

# **A Report to the Texas Legislature from the Interagency Obesity Council**

A collaborative effort among these Commissioners and their Agencies:



**Todd Staples**  
**Commissioner of Agriculture**



**David Lakey, M.D.**  
**Commissioner of State Health Services**



**Michael L. Williams**  
**Commissioner of Education**

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## Introduction

*This is an update of the 2011 Report to the Legislature from the Interagency Obesity Council, as mandated by Chapter 114 of the Health and Safety Code (Senate Bill 556, 80<sup>th</sup> Regular Session of the Texas Legislature) and revised per Senate Bill 870 passed during the 81st Regular Session.*

Obesity is a critical health problem in Texas. According to the Center for Disease Control's (CDC) 2009 Behavioral Risk Factor Surveillance System, 66.8 percent of Texas adults were classified as overweight or obese; in 2010 that percentage was similar at 66.5<sup>1</sup>. The problem of overweight and obesity is not limited to the adult population, however. The CDC's 2009 Youth Risk Behavior Survey of Texas found that approximately 28.4 percent of adolescents in grades 9 through 12 were overweight or obese; in 2011 that percentage increased to 31.6<sup>2</sup>.

Additionally, in 2008, 30 percent of low-income children (ages 2-5) enrolled in Texas' Women Infants and Children (WIC) Program were already overweight or obese<sup>3</sup>. Obese adults and children have a much higher risk of developing high cholesterol, high blood pressure, heart disease, stroke, Type 2 diabetes, pulmonary disease, arthritis, and many other chronic conditions that reduce quality of life and cause premature disability and death. Obese children and adolescents are likely to remain obese as adults. Although many variables can affect weight status, retrospective studies show that 50 to 80 percent of overweight children remain overweight as adults, and if children are overweight before the age of 8, obesity in adulthood is likely to be more severe<sup>4 5 6</sup>.

According to the 2011 Texas Comptroller's Report, updated estimates indicate the obesity related costs for Texas businesses were \$9.5 billion in 2009. Without action, obesity could cost employers \$32.5 billion annually by 2030<sup>7</sup>. Additionally, the Trust for America's Health estimates that 57% of Texans will be obese by the year 2030<sup>8</sup>.

Clearly, without support for obesity prevention efforts, Texas will face an unprecedented and expensive healthcare crisis. The obesity prevention initiative will continue through funding from the Center of Disease Control (CDC). The DSHS Nutrition, Physical Activity and Obesity Prevention (NPAOP) Program was awarded \$777,346 in CDC federal funding annually from 2009 to 2013. In addition, the DSHS Community Transformation Grant (CTG): Transforming Texas program was awarded \$10 million in CDC federal funding annually for five years (2011-2016).

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<sup>1</sup> U.S. Centers for Disease Control and Prevention "Behavioral Risk Factor Surveillance System: Prevalence and Trends Data: Overweight and Obesity (BMI)-2009 and 2010," Available online at <http://apps.nccd.cdc.gov/brfss/display.asp?yr=2009&state=TX&qkey=4409&grp=0&SUBMIT3=Go> and <http://apps.nccd.cdc.gov/brfss/display.asp?yr=2010&state=TX&qkey=4409&grp=0&SUBMIT3=Go>

<sup>2</sup> U.S. Centers for Disease Control and Prevention "Youth Risk Behavior Survey" <http://www.cdc.gov/healthyyouth/npao/data.htm>, custom queries

<sup>3</sup> Texas Department of State Health Services, WIC Certification Data, 2008

<sup>4</sup> Mossberg, H.O.: 40-year follow-up of overweight children. *Lancet*, 2, 491-493 (1989).

<sup>5</sup> Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med* 1997; 37(13):869- 873.

<sup>6</sup> Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. *Prev Med* 1993;22:167-177.

<sup>7</sup> Susan Combs, State Comptroller of Public Accounts, *Gaining Cost, Losing Time: The Obesity Crisis in Texas*, 2011

<sup>8</sup> Trust for America's Health, *F as in Fat: How Obesity Threatens America's Future*, 2012

The Texas Department of Agriculture (TDA) received funds to start the Nutrition Education Grant Program to increase and expand the nutrition education provided in schools. In 2012 TDA awarded approximately \$810,000 in Nutrition Education Grant Program funds to 143 school campuses.

Both DSHS and TDA also received funds from the American Recovery and Reinvestment Act (ARRA). DSHS was awarded \$2.2 million in ARRA funds to increase access to physical activity, promote fruit and vegetable consumption and to coordinate promotion of tobacco free ordinances and policies at the local level. TDA received \$11.5 million of ARRA funds, as well as approximately \$3 million in National School Lunch Program (NSLP) Equipment Funds, which were passed to school districts across Texas to upgrade their school kitchens and make efforts to improve the quality and nutrition of school meals. The \$14.5 million was awarded to improve 156 campuses.

The commissioners of TDA, DSHS, and the Texas Education Agency (TEA) remain committed to reversing the trend and to continue making obesity prevention a top priority for their agencies. The Interagency Obesity Council (IOC) was codified in Health and Safety Code, Chapter 114, during the 80th Legislative Session (2007) to address nutrition and obesity prevention among children and adults. The IOC charge was then updated per the passing of S.B. 870 during the 81<sup>st</sup> Legislative Session. The IOC is comprised of the commissioners of the Texas Department of Agriculture (TDA), the Texas Department of State Health Services (DSHS), and the Texas Education Agency, or their designees. The IOC is required to meet at least once a year to:

- Discuss the status of each agency's programs that promote better health and nutrition and prevent obesity among children and adults in this state; and
- Submit a report by January 15 of each odd-numbered year to the governor, the lieutenant governor, and the speaker of the House of Representatives on the activities of the council during the preceding two calendar years.

## **Agency Programs and Activities to Promote Better Health and Nutrition**

### **TEXAS DEPARTMENT OF AGRICULTURE**

Since taking office in January 2007, Agriculture Commissioner Todd Staples has made nutrition education and awareness a top priority for all Texas Department of Agriculture (TDA) nutrition programs. Commissioner Staples established the "3E's of Healthy Living – Education, Exercise and Eating Right," and promotes this strategy to school, community, business and government forums. Behind the 3E's is an evidence-based strategy to strengthen policy and target changes that improve the nutrition environment and encourage healthy food and beverage choices.

TDA fully implemented the Texas Public School Nutrition Policy (TPSNP), improving the quality of school meals for students statewide in school year 2009-2010. TDA continues to look towards the Healthy Students=Healthy Families committee to evaluate and recommend revisions to the TPSNP as appropriate.

TDA has also continued to work with community partners to promote the importance of healthy lifestyles. Since 2009, TDA has employed the Mayors Challenge, calling for mayors to increase enrollment in Summer Nutrition Programs in their areas among those eligible children in need of assistance. Based on the success of this initiative, in 2012 TDA expanded its partnership with mayors to help accomplish a broader, year-round goal that arm communities with resources to combat obesity and food insecurity beyond the summer. This network empowers mayors to unite their efforts to reduce hunger and prevent obesity by promoting the 3E's of Healthy Living – Education, Exercise and Eating

Right and increasing awareness and participation in TDA's Food and Nutrition Programs. The network works to increase participation in the Summer Nutrition, Lunch, and Breakfast Programs among eligible and in-need populations. It also works to reduce the rate of obesity and food insecurity in local communities.

