Care Commission to develop improved nutrition standards for child care facilities, and to direct the Div. of Child Development to study and recommend guidelines for increased levels of physical activity in child care facilities, as recommended by the Legislative Task Force on Childhood Obesity.

HB 1777 – Study child nutrition program

Would authorize a study of the indirect costs of the child nutrition programs, as recommended by the Legislative Task Force on Childhood Obesity.

HB 1832 – Farm to school program

An act to establish an employee position dedicated to administration and operation of the farm to school program and to require the department to report annually on the program, as recommended by the Legislative Task Force on Childhood Obesity.

HB 1471 – Joint Use agreements

An act directing the State Board of Education to encourage local boards of education to enter into agreements with local governments and other entities regarding the joint use of their facilities for physical activity.

2009

SB 73 – Guidelines to support and assist students with diabetes

An act to require boards of directors of charter schools to implement the guidelines adopted by the state board of education for the development and implementation of individual diabetes care plans and to require local boards of education and boards of directors of charter schools to report annually to the state board of education about their compliance with these guidelines.

HB 1726 – Nutrition and physical activity for children

An act to require the child care commission to develop improved nutrition standards for child care facilities and to direct the division of child development to study and recommend guidelines for increased levels of physical activity in child care facilities, and to direct the Division of Public Health to work with other entities to examine and make recommendations for improving nutrition standards in child care facilities.

HB 900 – Child Nutrition Program standards

An act directing the state board of education to annually review nutrition standards for foods and beverages administered by the Department of Public Instruction and child nutrition programs of local school administrative units and to require other food sale operations on the school campus during the instructional day to meet certain standards by the 2010 school year.

HB 1757 – Guidelines for fitness testing

An act to Direct the State board of education to develop guidelines for public schools to use evidence-based fitness testing for students statewide in grades kindergarten through eight.

SB 1153 – Legislative Task Force on Childhood Obesity

An act to create the Legislative Task Force on Childhood Obesity.

SB 1067 – Establish the Sustainable Local Food Advisory Council

An act to establish the North Carolina Sustainable Local Food Advisory Council to address program and policy considerations regarding the development of a sustainable local food economy.

HB 945 – The Studies Act

Among other provisions, creates a task force on childhood obesity.

2007

HB 2592 – Study K-12 Physical Education

Directs the State Board of Education to study k-12 physical education in public schools.

2005

HB 855 – Child Nutrition Program standards

An act directing the state board of education to establish statewide nutrition standards for school meals, a la carte foods and beverages, and the after school snack program.

SB 961 – Vending machine standards

An act to establish a statewide standard for vending products sold during the school day.

2003

HB 303 – Healthy, Active Children in Grades K-8

Among other provisions, sets requirements for physical activity in schools.

North Dakota

2013

HB 1443 – Provides for collaboration in developing diabetes goals and plans

The department of human services, state department of health, Indian affairs commission, and public employees retirement system shall collaborate to identify goals and benchmarks while also developing individual agency plans to reduce the incidence of diabetes in the state, improve diabetes care, and control complications associated with diabetes.

2009

SB 2333 – Creation of regional public health networks

A bill for an Act to create and enact chapter 23-35.1 of the North Dakota Century Code, relating to the creation of regional public health networks; to provide for a regional public health network task force and to provide for reports to the legislative council, among other provisions.

2007

HCR 3046 – Healthy lifestyles for children

A concurrent resolution directing the Legislative Council to study ways in which various public and private entities can cooperate to promote healthy lifestyles for children and create awareness about the interplay of healthy lifestyle choices and educational success.

SB 2354 – School fitness

Amends the graduation requirement of one-half unit of physical education during each school year to include the following: once every four years the unit must be a concept-based fitness class that includes instruction in the assessment, improvement and maintenance of personal fitness.

2005

HCR 3051 – Improving health

A concurrent resolution directing the Legislative Council to study ways in which state agencies can join with health care professionals, school districts, schools, and parents to promote understanding regarding the interplay of health and educational success and to improve the health and well-being of elementary and high school students in this state.

SB 2328 – Vending machine requirements

Limits the sale of certain beverages on school property.

Ohio

2011

SB 316

Among other provisions, requires the Department of Education to screen students body mass index and weight, compiling the data into a report.

2010

SB 210 – Nutrition standards, BMI measurement, and physical activity in schools

To establish nutritional standards for certain foods and beverages sold in public and chartered nonpublic schools; to require public school students to have periodic body mass index measurements; require daily physical activity.

HB 68 – Establishes the healthy farms and healthy schools grant

To enact sections 901.91 to 901.95 of the Revised Code to establish the healthy farms and healthy schools grant program for the purpose of providing grants to schools to establish nutrition education and agricultural education programs for kindergarteners.

2007

SB 93 – Nutrition and Physical Fitness Month

The month of May is designated as “Nutrition and Physical Fitness Month” to include public awareness of the paramount roles that nutrition and physical fitness play in promoting a healthy lifestyle of all citizens of this state.

