

NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS



CHILDREN'S HEALTH SURVEY REPORT & FINDINGS

JUNE 2007



Strengthening the Voice of Hispanic America

The National Hispanic Caucus of State Legislators was founded in 1989 as a nonpartisan, nonprofit 501(c)3. The organization represents the interests of approximately 300 Hispanic state legislators from all states, commonwealths, and territories of the United States. Our mission is to be a catalyst for change and to call attention to the issues of common concern that impact Hispanic/Latino communities. Furthermore, NHCSL strives to be the most effective voice for Hispanic state legislators and assist in their efforts to design and implement policies that will ensure equal access and opportunity for Hispanic communities.

ACKNOWLEDGEMENT

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The report can be found on the NHCSL website at: www.nhcsl.org.



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EXECUTIVE SUMMARY



The National Hispanic Caucus of State Legislators (NHCSL) considers the issue of health and wellness as one of its key policy priorities. NHCSL is leading a strategic effort to inform its Hispanic state legislators about current trends, newly released reports and studies, and afford them with the opportunity to engage with national health experts about various issues related to childhood obesity, chronic disease, mental health and environmental health.

Through a grant from the Robert Wood Johnson Foundation (RWJF), NHCSL had the opportunity to create a survey instrument to assess state legislators' current attitudes and perspectives about childhood obesity, nutrition and physical activity, and wellness. The survey serves as a tool to identify how the issue of childhood obesity impacts the constituents of NHCSL members across the country. Furthermore, the survey highlights childhood obesity prevention and solution-oriented policies that are making a difference in states.

NHCSL disseminated the survey utilizing three methods: mail, email and hand-delivery at the 2006 NHCSL Executive Committee Meeting. The survey period was from November 18 through December 18, 2006. It was disseminated to the NHCSL membership which includes more than 300 Hispanic state legislators. Thirty-eight (38) responses were submitted and represent New York, Pennsylvania, Rhode Island, Indiana, Kansas, Texas, Maryland, Connecticut, New Mexico, Illinois, Georgia, Arizona, Florida, South Carolina and the commonwealth of Puerto Rico. The legislators who responded represent a combination of urban, rural and suburban populations that range in size from 25,000 to 700,000. These legislators serve on a variety of committees including Infrastructure, Transportation, Health, Education, Business, Finance, Economic Development, Labor, Commerce, Veterans Affairs, Judiciary, Homeland Security, Telecommunications, Human Services, and Appropriations. While the respondents' com-

mittee assignments are diverse, many are involved in the health efforts within their respective district and/or state. In this document the survey results are presented in two parts -- Part I provides the survey highlights and Part II presents the data collected.

The survey reveals that Hispanic state legislators do consider improving the health and wellness of children and families in their district an important issue. Many legislators report that legislation to address childhood obesity, nutrition, and physical activity is crucial to stem the tide of chronic health conditions on the rise in their state. State efforts underway include implementing junk food bans in schools, curtailing vending machines, and ensuring full disclosure of food ingredients. Other efforts include preventative measures to reduce childhood obesity by increasing opportunities for physical activity and nutrition education in schools. A common theme referenced throughout the survey results was the issue of access to health care, particularly for uninsured children and families.

Legislators view partnerships as crucial, particularly with state agencies, schools, parents, community groups and organizations, and medical experts. These partners are seen as conduits to access resources, materials, information and experts on various health topics and educational programs. Peer legislators from other states are viewed as good sources

for information. Engaging in regular dialogue with each other through NHCSL conferences and gatherings is an effective means for legislators to share best practices that can be replicated. Some legislators identify key partners to be the American Heart Association, American Diabetes Association, private clinics, and other grassroots community organizations with targeted health programs that can be executed in schools and neighborhood centers.

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Legislators reveal that taking action to promote healthy lifestyles in their communities also means getting involved in the community through a variety of activities ranging from health fairs and summits to sponsoring a health walk/run or bike ride. Legislators said it is also important to take action to eliminate junk food and sodas from schools. One respondent highlights how legislators can extend their efforts by working with the agricultural (poultry, milk and fruit) industry, while another legislator implemented efforts to include a nutritionist in the local school districts.

Overall, the good news is that Hispanic state legislators agree that reducing childhood obesity is a priority. Whether through legislation, partnerships or improving environmental factors such as creating parks and neighborhoods that are conducive for physical activity, legislators admit they must take action to make a difference. They are eager to have access to reports, studies and data that can keep them informed and up-to-date on health issues. Examples of model legislation, promising programs and outreach efforts that work are also important resources. Legislators also want access to bilingual health care experts who can speak to their constituency. There was consensus among the legislators surveyed that introducing and enacting health legislation to promote better eating habits, expand nutrition education, increase physical activity, and provide children and families access to healthy foods are key components in the fight against childhood obesity.