Looking forward, TDA plans to continue monitoring and improving nutrition practices throughout its programs, and further promote the 3E's of Healthy Living. TDA also looks towards grants to continue nutrition education. These grants help generate nutrition education programs at the early childhood, school, after-school and community program levels. They also reward school districts for best practices in nutrition education. Commissioner Staples is convinced, and research shows, that sound nutrition education, physical activity and access to healthy foods are the necessary components to win the war on obesity.

### **CHILD NUTRITION PROGRAMS**

TDA has administered the USDA child nutrition programs for Texas since 2003. These programs include the National School Lunch Program, the School Breakfast Program, Special Milk Program, Fresh Fruit and Vegetable Program and the Summer Food Service Program. Related to these programs, TDA continues to plan for the implementation of the Healthy, Hunger-Free Kids Act of 2010 including:

- New lunch and breakfast meal patterns and nutrition standards;
- Guidance to Contracting Entities (CEs) on new meal pattern requirements;
- A performance based \$0.06 reimbursement lunch meal increase for all CEs certified as following the meal pattern;
- Reducing the monitoring and review cycle from every 5-years to every 3- years;
- Expanded Wellness requirements;
- Expanded reporting requirements for both the contracting entities that administer these programs and for TDA; and
- Meal-pricing equity for paid category students.

TDA also ensures school meals comply with federal regulations, as well as the Texas Public School Nutrition Policy (TPSNP), which sets forth the guidelines for schools that participate in the National School Lunch and School Breakfast programs, representing some of the most rigorous state nutrition guidelines in the nation.

- **National School Lunch Program (NSLP):** Serves nutritious, low-cost or free lunches to students in public and non-profit private schools in Texas. Lunches must meet federal nutrition guidelines and are reimbursable to schools based on number of meals served.
- **School Breakfast Program (SBP):** Serves nutritious, low-cost or free breakfasts to students in public and non-profit private schools in Texas. This program operates in a similar manner to the National School Lunch Program. Texas state law requires that a school district must participate in the School Breakfast Program if at least 10 percent of its students are eligible to receive free or reduced-price meals.
- **Summer Food Service Program (SFSP):** Provides nutritious and free meals to children under 18 during the summer months. School districts and other sponsors (non-profit youth programs such as Boys and Girls Clubs, YMCAs, summer camps, etc.) may serve as a summer feeding program site. School districts are currently required to operate a SFSP if 50 percent or more of their students are eligible for free or reduced-priced meals.

- **Fresh Fruit and Vegetable Program (FFVP):** The Fresh Fruit and Vegetable Program (FFVP) is a federally assisted invitation-only program providing free fresh fruits and vegetables to students in participating elementary schools during the school day. The FFVP helps schools create healthier school environments by providing healthier food choices, expanding the variety of fruits and vegetables children experience, and increasing children's fruit and vegetable consumption.
- **Special Milk Program:** Provides reimbursable milk to preschool and school-aged children who do not participate in a federal child nutrition meal program.

During the 2010-2011 school year, 8,367 schools participated in the National School Lunch Program/School Breakfast Program in Texas and 869,513,340 billion meals were served.

The need and demand for the SFSP continues to outweigh actual participation for multiple reasons, including lack of funding, resources, lack of sites, and limited access to sites. Over 2011-12, TDA did the following to promote the program and increase participation:

- Implemented new and innovative outreach efforts, including: metro bus ads in Austin, Dallas and San Antonio, community posters in Dallas, a statewide digital media campaign geo-targeted Texas parents on various websites and social media outlets, a television weather sponsorship, a mobile marketing campaign on mobile websites and via SMS text messaging, grocery store cart advertisements in dollar and food stores in the Brownsville, TX area, and a statewide distribution of posters and flyers to sponsors and community partners.
- Updated the SummerFood.org website that provides an easy search feature for locating sites by ZIP code or county.

Efforts to raise awareness of and participation in the SFSP were successful during the summer of 2011. TDA plans to continue to work with current sponsors to help identify partnership opportunities so that sites can remain open for a longer period during the summer. TDA also will continue to provide outreach to potential sponsors to increase the number of feeding sites.

### **Update on New School Meal Patterns**

As of July 1, 2012 Texas schools participating in the National School Lunch and Breakfast Program are required to follow new meal patterns, as required by the Healthy Hunger Free Kids Act of 2010. Key changes include:

- Increasing the amount of fruits and vegetables available;
- Increasing the amount of whole grain-rich foods;
- Reducing trans fats to zero grams per serving;
- Offering only fat-free or low-fat milk varieties; and
- Decreasing sodium amounts.

Schools serving reimbursable meals will also receive an additional 6 cents reimbursement, per meal. TDA is responsible for monitoring compliance with the new meal standards and will offer training and guidance to schools to assist schools with the new requirements.

### **Texas Public School Nutrition Policy (TPSNP) Update**

The 2009-10 school year marked the final year of implementation for the Texas Public School Nutrition Policy (TPSNP). The TPSNP goes beyond USDA's nutritional requirements. These requirements include limiting access to Foods of Minimal Nutritional Value (FMNV) and competitive foods; reducing fat content; and emphasizing fruits and vegetables. TDA continues to provide training and technical assistance through 20 Education Service Centers (ESCs) across the state. Training on the policy is

required to be offered annually, and adherence to the policy is monitored through the School Meals Initiative.

Moving forward, TDA plans to continue making nutrition education materials available for families and school districts. TDA will continue to update its website and make pertinent information available. TDA also will continue to provide outreach to stakeholders and provide program information to those who interface with the school environment. Additionally, TDA will continue to look to the Healthy Students=Healthy Families committee for guidance and direction regarding TPSNP as the school food environment continues to evolve.

### **School Meal Initiative (SMI)**

The School Meal Initiative is a quality assurance program administered by the Education Service Center (ESC) Nutrition Specialists. The program is conducted through the Education Service Center by Child Nutrition Specialists. The SMI provides a snapshot of the year and illustrates how each region met nutritional requirements. This information is shared at the state meeting to better pinpoint where additional training is needed. The federal regulations and SMI protocols are available through [Squaremeals.org](http://Squaremeals.org).

In addition to serving nutritious meals, strengthening nutrition policy and quality assurance, TDA is enhancing obesity prevention efforts and reducing childhood hunger in the school nutrition programs by:

- Improving appeal and acceptability, especially in Title I schools;
- Instituting Summer Food Service Programs statewide; and
- Serving breakfast in the classroom to remove barriers for students and increase breakfast consumption. The Breakfast in the Classroom program is especially beneficial for students who arrive at school with limited time to eat a healthy breakfast due to the bus schedule or other issues beyond the student's control. TDA is in the early stages of developing a two-week cycle breakfast menu that can be utilized by Breakfast in the Classroom. In developing the menu, TDA is taking into account the newest Institute of Medicine (IOM) recommendations, the current Healthy U.S. School Challenge guidelines, and regional and student preferences. TDA plans to provide a template that offers a variety of quality foods that meet the nutritional requirements for breakfast.