2005

SB 105 – Physical education

Requires each school district to provide instruction in physical education in each of grades kindergarten through eight and requires the Department of Education to provide each school district with access to research to facilitate the use of locally developed instructional objectives and to encourage students' regular participation in physical activity.

Oklahoma

2010

HB 2774 – Oklahoma Healthy Communities Act

The State Department of Health shall establish and maintain a program for the voluntary certification of communities that promote wellness, encourage the adoption of healthy behaviors, and establish safe and supportive environments.

SB 1876 – School Physical education requirements

Requires that public elementary schools provide physical education or exercise programs for a minimum of an average of 60 minutes each week, not including recess, to students in full-day kindergarten and grades one through five. Also requires an average of sixty minutes each week of physical activity for the same students. Strongly encourages districts to provide physical education instruction to students in grades six through twelve, including at least a twenty-minute daily recess.

SR 77 – School nutrition

A resolution encouraging schools to offer healthy snacks.

SCR 34 – Diabetes Awareness Day

Designating November 14, 2010 as Diabetes Awareness Day.

SB 1876 – Physical education

Specifies what schools must include in their physical education curriculum.

2008

SB 1612 – Quality Afterschool Opportunities Act

Creates the Quality Afterschool Opportunities Act to reduce childhood obesity and improve academic performance.

SB 519 – Physical Fitness Assessment Program

Facilitates the development of a physical assessment software program for public schools.

SB 1186 – Physical activity requirements

Amends previous requirements to mandate that public schools provide students in k-5 an additional 60 minutes of physical activity everyweek.

2007

HB 1601 – Physical education in schools

Relating to physical education programs, and prohibits recess from counting towards physical education requirements.

HB 1051 – Diabetes Management in schools

Requires a medical management plan to be developed for each student with diabetes.

2006

SB 1459 – Student health

Requires the State Department of Education with the State Department of Healthy to provide information and technical assistance to schools for health of students.

2005

SB 312 – Physical education

Among other provisions, mandates that school districts must provide physical education programming to all students. Grades k-5 must include a minimum of 60 minutes of physical education per week.

2004

SB 1627 – Health and Fit Kids Act

Provides for the establishment of Health and Fit School Advisory Committees to make recommendations to schools regarding health education, physical education and activity, and nutrition.

Oregon

2011

HB 2800 – Relating to Oregon Farm-to-school and School Garden Program

Would direct Department of Education to provide reimbursements to school districts that serve Oregon food products as part of United States Department of Agriculture's National School Lunch Program or School Breakfast Program, and to award grants for development of food-based, agriculture-based and garden-based educational activities.

SB 480 – Appropriating money for Afternoon Meal and Snack Program

Would require the Department of Education to provide assistance to encourage participation in the USDA's Afterschool Meal and Snack Program.

2009

HB 2544 – No Oregon Child Left Behind

Establishes an Oregon Environmental Literacy Plan and an Oregon Environmental Task Force in order to encourage children to get outside.

2007

HB 3486a – Relating to diabetes

Directs the Department of Human Services to develop a plan to start to slow the rate of diabetes by 2010.

HR 4 – Relating to diabetes

Encourages early screening and aggressive treatment programs for diabetes.

SB 931a – Relating to obesity

Establishes a task force to study obesity treatment and prevention.

HB 2654 – School nutrition

Requires food served in schools to meet certain nutritional standards.

HB 3141 – Physical Education Requirements

Requires students in grades k-5 to receive at least 150 minutes of physical education and activity per week. Students in grades 6-8 must receive at least 225 minutes.

Pennsylvania

2013

HR 243 – Study childhood obesity

Would direct the Joint State Government Commission to study the issue of childhood obesity, to establish an advisory committee to conduct a comprehensive study of childhood obesity, to propose strategies for healthier eating and physical activity for children and to report to the House of Representatives with its findings, recommendations and legislation.

SR 247 – Diabetes Awareness Month

A resolution recognizing November 2013 as “Diabetes Awareness Month” in Pennsylvania.

HR 322- National Education and Sports Week

A Resolution observing the week of May 1 through 7, 2013, as "National Physical Education and Sports Week" and the month of May 2013 as "National Physical Fitness and Sports Month" in Pennsylvania, and encouraging residents of Pennsylvania to learn more about the importance of physical activity for their health, to incorporate physical activity into their daily lives and to join in an effort to create a more enlightened public attitude and response.

HR 204 – National Start! Walking Day

A resolution recognizing April 3, 2013, as “National Start! Walking Day” in Pennsylvania.

HR 368 – World Diabetes Day

A resolution recognizing November 14, 2013 as “World Diabetes Day” in Pennsylvania.

HR 228 – YMCA's Health Kids Day

A resolution designation April 27, 2013 as “YMCA's Health Kids Day” in Pennsylvania.

HR 28 – National Nutrition Month

A resolution recognizing the month of March 2013 as “National Nutrition Month” in Pennsylvania.

2012

HB 864 – Pedal cycle and Pedestrian Advisory Committee

Would create a committee that advises and comments on all phases of [cycling] bicycling and pedestrian program activities being undertaken or financially assisted by the department and agencies of State government.