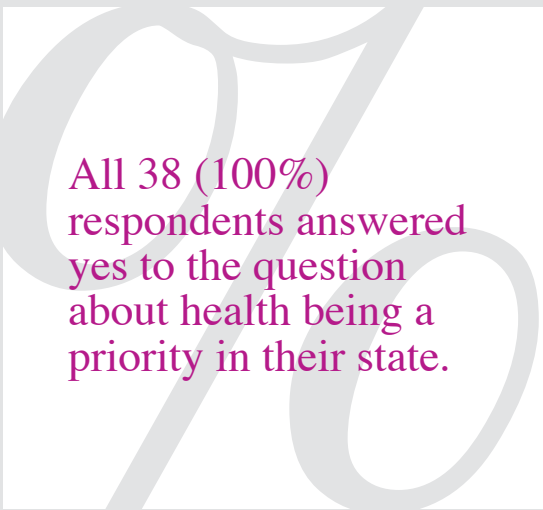
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SURVEY HIGHLIGHTS

All 38 (100%) respondents answered “yes” to the question about health being a priority in their state. Several respondents noted that health care coverage, access to healthcare, the under-insured and health disparities were important sub-issues related to health.

In terms of health issues, the priorities include obesity, diabetes, infant mortality, mental illness, and physical activity. Mental health, addiction, tuberculosis (TB), respiratory ailments (asthma, emphysema), and dental care were also identified as health issues of interest. Sickle Cell was not identified as a major health issue for most of the legislators surveyed.

Respondents said that health is a major priority in their state, but when asked if they understand the “scope of the epidemic of childhood obesity,” 9 answered “very familiar”, 17 of the 38 respondents answered “somewhat familiar,” and only two responded “not familiar.” All 38 respondents, however, recognized that type II diabetes and high blood pressure are related to childhood obesity.



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Respondents said that environmental and social factors are important influencers of childhood obesity. Overall, most agree that better neighborhoods and strategically designed community spaces that offer paths for walking, biking and other physical activities, are very important to decreasing childhood obesity.

Thirty-five respondents said that working with the public/private sector is equally as important as environmental factors. For example, a majority of the respondents who do work with their state Department of Health noted that the relationship is helpful when addressing



language barriers, and ensuring that under-served communities have access to quality health care and resources. Nine of the respondents commented that their state health departments were “not helpful” or that the state’s “governmental or legislative structure” did not allow the opportunity for a working relationship.

Thirty respondents recognize the importance of working with their state Department of Education and said that it was an “excellent source of information” and a great venue for accessing resources. Of the eight respondents who answered “no”, it was due to partisan politics, leadership transitions, or challenges related to legislative reporting structures.

Public/private partners such as the American Diabetes Association (ADA), and American Heart Association (AHA) are viewed as a resource for creating awareness and disseminating information.

On the legislation front, a majority of the respondents (29) have co-sponsored health legislation. In Pennsylvania, for example, there is legislation to increase diabetes testing. Kansas enacted a Healthy Language Access Bill as well as legislation that will allow children to

carry asthma medication in schools. Puerto Rico enacted legislation that will increase the amount of paid work time a woman may use to breastfeed a newborn.

The survey reveals an equal number of respondents (15) who have and do not have current legislation in their state to promote nutrition education and physical activity. Some states have implemented various efforts to limit access to unhealthy foods by providing healthy options in vending machines; promoting education programs targeting the Latino population; and developing a nutrition curriculum as well as awareness efforts about nutritional guidelines.

In terms of added-value resources, legislators want more opportunities to gather and convene in order to share more information about best practices, model legislation, reports or studies. Legislators want reliable research and access to personal stories and a database of legislation across the country whether through NHCSL or other sources.

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DATA COLLECTION

1. Is health a priority in your state or district?

Response:

All respondents (38) said that health is a priority in their state or district and many said it was because there continues to be severe health disparities, increased rates of chronic disease, and still, many lack access to health care or have no health coverage, while others are burdened with the rising costs of healthcare.



2. What health issues describe those of interest in your district?

Response:

Respondents identified that most of the following issues (childhood obesity, diabetes, mental illness, physical activity, nutrition and cancer) do impact the communities they serve. Asthma, HIV/AIDS, and drug addiction were also included by some to this list. Sickle Cell was not identified as a health issue of interest.

3. Are any of these issues a current priority in your state?

Response:

Most respondents identified a combination of issues including asthma and preventive dental care as priority issues.

4. How familiar are you with the scope of the epidemic of childhood obesity?

Response:

19 respondents said “very familiar,” 17 respondents said “somewhat familiar.” Two reported “not familiar.”

5. Which of the following health problems, type II diabetes, high blood pressure, joint problems, or asthma, among children do you know are related to childhood obesity?

Response:

All 38 respondents answered that type II diabetes and high blood pressure are related to childhood obesity.



6. How important do you believe environmental and social factors are relative to the increase/decrease of childhood obesity?

Response:

33 respondents answered “very important” to this question; four said “somewhat important” and only one said “not important.”