TDA currently has the following special projects underway for school-aged children. These projects are designed to complement the Child Nutrition Programs.

- **HealthierUS School Challenge (HUSSC):** TDA is actively promoting this USDA initiative in which schools voluntarily commit to re-shaping their environments to promote healthy nutrition, physical education and physical activity. HUSSC criteria reflect NSLP meal pattern requirements, while continuing to encourage schools to offer a variety of vegetables, fruits (including fresh fruit) and whole grain-rich grains. Schools that have achieved the HealthierUS School Challenge Award have demonstrated strong efforts to produce an environment in which the healthy choice is the easy choice. TDA has provided multiple training sessions around the state and offered technical assistance with the application process. For detailed information on the initiative visit: [www.teamnutrition.usda.gov/](http://www.teamnutrition.usda.gov/)
- **NUTRIGRAM®:** TDA has partnered with The Cooper Institute to administer a student nutrition assessment and educational service called NUTRIGRAM®. The online survey is geared toward for children grades 3-5. The survey provides an individual snapshot of each participating student's nutrition knowledge and behavior; empower students to take ownership of their food choices through online learning opportunities; and provide critical information to raise the bar for school nutrition. Approximately 70 Texas elementary schools are currently participating in NUTRIGRAM.

## **SPECIAL NUTRITION PROGRAMS**

In 2007, TDA became the administering agency for several special nutrition programs when they were transferred from the Health and Human Services Commission. These programs provide nutritious food through various delivery methods to children, the elderly, people with disabilities and low-income adults.

**Child and Adult Care Food Program (CACFP):** Provides reimbursable meals and snacks to day care centers, day care homes and adult day care centers (elderly or disabled). For program year 2011, the number of contracting entities totaled 1,694, including 13,942 sites. The average daily participation in lunch for program year 2011 was 240,981.

To improve the health and nutrition of Texas children in child care settings, the CACFP program released a policy notice in August 2009 recommending that child care facilities:

- Serve lower fat milk;
- 100-percent juice once daily;
- Increase the availability of fresh and frozen fruits and vegetables; increase whole grains;
- Lower sugar in ready-to-eat cereals; and
- Provide a variety of fruits and vegetables to increase vitamins A and C.

To support the recommendations, CACFP provides free training and resources to contractors statewide. Training tools and resources include cycle menus, seasonal produce and The Adventures of Zobey DVD programs. See the marketing section for more information on the Zobey DVD program. USDA mandated that low fat (1%) or fat free (skim) only be served to children 2 years of age and older and that water is made available at all meal and snacks and upon request throughout the day. Texas Department of Family Protective Services mandated that minimum nutrition standards for child care licensing only allows 100% juice once daily in 4 to 6 ounce servings for children 1 year of age and older; no juice for infants; and no sweetened (flavored) milk except for special occasions. All CEs must be licensed in order to make application for the CACFP so these rules apply for our CACFP CEs.

Texas CACFP provides free training Feeding Infants the First Year of Life that promotes breast milk through the age of 12 months. The training also emphasizes proper introduction of solid foods and how to understand the infant's cues for hunger.

Institute of Medicine (IOM) released in November of 2010 CACFP Aligning Dietary Guidance for All. USDA asked the IOM to review and assess the nutritional needs of the populations served by CACFP and to provide recommendations to revise the Meal Requirements for CACFP. IOM established criteria that Meal Requirements should be based on current dietary guidance (based on the Dietary Guidelines for Americans set by USDA and Department of Health and Human Services, as well as the IOM's Dietary Reference Intakes), practical considerations, appealing menus, the capabilities of the providers, and cost. The recommendations cover all age groups from infants through older adults, and could be implemented by a variety of providers, including those in family homes and those in large centers. It is anticipated that the committee's recommendations will lead to healthier menus for children and adults because the meals and snacks are more closely aligned with the Dietary Guidelines for Americans and the Dietary Reference Intakes. The recommended Meal Requirements likely will increase children and adults' consumption of fruits, vegetables, whole grain-rich foods, and lean meats, while decreasing their intake of solid fats, trans fats, added sugars and sodium. Proposed Meal Pattern Requirements are expected to be released Summer of 2012.

As an established leader of many statewide child health promotion and obesity prevention efforts, TDA continues to receive child care wellness grant money under the CACFP Child Care and Wellness Grant. The grant funds projects aimed at improving the health and nutrition of children in child care settings primarily through child care wellness grants ranging from \$10,000 to \$7,500 each. TDA uses the grant to

expand and complement established efforts to improve meals served to infants and children following the most recent Dietary Guidelines for Americans and current scientific knowledge. The funding also provides technical assistance and training to sponsors and providers of child care centers, and family and group day care homes. Grant funds are used to improve the health and nutrition of children; perform outreach in underserved areas and populations; and create technology to promote the nutrition, physical activity, and health of children. The vehicles for these efforts will be Farm to Child Care (FTC), Breastfeeding Supportive Child Care Practices (BSC) and the Healthy Child Care Network. (HCN) In 2011, four (4) Farm to Child Care and three (3) Breastfeeding Supportive Child Care Practices grants were awarded to CACFP contracting entities.

The FTC establishes a connection between local farmers, local produce and children in early child care settings. With an FTC grant the CE establish a direct purchasing relationship with a local produce grower to integrate more fresh fruits and vegetables into meals and snacks. The BSC grant increases support for breastfeeding mothers through enhancing childcare practices and policies. BSC funds are used in a variety of ways to create a culturally appropriated and breastfeeding friendly environment. The HCN is a way to stay informed, access training and connect together CACFP provides.

**At-Risk Afterschool Meals in the CACFP:** Public or private nonprofit organizations or eligible for-profit organizations operating an afterschool program. Programs must be located in an attendance area of a public school where at least 50% of the enrolled students are certified as eligible for free or reduced-priced meals. Programs must provide educational or enrichment activities in an organized structured, and supervised environment after the end of the school day, on weekends, or on holidays during the school year. Afterschool programs do not need to be licensed in order to participate unless there is a State or local requirement of licensing. All programs must meet State or local health and safety standards. Provides all children who are 18 and under at the start of the school year a free meal, a snack, or both. There are no age limits for children with disabilities.

**Commodity Supplemental Food Program (CSFP):** Provides USDA Foods for food packages that may be used for home consumption. Local organizations distribute food packages and provide nutrition education to nearly 34,000 eligible participants. Eligible participants include pregnant, postpartum or breastfeeding women; infants; children age 5 and under; and persons 60 and over. Priority is given to women, infants and children. Participants must be income-eligible (185 percent of the federal poverty level for women, infants and children, and 130 percent of the federal poverty level for the elderly) and reside within a CSFP contractor's service area.

The CSFP provides nutritionally balanced food packages consisting of USDA donated food. USDA has replaced regular canned vegetables with low-sodium canned vegetables, and is offering more whole grains and low-fat choices. These improved food choices will reach all participating organizations. At the time of distribution, CSFP contractors provide information on nutrition and healthy lifestyle choices as well as recipes for wholesome meals using the contents of the package.