HR 528 – Diabetes Awareness Month

A resolution recognizing January 2012 as “Diabetes Awareness Month.”

HR 692 – National Physical Education and Sports Week

A Resolution observing the week of May 1 through 7, 2012, as "National Physical Education and Sports Week" and the month of May 2012 as "National Physical Fitness and Sports Month" in Pennsylvania, and encouraging residents of Pennsylvania to learn more about the importance of physical activity for their health, to incorporate physical activity into their daily lives and to join in an effort to create a more enlightened public attitude and response.

2011

HR 158 – National Start! Walking Day

A resolution recognizing April 6, 2011, as “National Start! Walking Day.”

HR 266 – Walk at Lunch Day

A resolution designating April 27, 2011, as “Walk at Lunch Day.”

HR 199 – Y Healthy Kids Day

A resolution designation April 16, 2011, as “Y Healthy Kids Day” in Pennsylvania.

HR 250 – National Physical Education and Sports Week

A Resolution observing the first week of May 2011 as "National Physical Education and Sports Week" and the month of May 2011 as "National Physical Fitness and Sports Month" in Pennsylvania, and encouraging residents of Pennsylvania to participate in ACES Day (All Children Exercising Simultaneously) on May 4, 2011.

HR 164 – National Nutrition Month

A resolution recognizing the month of March 2011 as “National Nutrition Month” in Pennsylvania.

HB 431 – Student diabetes care

An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, in school health services, providing for training of school employees in diabetes care and treatment, for diabetes medical management plans, for independent monitoring and treatment and for certain immunity from civil liability.

2010

HR 726 – Walk at Lunch Day

A resolution recognizing April 28, 2010 as “Walk at Lunch Day” in Pennsylvania.

HR 623 – National Nutrition Month

A resolution recognizing the month of March 2010 as “National Nutrition Month.”

HR 784 - National Physical Education and Sports Week

A Resolution observing the first week of May 2010 as "National Physical Education and Sports Week" and the month of May 2010 as "National Physical Fitness and Sports Month" in Pennsylvania, and encouraging residents of Pennsylvania to participate in ACES Day (All Children Exercising Simultaneously) on May 5, 2010.

HB 174 – Amends the Public Eating and Drinking Law

A bill further providing for organic foods, maple products, food employee certification and for farmers' markets.

2009

HR 498 – National Diabetes Month

A resolution recognizing November 2009 as “National Diabetes Month.”

HR 524 – World Diabetes Day

A resolution recognizing November 14, 2009 as “World Diabetes Day” in Pennsylvania.

HR 468 - Children Healthy Lifestyles Week

A resolution designating the first week of October 2009 as “Children Healthy Lifestyles Week.”

HR 223 – Walk at Lunch Day

A resolution recognizing April 29, 2009 as “Walk at Lunch Day.”

HR 193 – Healthy Lifestyles Day

A resolution designating every Monday as “Healthy Lifestyle Day” and encouraging all citizens to eat healthily and exercise on these days.

SR 72 – National Start! Walking Day

A resolution recognizing April 8, 2009, as “National Start! Walking Day.”

SR 129 – Exercise is Medicine Month

A resolution recognizing the month of May 2009 as “Exercise is Medicine Month.”

HR 446 – Worldwide Day of Play Day

A resolution recognizing September 26, 2009 as “Worldwide Day of Play.”

HR 186 – Children and Nature Awareness Month

A resolution recognizing April 2009 as “Children and Nature Awareness Month.”

2008

HR 927 – National Diabetes Month

A resolution recognizing November 2008 as “National Diabetes Month.”

HR 722 – National Physical Education and Sports Week

A Resolution observing the first week of May 2008 as "National Physical Education and Sports Week" and the month of May 2008 as "National Physical Fitness and Sports Month" in Pennsylvania, and encouraging residents of Pennsylvania to participate in ACES Day (All Children Exercising Simultaneously) on May 7, 2008.

2007

HR 386 – Early screening of diabetes

A Resolution encouraging individuals to seek early screening and early treatment of diabetic conditions and encouraging health care providers to improve care to better control diabetes; and commending the Governor for his initiatives.

HR 191 – Diabetes Awareness Day

A resolution designating May 12, 2007 as “Diabetes Awareness Day.”

HB 842 – Amending the Public School Code

Among other provisions, provides for continuing school lunch and breakfast reimbursement.

HR 244 - National Physical Education and Sports Week

A Resolution observing May 1 through 7, 2007, as "National Physical Education and Sports Week" and the month of May 2007 as "National Physical Fitness and Sports Month" in Pennsylvania.

2006

HR 831 – National Diabetes Month

A resolution recognizing November 2006 as “National Diabetes Month.”

HR 917 – Healthy Lifestyle Day

A Resolution designating every Monday as "Healthy Lifestyle Day" in Pennsylvania and encouraging all citizens to eat healthily and exercise on these days.