7. How important is it to create better, safer neighborhoods with good sidewalks, parks and walk/run/bike trails where children and adults can exercise?

Response:

All 38 respondents said it is “very important.”

8. How do you view the relationship between community layout/design and the ability for residents to be physically active? (healthy community design includes good sidewalks, parks and walk/run/bike trails.)

Response: 36 said “very important” and two said “somewhat important.”

Partnerships



9. How important do you think partnerships with the private/public sector are?

Response:

35 answered that it is “very important” and three said “somewhat important.”

10. Do you work with your state Department of Health?

Response:

29 answered “yes” and nine answered “no.”

11. Do you work with your state Department of Education? *Response:*

30 answered “yes” and eight answered “no.”

12. Are you familiar with School Wellness Policies?

Response:

17 answered “yes” and 21 answered “no.”

13. How important do you think it is to work with schools and parents when it comes to the health and wellness of children?

Response:

37 answered “very important” and one answered “don’t know.”

14. Who are the key partners that you work with on childhood obesity issues in your state?

Response:

25 responded that doctors, community organizations, nonprofit groups, city and local agencies, and private clinics are key partners. 13 did not provide an answer.

15. Please list specific examples of actions you have taken to promote healthy lifestyles in your state.

Response:

25 responded with various examples including the ban of junk food in schools, hosting health fairs, health walks and sponsoring legislation. 13 did not provide an answer.

Legislation

16. Have you sponsored, co-sponsored or introduced any health legislation during your term in office?

Response:

29 respondents answered “yes” and noted that diabetes testing, memorials and bills such as a health language access bill were introduced. Nine responded “no.”



17. Did the legislation pass?

Response:

19 respondents said “yes,” their legislation passed. Nine said “no.” Eight did not provide an answer. One said that legislation is in process. One said “somewhat.”

18. Do you currently have legislation in your state that promotes improving nutrition or physical activity?

Response:

15 said “yes.” 15 said “no.” Eight reported that they “don’t know.”



19. Give examples of efforts implemented in your state to ensure that communities have access to healthy foods.

Response:

Respondents gave the following examples: Include nutritionists in local school districts; support the local agriculture industry to promote a balanced diet; ban sodas in schools; offer healthier options in vending machines and create programs targeting the Latino/Hispanic community.

20. Give examples of efforts implemented in your state to limit the proliferation of unhealthy foods in schools.

Response:

Respondents gave the following examples: Ban sodas and vending machines in schools, develop a nutrition curriculum and report nutritional guidelines to a broader audience.

21. Is the impact of health legislation monitored or evaluated in your state?

Response:

14 responded “yes.” 10 said “no.” 13 said “don’t know” and one did not provide an answer.

22. Do you find it useful to learn about health legislation from legislators in other states?

Response:

36 respondents said “yes” and two did not provide an answer.

23. What types of resources do you look for to help you know and learn more about health issues including childhood obesity?

Response:

Respondents said that documentation and sharing of best practices, model legislation, personal stories, reliable research and access to the medical community are useful.

24. How can NHCSL help legislators learn about promoting healthy lifestyles and increasing access to healthy foods in your state?

Response:

Respondents said that convening legislators to share best practices is important. Access to model legislation, a database of legislation and expert reports or studies is helpful. Hosting health and wellness events, such as a bike rides were also deemed helpful.

25. How would you like to learn about the results of this survey?

Response:

Respondents answered more than one option to this question and prefer to receive the survey results via email or on NHCSL's website.



CONCLUSION & RECOMMENDATIONS

The NHCSL survey results present an overview of the perspectives and attitudes about health issues held by Hispanic state legislators from across the country.



Childhood obesity is a critical health issue for NHCSL and its legislators. This survey provides an effective means to extract those perspectives and attitudes. With childhood obesity, legislators have the responsibility to consider prevention methods and solutions that can make a difference in their respective communities.

Furthermore, this report, made possible through a grant from the Robert Wood Johnson Foundation, can assist NHCSL to improve its collaborative efforts to meet the health priority needs of state legislators.

Childhood obesity is a critical health issue for NHCSL and its legislators. This survey provides an effective means to extract various perspectives and attitudes.

Based on the survey results, NHCSL proposes the following recommendations:

- Continue public forums and gatherings specifically targeted to Hispanic state legislators
- Create opportunities that can create, enhance and support partnerships between legislators and their respective state government agencies
- Encourage ongoing discussions about environmental and social factors to help reduce childhood obesity
- Ensure that model legislation is effective, meaningful and can be replicated throughout the country
- Continue an ongoing relationship with RWJF in an effort to enhance NHCSL's health policy priorities

NHCSL will continue to support the efforts of its legislators who want to take action and make changes to improve the health and wellness of the communities they serve.

Many legislators are moving in the right direction to meet this objective and can serve as the shining examples for other states. The key is to provide legislators with the tools and resources that will support their mission to create and/or improve health outcomes through meaningful legislation. NHCSL will continue to meet this challenge.



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