**The Emergency Food Assistance Program (TEFAP):** Provides USDA Foods for food packages used for home consumption distributed by local non-profit organizations (usually called food pantries) and in prepared meals at emergency shelters (usually called soup kitchens). For home consumption, eligibility is based on income and residential location. A household's gross income may not exceed 185 percent of the federal poverty level. If undergoing a crisis, a household with income exceeding the poverty level may be eligible for emergency food assistance for a maximum of six months. There are no means-testing for receiving a prepared meal at an emergency shelter.

The food is initially ordered, received and stored by contractors (e.g., food banks) and is then distributed to the local agencies. Additional eligible participants include homeless people and low-income senior citizens. Similar to CSFP, USDA has replaced regular canned vegetables with low-sodium canned

vegetables, and is offering more whole grains and low-fat choices. In Texas, TEFAP is administered as the Texas Commodity Assistance Program (TEXCAP).

Other programs include:

- **Food Distribution Program (FDP):** Provides USDA Foods to public and private nonprofit schools, public and private nonprofit residential child care institutions and nonprofit organizations (recipient agencies or “RAs”). USDA Foods are allocated based on the number of meals an RA provides to program participants. RAs that can receive, store and distribute USDA Foods in truckload quantities (e.g., large, independent school districts or school cooperatives), may receive direct delivery from USDA. TDA contracts with commercial distributors to receive, store and distribute USDA Foods on behalf of RAs that do not have this capacity. Contracts are awarded through a competitive procurement process and TDA negotiates the distribution rates paid by RAs. RAs may use commercial food processors to convert USDA Foods into more usable end products. The FDP enters into agreements with processors and coordinates the ordering of the RAs’ requests for USDA Foods with USDA.
- **Senior’s Farmers Market Nutrition Program (SFMNP):** TDA administers this program in select areas of the state for low-income seniors 60 years of age or older. Seniors receive vouchers to use at farmers markets to purchase fresh fruits and vegetables, increasing their access to healthier, locally grown foods.

## NEW PROGRAMS

- **Summer Electronic Benefits Transfer Card (SEBTC) demonstration project:** TDA initiated a Summer Electronic Benefits Transfer Card (SEBTC) demonstration project. The program, using a WIC-like electronic benefits card to provide families extra funds for National School Lunch Program-eligible children’s meals during the time of summer recess, had up to a 70 percent monthly redemption rate in its first year. This was the most effective method ever demonstrated for ensuring child nutrition over the summer.
- **WIC Farmer’s Market:** TDA began administrating the WIC Farmers’ Market Nutrition Program (FMNP) in 2012. FMNP is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC. The FMNP provides fresh, unprepared, locally grown fruits and vegetables to WIC participants, and expands the awareness, use of, and sales at farmers’ markets. TDA partners with Texas food banks to ensure eligible participants are aware of this program and receive benefits as needed.
- **Farm to School:** The overall goal of TDA’s statewide farm-to-school program is to improve child nutrition by serving healthy meals that incorporate locally grown products, while promoting the business of small to mid-sized farms and ranches. TDA seeks to positively connect schoolchildren to the food they eat and establish Texas as a national leader among statewide Farm-to-School programs.

## TRAINING UNIT

The Texas Department of Agriculture Food and Nutrition Division, Nutrition, Education and Outreach Section’s Training Unit oversees standardized program and nutrition training for FND F&N staff and contractors participate in a variety of nine USDA child nutrition programs sponsored by the agency. Training is designed to ensure program compliance according to USDA/state/other requirements and regulations, and to improve the nutrition and well-being of the customers (children and adults) served.

The Training Unit currently manages multiple courses over 36 training classes for agency staff and contractors who participate in the Child and Adult Care Food Program; National School Lunch Program; School Breakfast Program; Summer Food Service Program; School Milk Program; Fresh Fruit and Vegetable Program; Senior Farmers Market Nutrition Program; Food Distribution Program; WIC Farmers Market Program; and the Texas Commodity Assistance Program. Training is primarily provided by FND F&N trainers or through contracted training services including to include: Texas AgriLife Extension, which provides nutrition training topics for Child and Adult Care Food Program contractors; and Education Service Centers, which provide school-based training for the public/private/charter schools and Residential Child Care Institutes participating in the National School Lunch and School Breakfast Programs. Training is provided to staff, contractors, and statewide organizations using multiple media including: facilitator led instruction, online training, and other distance learning options. Training is conducted through several methods and current plans include adding enhanced distance learning options in the near future to reach even more statewide organizations participating in the USDA Child Nutrition Programs.

## **OUTREACH**

The Texas Department of Agriculture conducts outreach for all of its food and nutrition programs through both internal and external communications, messaging, education, branding, and recruitment. The outreach strategy includes focused initiatives to increase awareness, participation and accessibility of the programs and increase nutrition education. An expanded outreach team in Austin headquarters and a regional outreach specialist in each TDA region conduct outreach to recruit contracting entities and drive those in need to participate in the programs. Overall, the primary focus is to increase awareness, participation and accessibility for Texans in need.

In 2011-2012, outreach efforts focused on the following:

- Program awareness and increased participation;
- Communication of Texas' standards exceeding USDA nutritional guidelines;
- A summer nutrition programs outreach campaign including: earned media, paid media including web banners, billboards, bus placards and mobile advertising with texting, PSAs, and door hanger distribution throughout the summer;
- National School Lunch Week and School Breakfast Week campaigns partnering with schools to increase participation in school cafeterias;
- CACFP video and materials distribution to increase nutrition and exercise in 2-5 year olds;
- Increasing grant applications through increasing awareness of grant availability;
- Writing, editing and designing materials and information on programs for distribution; and
- Event attendance and public engagement.

## **Exhibits and Conferences**

Communities, contracting entities, partners, children and parents have direct access to nutrition education and program information through FND's exhibits and conference attendance. Exhibits and conferences provide TDA the opportunity to distribute program information, nutrition education collateral and policy change. Exhibits included but were not limited to:

- All FND programs: Texas State Fair and Houston Livestock Show and Rodeo
- NSLP, SBP, and Commodities: School Nutrition Association
- NSLP, SBP, and Commodities: Texas Association for School Nutrition
- CACFP: Texas Association for the Education of Young Children
- CACFP: Society for Nutrition Education
- CACFP: Obesity Prevention in Public Health Course University of North Carolina Chapel Hill

- CACFP: Texas Professional Home Child Care Association
- CACFP: American Dietetic Association
- CACFP: CACFP Roundtable
- CACFP: National CACFP Leadership Conference

### **Other Outreach**

While TDA's mission is not specific to overseeing public health, the agency is charged with promoting healthy lifestyles through its federally funded nutrition programs. Continued expansion of the Food and Nutrition Division's outreach efforts will help increase awareness and participation in programs. To help achieve this, TDA procured a comprehensive media contract to enable the Food and Nutrition Division to execute in a cohesive and measurable fashion.

Collaboration between TDA and the media contractor has or will create deliverables including: thorough research of public perception of programs and user and non-user behavior assessments to help best reach relevant audiences and generate branding and outreach strategies; outreach videos; supplemental materials and resources; media outreach and advertising; food and nutrition program outreach campaigns and toolkits; TDA public service announcements; other outreach projects as needed; and the evaluation of results.