HR 589 – National Physical Education and Sports Week

A Resolution observing May 1 through 7, 2006, as "National Physical Education and Sports Week" and the month of May 2006 as "National Physical Fitness and Sports Month" in Pennsylvania.

HB 185 – An act relating to the public school system

Among other provisions, provides requirements for competitive food and beverage programs in schools.

SB 1209 – Healthy Farms and Healthy Schools Program

Among other provisions, integrates nutrition education into schools, places emphasis on locally grown produce, and provides programs for children to visit farms.

SR 325 – Produce Month

A resolution designating the month of August 2006 as "Pennsylvania Produce Month."

HR 747 – National Bike Month

A Resolution recognizing the month of May 2006 as "National Bike Month," the week of May 15 through 19, 2006, as "Bike-to-Work Week" and May 19, 2006, as "Bike-to-Work Day" in Pennsylvania.

2005

HR 414 – National Diabetes Month

A resolution recognizing November 2005 as “National Diabetes Month.”

HR 57 - National Physical Education and Sports Week

A Resolution observing May 1 through 7, 2005, as "National Physical Education and Sports Week" and the month of May 2005 as "National Physical Fitness and Sports Month" in Pennsylvania.

SR 128 – Million Pound Meltdown Days

A Resolution proclaiming June 8 through 21, 2005, as "Million Pound Meltdown Days" in Pennsylvania.

2004

HR 788 – National Diabetes Month

A Resolution recognizing November 2004 as "National Diabetes Month."

HR 710 - National Physical Education and Sports Week

A Resolution observing May 1 through 7, 2004, as "National Physical Education and Sports Week" and the month of May 2004 as "National Physical Fitness and Sports Month" in Pennsylvania.

HR 590 – Nutrition Month

A Resolution designating the month of March 2004 as "Nutrition Month" in Pennsylvania.

2003

HR 480 - National Diabetes Month

A Resolution recognizing November 2003 as "National Diabetes Month."

HR 417 – Glucose testing

A Resolution urging citizens to commit to blood glucose testing for diabetes

Rhode Island

2013

HR 6244 – Review of state school nutrition standards

Would ask the state Department of Elementary and Secondary Education to review the state regulations related to the nutritional content of school breakfast and lunch programs.

SB 513 – Health and safety of pupils

Would require the development of policies, strategies, and implementation plans that promote purchasing and serving locally grown fruits, vegetables and dairy products.

2012

HR 196 – Shape Up Rhode Island Day

Proclaiming May 23, 2012 as “Shape Up Rhode Island Day” in the state of Rhode Island.

2008

HB 7009 – Paul W. Crowley Rhode Island Student Investment Initiative

An act relating to education that aims to improve student wellbeing and health, among other provisions.

HB 7014 – Student diabetes care

Provides requirement for glucagon administration in schools and training for school personnel.

2007

HB 5050 – School health

All schools shall have a school health program that provides for the organized direction and supervision of a healthful school environment, health education, and services.

HB 6968 – School nutrition

Places guidelines on the sale of sweetened beverages in schools; promotes nutritional and healthy choices including water, milk, soy beverages, fruit juices, vegetable-based drinks, yoghurt and low-fat cheese, grain products and snack food; provides for lower fat and sugar content.

HB 5900 – Physical activity

Establishes a pilot program to develop curriculum in communities of several cities and towns to encourage physical exercise and promote healthy weight levels in children incorporating a combination of exercise and nutrition plans that may include, but shall not be limited to, physical exercise, including walking and jogging, as well as information on healthy food choices.

HB 5900 – An act relating to education

Establishes the Rhode Island healthy weight pilot program.

South Carolina

2013

SB 191 – Regarding locally grown foods in the school meals programs

Would require the Department of Agriculture to create and maintain a program to encourage schools to serve locally grown, minimally processed farm food.

2012

SCR 1048 – Encourage support of local agriculture

Would encourage state agencies, state-owned facilities, state partners, and other entities to purchase local farm or food products, and support many other initiatives to increase the purchase of local agricultural products.

SCR 5192 – Infant nutrition

A concurrent resolution recognizing the importance of proper infant nutrition and the creation of outreach nutritional and health-screening programs.

2011

HR 3780 – To reduce overweight and obesity in children

Would urge appropriate state agencies, as well as private organizations, to develop and implement policies and programs to help reduce overweight and obesity among South Carolina's youth.

2010

HCR 4054 – Adolescent well physicals

A concurrent resolution to urge the United States Department of Health and Human Service to education parents on the importance of adolescent well physicals to prevent chronic diseases and appropriately intervene to better treat chronic disease.

2009

HR 3617 – Reduce childhood obesity

A house resolution to urge appropriate state agencies, as well as private organizations, to develop and implement policies and programs to help reduce overweight and obesity among South Carolina's youth.

2006

SR 1379 – Obesity study

A resolution urging the South Carolina Department of Health and Human services and the South Carolina Department of Insurance to jointly undertake a study on the treatment of obesity.

2005

HB 3499 – Elementary school requirements

Among other provisions, establishes physical education, school health services, and nutritional standards in elementary schools.