### **TDA WELLNESS PROGRAM**

The TDA Wellness Program has been in place since 2003. The program, also called "Take Daily Action," includes:

- Employee challenges, such as the Annual Governor's Texas Round-Up. (Four hours administrative leave are granted to employees who complete the program and/or participate in the 5K fun run.)
- Employee Health Interest Survey
- Take Daily Action T-shirt sale
- Massage Days
- Yoga, Weight Watchers (offered at a nearby external site), Fitness Center Discounts
- Employee Training (outsourced) provided in CPR/AED/First Aid, Defensive Driving, and Safety
- Lunch 'n' Learns
- Detailed wellness program intranet page with announcements, calendar of events, insurance carrier wellness information, employee achievements, walking trails, helpful links, recipes, policy, forms, training, etc.
- Partnership and coordination with other Capitol Complex wellness liaisons
- Participation in the Farm to Work Program

### **GRANTS ADMINISTERED BY TDA**

- **Texas Feeding Texans – Home-Delivered Meals Grant Program:** The Texans Feeding Texans Home-Delivered Meal Grant Program was created during the 80th Texas Legislative Session (TAC §12.042, HB 407), which established a statewide grant program to help supplement and extend the applicant's current home-delivered meal program for seniors and/or disabled Texans. Governmental and non-profit agencies are eligible for this grant program.
- **Agriculture Surplus Grant Program:** Agricultural Surplus Grant Program continues to partner with Texas food banks and agriculture producers to help hungry Texans. Funds are used to offset the costs of harvesting, cleaning and transporting agricultural products to Texas food banks.

- **3E's Grant Programs:** The Texas Department of Agriculture (TDA) is authorized by §12.0027 of the Texas Agriculture Code to administer the 3E's Grant Program to promote better health and nutrition programs and prevent obesity among children in this state. The objective of the program is to increase awareness of the importance of good nutrition, especially for children, and to encourage children's health and well-being through Education, Exercise and Eating right.
- **Urban Schools Agricultural Grant Program:** The Urban Schools Agricultural Grant Program is an agricultural-related program for urban elementary and middle public school pupils enrolled in districts with populations of 49,000 or more. The program helps improve students' understanding of agriculture through projects such as school vegetable gardens, which can provide lessons not only in horticulture, but also in water conservation and nutrition.
- **USDA Child Care Wellness Grants:** USDA Child Care Wellness Grants established the Texas CACFP Child Care Wellness Grant Program which funds Farm to Child Care (FTC) and Breastfeeding Supportive Child Care Practices (BSP) projects in CACFP child care centers and day care homes across the state. These grants are aimed at improving the health and nutrition of children in child care settings.

## LEGISLATIVE COMMITTEES

TDA has taken the lead in facilitating several legislated committees targeting obesity prevention and food policy. Recommendations from committee reports adopted by the agency and continue to help strengthen the nutrition environment. This section outlines the status of the legislated committees.

### **Report from the Healthy Foods Advisory Committee** ordered by S.B. 343

Senate Bill 343 by Sen. Jane Nelson called for the creation of the Healthy Food Advisory Committee, an advisory committee to study the retail availability of healthy food in Texas. The report was submitted to the Texas Legislature in January 2011 and recommended the following:

- Maximize existing grant, loan and other financing programs available in the state to ensure appropriate distribution-levels to the most underserved urban and rural areas across Texas, and to create innovative public-private partnerships to provide incentives for the redevelopment and expansion of fresh and healthy food retail outlets that are sustainably self-sufficient.
- Encourage and enable the temporary use of existing food assistance tools as mechanisms to close the gaps between time periods of individual food insecurity or as primers to enable privately sustainable healthy foods retail investment into communities.

### **Farm-to-School Task Force Report** ordered by S.B. 1027

Senate Bill 1027 by Sen. Kirk Watson authorized TDA to establish an interagency farm-to-school coordination task force. The task force's report recommended the creation of a Farm-To-School Coordinator position at TDA which was filled in November 2011. The Farm-To-School Coordinator continues to focus on:

- Marketing the Farm-to-School program to producers and schools
- Connecting farmers and schools wanting to implement a farm-to-school program
- Providing technical assistance, training and resources for schools and farmers
- Managing Farm-to-School grants
- Assisting in the development, implementation and coordination of Farm-to-School special events

### **Six-Year Plan for the Early Childhood Health and Nutrition Interagency Council** ordered by S.B. 395

Senate Bill 395 by Sen. Eddie Lucio authorized TDA to establish the Early Childhood Health and Nutrition Interagency Council. TDA has published a six year plan to improve the health in children under six and improve nutrition and physical activity practices in early childcare settings, which works towards:

- Centralizing efforts among Texas state agencies to combat childhood obesity, address malnutrition and undernourishment involving children, parents, families, caretakers and communities to improve the health of children under the age of six;
- Promoting awareness among parents, families, caretakers and communities about the benefits of breastfeeding and facilitate the consumption of breast milk in early childcare settings;
- Increasing consumption of fruits and vegetables and moderate to vigorous physical activity by promoting educational, recreational, and hands-on opportunities that encourage healthy eating and physical activity in early childcare settings for children under the age of six;
- Promoting raising nutrition standards and minutes of structured and unstructured physical activity in licensed day care facilities for children under the age of six by recommending policies to improve the childcare minimum standards guidelines.

## **TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

The mission of the Texas Department of State Health Services (DSHS), an agency of the Texas Health and Human Services System, is to improve health and wellbeing in Texas. Obesity has severely affected the health and quality of life of the Texas population and has placed an enormous burden on the state's healthcare resources. Dr. David L. Lakey Commissioner of DSHS, in response to the obesity epidemic in the state, has made its prevention a high priority for the agency.

DSHS' obesity prevention efforts are evidence-based. They are coordinated across the agency's programs, as well as with external partners at the national, state, and community levels. Within DSHS, the Nutrition, Physical Activity and Obesity Prevention (NPAOP) Program is responsible for coordinating the obesity prevention activities with the Texas Title V Program, WIC (the Special Supplemental Nutrition Program for Women, Infants and Children), worksite wellness, school health, and chronic disease programs that address diabetes, heart disease and stroke, kidney disease, and other related health conditions.

### **NUTRITION, PHYSICAL ACTIVITY AND OBESITY PREVENTION (NPAOP) PROGRAM**

This program supports and promotes projects that focus on increasing physical activity, increasing consumption of fruits and vegetables, decreasing consumption of sugar-sweetened beverages, reducing consumption of high-calorie foods, reducing screen time, and increasing breastfeeding initiation, duration and exclusivity. The program targets large segments of the population by promoting:

- (1) Strategies to reduce environmental barriers to healthy living, and
- (2) Administrative policies that facilitate healthy choices.

For example,

- Grocery stores in low-income neighborhoods often carry a less-than-optimal selection of fresh produce. This is an environmental barrier for families that want to eat healthy foods but do not have or cannot afford transportation to other areas to buy them. One successful strategy that helps eliminate this barrier is the creation of farmers markets in low-income neighborhoods.
- Areas of low socio-economic status may have less access to safe places for children to be physically active. Mothers are less likely to allow their children to play outside in low-income areas due to safety issues. These areas often have less access to sidewalks and safe routes" to schools. Another strategy that helps to increase physical activity is increasing and improving trail systems that connect families to schools and businesses.