2003

SR 558 – Verb Program

A resolution to congratulate the CDC on the launch of the Verb Program, a campaign to increase positive activity both physical and pro-social among youth through influencers, media, partnerships and community efforts.

SCR 569 – Determinants of obesity

A concurrent resolution to endorse the work of the South Carolina Public Health Association for providing increased coordination and participation among agencies, organizations, and coalitions at the local, county, and state levels that advocate for the elimination of disparities of health and for supporting the development of interdisciplinary approaches to research and practice to address the determinants of obesity and the development of a diverse public health workforce.

South Dakota

2012

HB 1206 – Emergency food

Makes an appropriation for emergency food assistance grants and to repeal the sales tax on food refund program.

2009

HCR 9 – Adolescent health & wellness

A resolution expression support for improved adolescent health and wellness by recognizing the importance of an adolescent well physical to prevent chronic diseases, help better identify and treat chronic diseases, and update immunizations.

2008

HB 1152 – Diabetes management

An act that provides for diabetes management and treatment in schools.

2007

SCR 4 – Model Wellness Policy

A concurrent resolution requesting all qualifying school districts in South Dakota to use the Model Wellness Policy as a guideline.

SCR 2 – Food and Beverages

Encouraging all school districts in South Dakota to adopt the Standards for Food and Beverages as outlined in the Education Model Wellness Policy.

HB 1088 – Diabetes care

An act to allow volunteer school personnel to administer glucagon and to allow students to possess and self-administer diabetes medication.

2004

SB 122 – Physical education

An act requiring students to take at least one semester of physical education in order to graduate from high school.

Tennessee

2011

HB 09 – Physical activity in elementary school

Requires the office of coordinated school health, in the department of education, to report to the general assembly by August 1, 2012 on the implementation of the requirement of each LEA to integrate at least 90 minutes of physical activity per week into the instructional for elementary and secondary school students.

HB 1151 – Joint Use agreements

Limits the liability of a local school board when granting permission to public or private entities through a joint use agreement to utilize the public school premises for recreational activity.

2009

SB 2264 – Diabetes grants

Makes all schools, instead of just high schools, eligible for grants from the Tennessee center for Diabetes prevention and health improvement.

2008

HB 0451 – Advisory Council

Creates an advisory council on child nutrition and wellness.

SB 3341 – Breakfast and Lunch Programs

Requires that each local school board's plan for compliance with nutritional breakfast and lunch programs require that the availability of local products, freshness and transportation costs be considered.

2007

HB 1863 – Student diabetes health

Outlines the criteria for school personnel or adult volunteers to perform diabetes care tasks for students.

HR 258 – Diabetes

Expresses concern for identification and treatment of diabetes

2006

SB 2038 – Child Nutrition and Wellness Act

Enacts the Child Nutrition and Wellness Act of 2005. This bill would require the commissioner of health to appoint a child nutrition and wellness advisory council with the assistance of the Tennessee healthy weight network.

SB 2658 – Relating to students with diabetes

Upon written request of the parent or guardian, and if included in the student's medical management plan and in the IHP, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes.

2005

HJR 85 – Childhood obesity

Urges the departments of health and education to develop programs addressing childhood obesity.

SB 247 – Childhood obesity

Authorizes LEAs to implement a program that identifies public school children who are at risk for obesity.

HB 445 - BMI

Authorizes local districts to implement a program that identifies public school children who are at risk for obesity. Such programs would use volunteers to determine students' body mass indexes, provide each student's parents or guardians with a confidential health report card that represents the result of the child's BMI-for-age screening along with basic educational information on what the results mean and what the parents or guardians should do with the information.

2004

HB 3006 – Diabetes care

Establishes requirements to be followed when schools allow personnel to assist students with diabetes care.

HB 2783 – Vending machine requirements

Requires the state board of education to establish minimum nutritional standards for individual food items offered for sale through vending machines in schools and through other sources.

HB 2236 – Extending the 2002 Obesity Study and Prevention Act

Extends provisions of the Obesity Study and Prevention Act of 2002 from 2004 to 2008.

Texas

2013

HR 1113 - Recognizing April 8-14, 2013 as Healthy Texas Week.

HCR 67 - Recognizing March 2013 as Child Nutrition Month.

SB 376 - Relating to breakfast for certain public school students.

2011

SB 226 – Relating to reporting individual student performance on a physical fitness assessment instrument

Would require school districts to report the results of individual student performance on physical fitness assessments to the Texas Education Agency.

SB 89 – Relating to summer nutrition programs offered by public schools

Would create summer nutrition programs for public school students.

HR 761 - Recognizing March 7-11, 2011 as National School Breakfast Week

SB 796 - Relating to reporting on and assessing programs for the prevention and treatment of diabetes in the state

2009

SB 870 - Relating to the duties of the interagency obesity council and the Department of Agriculture relating to health, wellness, and the prevention of obesity and to the establishment of an obesity prevention program

SB 282 - Relating to grant and outreach programs to provide nutrition education to children.