- A business worksite wellness policy that lowers the price of healthful beverages (e.g., water) and increases the costs of sugar-sweetened beverages, promotes the affordability of healthier choices among employees.

The NPAOP Program, in its attempt to reduce the burden of disease related to obesity, oversees the implementation of the following projects:

### **CDC Cooperative Agreement**

Fiscal year 2012-2013 is the fifth year of a five-year obesity prevention grant from the CDC. Texas is one of 23 states and territories that receives this grant funding. The CDC grant is used to fund specific program-related activities in six communities in Texas:

- **The Texas Tech University Health Sciences Center, Garrison Institute on Aging** in Region 1 is actively engaged in programs that promote health and wellness in West Texas. The Institute is developing new community partnerships and initiatives aimed at fostering community wellness. In addition, the Institute is establishing a community garden in Lubbock to provide increased access to fresh fruits and vegetables. They are also working in public service venues to implement menu labeling and pricing strategies. To increase access to physical activity, the Institute is expanding a walking trail at a public service venue.
- **The Community Council of Greater Dallas** in Region 2/3 is leading a collaborative partnership with faith-based organizations, human services programs, parents, and the school system to create a sustainable environmental/infrastructure change to increase physical activity in the Vickery Meadow neighborhood of Dallas. The neighborhood is extremely diverse and includes large numbers of apartment-dwelling children who exhibit high levels of economic need.
- **Tarrant County Public Health** in Region 2/3 is implementing a campaign called Live a More Colorful Life. The campaign is aimed at increasing Tarrant County residents' access to local fresh fruits and vegetables. The campaign will be promoted using media, including the [www.liveamorecolorfullife.org](http://www.liveamorecolorfullife.org) website and print media to provide ongoing promotion and education. This initiative will also promote the WIC program's electronic benefit transfer (EBT) pilot program, which allows farmers market vendors to accept credit, SNAP, and WIC transactions as payment for fresh produce in addition to cash.
- **The City of El Paso Department of Public Health** in Region 9/10 is working on the Move! El Paso project to increase physical activity within the community. This project will identify ten (10) walkable trails with green spaces and public sites to encourage walking in neighborhoods and communities. The initiative is also encouraging local governments to educate the community on the benefits of walking, to promote walking, and to actively encourage people to incorporate walking into their daily lives as a form of transportation.
- **Hidalgo County WIC** in Region 11 is increasing community support of breastfeeding to reduce childhood obesity. This project will open a second Baby Café in Hidalgo County, which covers a large geographic area. Baby Café staff will provide information and problem-solving advice to pregnant and breastfeeding women in a supportive environment. The goal of the new Baby Café is to increase café attendance in Hidalgo County by 50 percent in the first year. Additional activities will include establishing a referral system for the café among providers of healthcare in pregnancy, birth, and the postpartum. The project also aims to increase the number of businesses that qualify as Breastfeeding Friendly Establishments.

- The **Edinburg Consolidated Independent School District** in Region 11 is implementing a project to promote safe cycling through the project Safe Cycling for Edinburg Schools. The school district is working to reduce childhood obesity by encouraging school children to ride bicycles and walk to school. This project is to install a bikeway separated from pedestrians and cars by a raised barrier (e.g., a curb with a planted barrier strip) and to increase safety through several measures, including lowered speed limits, signs, and volunteers along routes to school, as well as police-led training in safe travel.

### **Farm To Work**

Farm To Work is an employee wellness program that provides employees with the opportunity to receive a basket of fresh locally-grown produce delivered to the worksite on a weekly basis. Since the program was launched at the DSHS' main campus in 2007, it has expanded to serve 30 state agencies and private companies in Austin and San Antonio. Similar programs have been launched in Lubbock and Fort Worth. Worksites interested in learning more about Farm To Work can download the Farm To Work Toolkit (and also the Farm To Work Toolkit Supplement), which compiles all the tools, sample documents, and other resources that were developed to successfully implement Farm To Work at DSHS.

### **Healthy Community Food Systems Module**

The NPAOP Program is working in collaboration with the Austin-based Sustainable Food Center to develop an online nutrition module. The aim of this project is to educate consumers on the concept of sustainable agriculture and to increase awareness of the food system's role in the prevention of obesity. The module will highlight changes needed in communities to increase access and availability of fruits and vegetables.

### **Ten Steps to Successful Breastfeeding Module**

The NPAOP Program is working in collaboration with DSHS' breastfeeding subject matter experts to provide and promote a new online breastfeeding training module for healthcare professionals. The module has been designed to fulfill staff training requirements, step 2 of the Ten Steps to Successful Breastfeeding, and to provide Texas hospitals with an accessible tool to attain Baby-Friendly designation. The free online training module will provide comprehensive, professional, continuing education in a self-paced format.

### **Your Health Matters: Growing Active Communities**

The NPAOP Program partnered with the University of Texas Health Science Center, Brownsville for the production of "Your Health Matters: Growing Active Communities." The purpose of this project is to provide a continuing education curriculum in English and Spanish to train promotores and community health workers (CHWs) throughout Texas how to promote physical activity in their communities. The curriculum incorporates administrative policy and environmental change approaches or strategies for healthy living.

The physical activity curriculum is being developed and tested in both English and Spanish, using participatory methods that include the target audience (promotores or CHWs), focus groups and expert consultation from local professional health educators and evaluators. The curriculum is also being developed within the core principles, goals, and competency areas of the DSHS-certified training program's curriculum framework. The revised curriculum will be available in the spring of 2013.

### **Childhood Obesity Research Demonstration**

The NPAOP Program provides support to the Childhood Obesity Research Demonstration (CORD) project in coordination with the Michael & Susan Dell Center for Healthy Living and The University of

Texas School of Public Health, Austin Regional Campus to develop, deliver, and evaluate an integrated model of primary health care and public health strategies in the community. The model will incorporate policy, systems, and environmental support approaches for nutrition and physical activity. The purpose of the CORP project is to prevent and reduce overweight/obesity in underserved, ethnically-diverse children, ages 2-12 years.

### **Communities Putting Prevention to Work**

The DSHS was awarded the American Recovery and Reinvestment Act (ARRA) of 2009 funds to support obesity prevention through physical activity and nutrition. For this 24-month project, DSHS, with its partners, implemented a high-impact policy, social and environmental change model to prevent and control the chronic health effects of obesity. The DSHS staff from the NPAOP Program led the project activities in collaboration with the DSHS School Health program, Texas AgriLife Extension Service, Texas Education Agency, University of Texas School of Social Work, and the Health and Human Services Commission's Linkages with the School Health Advisory Council, Sustainable Food Center, Farm to School Taskforce, Early Childhood Health, Nutrition Interagency Council, and others to help to broaden project reach and statewide impact.