SB 343 - Relating to the creation of an advisory committee to study the retail availability of health foods in certain underserved areas of this state.

SB 7 - Relating to strategies for and improvements in quality of healthcare and care management provided through health care facilities and through the child health plan and medical assistance programs designed to improve health outcomes.

HB 1622 - Relating to a grant program to provide children at risk of hunger or obesity with increased access to nutritious foods.

SB 161 - Relating to specialty license plates to support the Safe Routes to School Program.

SB 867 - Relating to summer nutrition programs provided for by school districts.

SB 395 - Relating to creation of the Early Childhood Health and Nutrition Interagency Council.

SB 282 - Relating to grant and outreach programs to provide nutrition education to children.

SB 1027 - Relating to the establishment of an interagency farm-to-school coordination task force.

2007

SB 556 - Relating to the creation of an interagency obesity council; tax incentives to employers who reduce obesity, discuss status of agencies that promote health

HB 2313 - Relating to designation the second full week in September as obesity awareness week.

SB 1451 - Relating to the Safe Routes to School Program

SB 530 - Relating to physical activity requirements and physical fitness assessment for certain public school students

SB 415 - Relating to a risk assessment program for Type 2 diabetes and the creation of a type 2 Diabetes Risk Assessment Program Advisory Committee

2005

SB 42 - Relating to health education and physical activity in public primary and secondary schools; kindergarden – grade 12 must offer health with emphasis on nutrition and exercise; make coordinated health programs available to school districts

SB 1379 - Relating to statewide initiative regarding the prevention and treatment of obesity-related health concerns.

SB 1239 - Relating to the health of school aged children

Relating to a risk assessment program for Type 2 diabetes and the creation of the Type 2 Diabetes Risk Assessment Program Advisory Committee; screen people in public and private schools

SB 426: Relating to the health of school-age children

Provides incentives for schools to provide access to campuses after hours, establishes the Texas Fruit and Vegetable Pilot program, and specifies student eligibility for the school breakfast and lunch plan.

2003

SCR 49 - Senate Resolution, create a joint interim committee to student nutrition in public schools, obesity-related and nutritional diseases.

HCR 99: Concurrent Resolution, March 2003 is National Nutrition Month.

SB 343 - Relating to the health of school aged children

Incentives to provide access to school campuses after regular school hours; physical education instruction – daily physical activity below grade 7; fitness assessment; food and beverages offered for sale in schools.

SB 474 - Relating to nutrition and health programs for public school children.

HB 1093 - Appointment of school children's nutrition and health advisory council

Utah

2013

HCR 2 - Current Resolution to Reduce Obesity in Utah

This concurrent resolution of the Legislature and the Governor recognizes obesity as a significant public health and economic issue in Utah and urges support of policy development that address the obesity problem in Utah and promotes public awareness of the adverse affects of obesity on individual health.

2012

HCR 15 - Current Resolution on Obesity

This concurrent resolution of the Legislature and the Governor recognizes obesity as a significant public health and economic issue in Utah and urges support of policy development that address the obesity problem in Utah and promotes public awareness of the adverse affects of obesity on individual health.

2011

HCR 7 - Concurrent resolution supporting public policies that promote outdoor activities for children

This concurrent resolution supports increased participation by children in outdoor activities and supports policies that promote outdoor activities for children.

2010

SB 276- Promoting Healthy lifestyles in public schools

This bill requires the Department of Education to report data related to vending machine contents and students' physical activity.

2009

SCR 4- Resolution supporting obesity awareness

This resolution designates September 2009 as Obesity Awareness Month in the state and September 5, 2009, as "Walk from Obesity" Day; and urges that health care providers increase coverage of overweight and obesity procedures as a means of preventing increased future health care costs to the state and to businesses.

2008

SCR 1- Resolution supporting obesity awareness

This concurrent resolution designates April 2008 as Obesity Awareness Month in the state; and urges healthcare suppliers, communities, businesses, and schools throughout the state to develop awareness campaigns and voluntary programs that focus on obesity and its prevention.

2006

SB 8 – Care of students with diabetes in school

This bill directs a public school to train school personnel who volunteer to be trained in the administration of glucagon in an emergency and permits a student to possess and self-administer diabetes medication, when requested by parents.

HB 326 – Expands CHIP Coverage

Amends the Utah Children's Health Insurance to increase coverage so that all eligible children may enroll in the program.

2005

HJR 11- Resolution encouraging schools to adopt nutrition and physical activity policies

The joint resolution of the Legislature urges the development of wellness policies to reduce obesity in children and adolescents.

SJR 10 – Master Study Resolution

This joint resolution of the Legislature gives the Legislative Management Committee items of study they may assign to the appropriate interim committee, including Physical Education and Nutritional Programs - to study physical education programs in public schools and the use of proven data-driven exercise and nutritional programs that can be provided by the private sector.

Vermont

2011

HB 198 – An act relating to a transportation policy to accommodate all users

Would enact policy to ensure all users of the Vermont transportation system are considered and accommodated in the planning, development and construction phases of any state or locally managed project.

HB 202 – Establishment of Green Mountain Care

This act creates Green Mountain Care, a publicly financed health care program designed to contain costs and to provide comprehensive, affordable, high-quality health care coverage for all Vermont residents.

2010

HB 408 – Improving Nutrition Programs

Dept for Children and Families and Department of Education shall continue to improve the direct certification process to make children eligible for school breakfast, lunch, and summer meals programs.

SCR 47 – Vermont Food Education Everyday

Honors Vermont Food Education Every Day as an innovative partnership facilitating statewide to school programs emphasizing the importance of food and nutrition education.

2009

HB 192 – Farmers Markets

An act intended to promote Vermont's local food system.

2007

HR 0034 - Walk @ Lunch Day

Designates April 30th as Walk @ Lunch Day.

H. 887 – An act relating to healthcare reform

An act establishing that all Vermonters receive affordable and appropriate health care at the appropriate time, and that health care costs be contained over time. Building on the reforms enacted in the Health Care Affordability for Vermonters Act of 2006, the general assembly finds that effective next steps to achieving these goals include expanding affordable coverage, reducing the rate of the increase of medical costs, reforming the financing of health care, and supporting health information technology.

2006

H.861 – An act relating to health care affordability for all Vermonters

Among other provisions, improves the quality of healthcare in Vermont and decreases the rate of growth in healthcare costs. Creates Catamount Health, which provides affordable, comprehensive coverage to uninsured Vermonters.

H.895 – Catamount Health

Requires hospitals or medical service corporations and nonprofits HMOs to offer Catamount Health.

2005

H.0456 - Use of Vermont Products and Nutrition Education in Schools

This act establishes a mini-grant program to help schools increase their use of local farm products or teach children about farm-to-school connections or both; directs the secretary of agriculture, food and markets to help farmers find ways to increase sales to schools and state government agencies and to award funds to an entity which will process Vermont farm products; directs the commissioner of education to provide training on use of locally grown foods to food service personnel.

2003

H.0272 – Nutrition policy in Vermont schools

This act defines a school wellness program as a program which includes physical education, provides opportunity for physical activity, and establishes nutrition policies for foods sold in a school. The act directs the commissioner of education to help and encourage schools to establish wellness programs and to write a model fitness and nutrition policy that a school could adopt.

H.54 – School district participation in federal school meals programs

Each school board operating a public school shall cause to operate within the school district a food program that makes available a school lunch to each attending pupil every day.

Virginia

2013

HB 1377 – Care of students diagnosed with diabetes

Requires the parents of any public school student who has been diagnosed with diabetes to designate in a diabetes care plan a delegated care aide to provide diabetes care for the student, including the administration of insulin and glucagon, when a school nurse or physician is not present in the school or at a school-sponsored activity.

2011

SB 256 – Physical activity requirement

Requires at least thirty minutes of physical activity per day during the regular school year for students in grades K through 12.

SB 471 – Physical education regulations

Requires the Board of Education to promulgate regulations governing physical education programs in public schools.

2010

SB 414 – Competitive Foods in schools

Competitive foods in public schools; report. Requires the Board of Education, in cooperation with the Department of Health, to promulgate and periodically update regulations setting nutritional guidelines for all competitive foods sold or served to students during regular school hours.

SB 718 – Nutritional Guidelines for all competitive foods in public schools report

Requires the Board of Education to write and periodically update regulations setting nutritional guidelines for all competitive foods sold to students during regular school hours. Requires that the Board adopt either the Alliance for a Healthier Generation's guidelines or those of the Institute of Medicine's.

2009

SJ 325 – Chronic disease

Directs the Joint Commission on Health Care to study opportunities for early qualifications and preventive care of chronic diseases.

2008

HB 242 – Standards of Learning; physical fitness program

Requires local school boards to provide a physical fitness program with a goal of 150 minutes per week for all students.

HB 246 – Nutrition and physical activity best practices database

Requires the Department of Education to develop a database of local school divisions' best practices regarding nutrition and physical education.

HJ 73 – Governor's Nutrition and Physical Activity Award Program

Urges all local school divisions in the Commonwealth to implement the nutrition and physical activity standards of the Governor's Nutrition and Physical Activity Award Program.

2007

HJ 637 - Childhood obesity

Establishes a joint subcommittee to study childhood obesity in Virginia's public schools.

SB 974 – Childhood obesity

Requires the Superintendent of Public Instruction and the State Health Commissioner to work together to combat childhood obesity and other chronic conditions that affect school-age children.

2005

SB 113 – Elementary schools; physical education

Provides that physical education in elementary schools shall include activities such as, but not limited to, cardio-vascular, muscle building, or stretching exercises, as appropriate.

2004

HJ 260 – Health and physical education

Urges school divisions to provide age-appropriate and culturally sensitive health, nutrition and

physical education necessary to develop the knowledge, attitudes, skills, and behaviors required for students to adopt and maintain healthy eating habits and physically active lifestyles.