The NPAOP developed statewide utilization of schools as central community access points for fresh fruits and vegetables and safe places for free physical activity. Specifically, the NPAOP contracted with Texas AgriLife Extension Service to: 1) facilitate joint use agreements that permit community access to free, safe physical activity and recreation facilities on school grounds outside of school hours; 2) establish a school-based fruit and vegetable direct access initiative such as Farm to School, Farm To Work, school-based farmers markets and/or community gardens; and 3) foster a statewide infrastructure within community neighborhoods with schools that offer a safe and supportive physical activity environment using the "Walk Across Texas" program to establish walking clubs. By January 2011, eight schools were selected, one in each Public Health Service Region from across the state. Factors that were considered for selection included infrastructure and sustainability plans as well as the percent of students eligible for the free/reduced lunch program, community health disparities profile, race/ethnic distribution, and community need. The project ended in February 2012.

### **Texas! Bringing Healthy Back – Growing Community**

This DSHS initiative was implemented to educate and inspire communities into action. The NPAOP developed a communications initiative called "Growing Community" which highlights successful community-based improvement strategies across the state through short, documentary-style video clips. The videos were initially distributed to the 2009 Statewide Obesity Summit attendees, where recipients were charged to be "catalysts for change" by hosting video screenings. The video series is available online and in DVD format.

### **Tex Plate: Eat Between the Lines**

The Tex Plate: Eat Between the Lines project was created as a restaurant-based, portion-control initiative by the DSHS and included the NPAOP, WIC program, Steps to a Healthier Austin, Austin Dietetic Association, and The University of Texas Department of Kinesiology and Health Education. Inspired by a diabetes portion control plate, Tex Plate serving plates are designed with visual cues for recommended portion sizes consistent with current healthy eating guidelines. To participate, restaurants incur no costs, nor do they have to change any food offering or recipe.

Restaurant owners are not being told how to make food that tastes good and sells; Tex Plate just helps them position these foods in a healthy way. Tex Plate is currently being modified for worksite cafeterias. Pilot restaurant and cafeteria locations are to be determined.

## **Transforming Texas**

Transforming Texas (TT) is a five-year, \$10 million per year federally funded initiative supporting communities, workplaces, schools and health care providers, as they work together to reduce chronic disease, lower the cost of care, and promote a lifetime of health for every Texan through the power of prevention. This grant focuses on funding communities with populations of less than 500,000, and focuses on rural, border, and frontier communities. Its purpose is to create healthier communities by:

- Building capacity to implement evidence- and other practice-based policy, environmental, programmatic, and infrastructure changes aligning with Healthy People 2020 focus areas
- Supporting implementation of interventions to prevent heart attacks, strokes, cancer, and other leading causes of death or disability

Over the next five years, Transforming Texas seeks to:

- Reduce death and disability due to tobacco use by 5 percent
- Reduce the rate of obesity through nutrition and physical activity interventions by 5 percent
- Reduce death and disability due to heart disease and stroke by 5 percent

Transforming Texas initiated 18 community contracts on February 15, 2012, which awarded funds to 30 counties. The program also initiated contracts for health disparities training, clinical systems training and media/communications initiatives. \$6.4 million in funding has been awarded to communities with less than 500,000 residents, with 29 percent of the funding awarded to rural counties. Within funded communities, Transforming Texas hopes to implement broad-evidence and practice-based policy, environmental, programmatic, and infrastructure change interventions in three Strategic Directions:

- Tobacco-free living with a focus on secondhand smoke
- Healthy eating and active living
- Utilization of high impact evidence-based clinical and other preventive services with a focus on high blood pressure and high cholesterol

Specifically, TT creates new practices, programs, policies, and environmental and system changes to reduce cardiovascular disease, decrease exposure to secondhand smoke, increase opportunities for healthy eating and active living, and decrease the burden of obesity and diabetes in their communities. See the funded communities below:

- In Regions 1, 2, and 3 (in the Parker, Hood, Lubbock, Hale, and Wichita Counties), TT funded two contractors, to implement activities to increase opportunities for physical activity in communities and workplaces. This includes community-wide campaigns, access to facilities and places, joint use agreements, flextime, and stairwell modifications or incentives. They will also establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and public transit users.
- In addition, two contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities. This includes provision of full-service grocery stores, farmers markets, small-store initiatives, mobile vending carts, and restaurant initiatives.
- In Regions 4, 5, and 6 (Angelina, Polk, Waller, Wood, Smith, Van Zandt, Lamar, Hopkins, and Nueces Galveston Counties) TT funded five contractors to implement activities to increase opportunities for physical activity in communities and workplaces. This includes community-

wide campaigns, access to facilities and places, joint use agreements, flextime, and stairwell modifications or incentives. They will also establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and public transit users.

Two contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities, including provision of full-service grocery stores, farmers markets, small-store initiatives, mobile vending carts, and restaurant initiatives.

- In Regions 7 and 8 (Bastrop, Caldwell, Comal, Guadalupe, McLennan, Williamson, and Burnet Counties), TT funded three contractors, to implement activities to increase opportunities for physical activity in communities and workplaces. This includes community-wide campaigns, access to facilities and places, joint use agreements, flextime, and stairwell modifications or incentives. They will also establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and public transit users.

One contractor is implementing activities to increase the number of designated “baby-friendly” hospitals, clinics, and health care offices in counties where hospitals are not present.

In addition, two contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities. This includes provision of full-service grocery stores, farmers markets, small-store initiatives, mobile vending carts, and restaurant initiatives.