Washington

2011

HB 1071 – Create Complete Streets grant program

Would implement an approach to street design that ensures safe access to all users – motorists, bicyclists, pedestrians, and transit users – and involves the community throughout the process.

2010

SB 6343 – Establishment of the food policy forum

An act to establish the Washington food policy forum to advance specific food system goals, including to review and develop programs that support proper nutrition.

2009

SB 5551 – Recess periods

An act relating to recess periods for elementary school students.

2007

SB 5093 – Child Health Insurance

An act that expands health insurance for children.

HB 1677 – Outdoor education and recreation grant program

An act relating to the creation of an outdoor education and recreation grant program to create programs that contribute to healthy life styles through outdoor recreation and sound nutrition.

SR 8615 – Encouraging actions to reduce the rate and complications of diabetes.

Encourages individuals to seek early screening and early treatment for diabetes, and encourages health care providers to improve care for the control of diabetes.

2005

SB 5186 – Increasing physical activity

An act relating to increasing the physical activity of Washington citizens through collaboration between the private sector and local, state, and institutional policymakers.

2004

SB 5436 – Competitive Foods

An act relating to the sales of competitive foods and beverages sold and served on public school campuses.

West Virginia

2013

SB 663 – West Virginia Feed to Achieve Act

Creates the West Virginia Feed to Achieve Act and aims to improve the nutrition, physical activity and health of West Virginia's children.

2011

HCR 156 – Joint Committee on Health

An act requesting the Joint Committee on Government and Finance to authorize the Joint Committee on Health and the Joint Committee on Infrastructure to both study the (1) Laws affecting the ability of children to safely walk or bicycle to school; and (2) determine what alterations in policy can be made to facilitate the safety of children walking and bicycling to school

2010

HB 106 – Compulsory comprehensive health screening

A bill to amend and reenact §18-5-17 of the Code of West Virginia, 1931, as amended, relating to compulsory comprehensive health screening for students entering public school for the first time in this state, students entering third grade, students entering sixth grade and students entering ninth grade; defining terms; and limiting developmental screening.

2008

SCR 32 – Physical Activity

Requesting the Joint Committee on Government and Finance to study methods of implementing daily physical education classes for all students in a cost-efficient manner, as well as methods of promoting adequate sleep for all students.

SB 725 – Nutrition Standards

A BILL to amend and reenact §18-2-6a of the Code of West Virginia, 1931, as amended, relating to sale of beverages in schools; requiring the State Board of Education to establish nutrition standards for such sales; and providing that proceeds from sales from federally funded nutrition programs accrue to the benefit of those programs.

2007

SR 12 – Walking Works

The Senate hereby promotes the "Walking Works" program and is committed to encouraging West Virginians to become physically active by participating in programs that support healthy lifestyles and physical activity

SCR 80 – Physical education

Requesting the Joint Committee on Government and Finance to study the cost and benefits of requiring physical education classes for students in grades kindergarten through 12.

SB 501 – Sale of soft drinks

A bill relating to the sale of healthy beverages and soft drinks in school and prohibits the serving of soft drinks in elementary, middle or junior high schools during the day.

2006

HB 2548 – Diabetes Care Plan Act

A bill that requires the establishment of individual diabetes care plans by county board of education.

SB 785 – Physical education

A bill relating to physical education requirements in schools, includes requiring a scientifically valid sample of students BMIs to be assessed.

2004

HCR 8 – Childhood obesity

Requesting the Joint Committee on Government and Finance to conduct a study on the childhood obesity epidemic in West Virginia in regards to chronic diseases, poor nutrition, and inadequate exercise.

Wisconsin

2013

AR 20- Diabetes Day

Relating to proclaiming November 14, 2013 to be Wisconsin Diabetes Day.

2011

AJR 59- Diabetes Awareness Month

Relating to proclaiming November 2011 Diabetes Awareness Month.

2010

HB 746 – Locally grown food in school meals

Promoting the use of locally grown food in school meals and snacks and granting rule-making authority.

2007

AJR 75- Diabetes Awareness Month

Relating to recognizing November 2007 as Diabetes Awareness Month.

SR 3 – Special Program

Among other provisions, encourages Wisconsin's schools to examine their curricula and programming and modify them as necessary to incorporate nutritional education, physical education, and healthful living into the education of Wisconsin's children

Wyoming

2007

SB 785 – BMI reporting

Changes the state's current BMI measurement policy by requiring that only a scientifically valid sample of students be assessed. Student confidentiality is protected and all body mass index data is reported in aggregate to the governor, the State Board of Education, the Healthy Lifestyles Coalition and the Legislative Oversight Commission on Health and Human Resource Accountability.

2005

HB 2816 – Healthy lifestyles

Creating a Healthy Lifestyles Office in the Department of Education and the Arts; establishing the functions of the Office; creating a special revenue account; establishing a voluntary menu labeling program; requiring physical activity in the schools; and encouraging the use of health foods and beverages in the vending machines of schools.

2003

H.0223 – Student nutrition beverages

An act relating to schools; regulating beverages offered to students in schools; providing enforcement; and providing for an effective date.

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