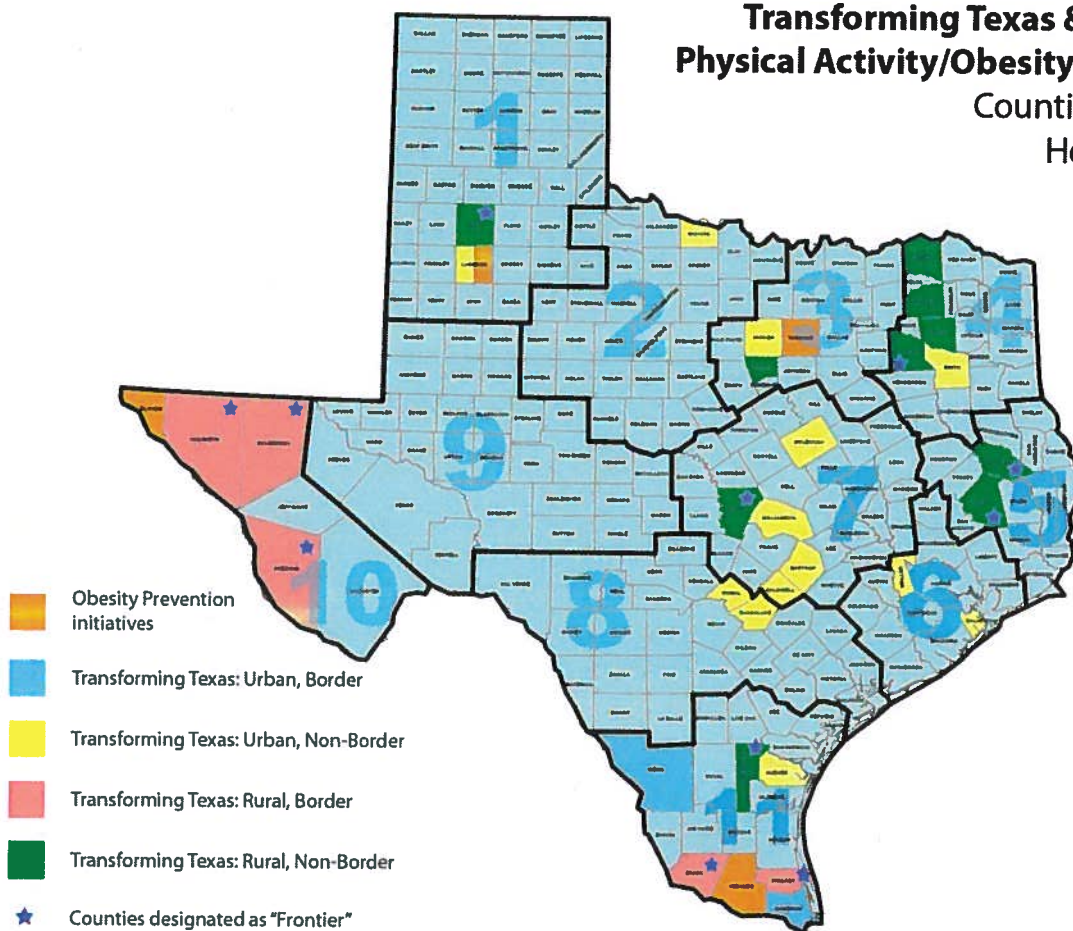
- In Regions 9, 10, and 11 (Willacy, Jim Wells, Presidio, Culberson, Hudspeth, Webb, Starr, Galveston Nueces, and Cameron Counties), TT funded five contractors, to implement activities to increase opportunities for physical activity in communities and workplaces. This includes community-wide campaigns, access to facilities and places, joint use agreements, flextime, and stairwell modifications or incentives. They will also establish community design standards to make streets safe for all users, including pedestrians, bicyclists, and public transit users.

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The following map demonstrates a geographic distribution of the Transforming Texas and Nutrition, Physical Activity and Obesity Prevention Program funded communities.

## Transforming Texas & Nutrition, Physical Activity/Obesity Prevention Counties by Public Health Region



### SCHOOL HEALTH PROGRAM

The DSHS School Health Program contracts with the Education Service Centers (ESCs) to provide partial funding for the ESC School Health Specialist. Contracted ESCs staff and School Health Specialists are referred to as the Texas School Health Network. They serve as a central coordinating point for numerous health education initiatives and work with all segments of the school community to build an effective team approach to wellness. Regional school health specialists collaborate with professional organizations to sponsor training and networking opportunities for school personnel. Regional school health specialists offer school nurse institutes; plan regional conferences for elementary and secondary health and physical education professionals; work with school counselors on substance abuse and violence prevention programs and activities; sponsor workshops for nutrition services staff; assist districts in the development of employee wellness programming; and consult with and train the whole school community on coordinated school health. In addition, they were instrumental in training school districts on the proper implementation of FITNESSGRAM and continue to support this initiative.

School health specialists assist districts in the development of school health advisory councils (SHAC). These councils are an effective way of planning consistent and focused action within a school system. Composed of representatives from home, school, and community, SHACs can objectively assess the needs of young people and identify the resources that should be employed to meet those needs. By bringing together a variety of disciplines and stakeholders, SHACs can enhance their role in the support of their school's ability to positively impact students' health behavior.

The DSHS School Health Program coordinates with TEA and TDA. The three agencies work closely together each year to ensure they are consistent in their technical assistance to schools on coordinated school health program issues.

### **SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS and CHILDREN (WIC)**

WIC is a nutrition program that helps pregnant women, new mothers, and young children up to age five eat well, learn about nutrition, and stay healthy. To enroll, they must have a household income at or below 185 percent of the federal poverty level, and they must have a qualifying nutrition or medical condition. WIC services, which are available to residents of every Texas county, are provided by local health departments, community health clinics, hospitals and hospital districts, and other non-profit organizations.

WIC families routinely receive education through classroom education, on-line education, and one-on-one counseling that emphasizes healthful eating and physical activity – key behaviors for preventing obesity and related chronic diseases. In recent years, WIC has devoted considerable resources to obesity prevention through: (1) breastfeeding promotion and support; (2) a physical activity initiative for children that includes popular take-home DVDs to guide preschoolers through a series of fun physical activities; (3) obesity-prevention education for families; and (4) obesity-prevention grants for local WIC agencies to cover activities like grocery store tours, community gardens, food demonstrations, walking groups, and other staff programs.

To help WIC employees in local WIC agencies throughout the state become better role models for the families they serve, WIC has an ongoing employee wellness program called WIC Wellness Works (WWW) that focuses on nutrition, physical activity, and stress reduction. WWW materials are not limited to WIC employees; they are also being used to successfully educate and motivate women enrolled in WIC.

Breastfeeding is another obesity-prevention strategy extensively promoted by WIC. Most people are familiar with the immediate health benefits of breastfeeding for the infant – improved immunity; lower rates of ear infections, gastrointestinal disturbances, and atopic dermatitis, as well as reduced risk of sudden infant death syndrome. But few people realize that the long-term benefits include reduced obesity and Type 2 diabetes. In fact, the longer an infant breastfeeds, the less likely he or she is to be overweight, and exclusive breastfeeding appears to have a stronger protective effect than when breastfeeding is combined with formula-feeding.

Many barriers make it difficult for mothers to meet their breastfeeding goals. Routine practices in hospitals often interfere with the early establishment of breastfeeding. When women experience early breastfeeding problems, they often do not have access to healthcare professionals who are knowledgeable about breastfeeding, and they often experience social disapproval when they breastfeed in public places. When they work outside the home, rigid schedules and lack of employer support make it difficult for them to express milk and continue breastfeeding.

Increasingly, Texas women are choosing to breastfeed. Greater than 80 percent of Texas mothers, including mothers in the Texas WIC population, initiate breastfeeding, meeting the Healthy People 2010 objective for breastfeeding in the early postpartum period and approaching the Healthy People 2020 target. However, breastfeeding duration and exclusivity rates continue to fall well below Healthy People 2020 targets and we continue to see disparately low rates of breastfeeding among low-income and minority women. State and national data indicate that women face significant barriers to breastfeeding, with greater than half of women who initiate breastfeeding reporting that they did not breastfeed for as long as they wanted.

The Texas WIC Program has activities in place that address all of these barriers, and it leads the nation with its comprehensive breastfeeding promotion and support activities. These include:

- A “Breast Milk, Every Ounce Counts” media campaign advertising the benefits to breastfeeding for moms and babies and the Texas right to breastfeed in public law;
- A [breastmilkcounts.com](http://breastmilkcounts.com) and [lechematernacuenta.com](http://lechematernacuenta.com) website for WIC participants;
- Breastfeeding education for pregnant women in WIC;
- Support for new moms who experience breastfeeding problems or need assistance after they return to work;
- High-quality breast pumps for women in WIC who are separated from their infants and need to establish their milk supply or maintain their milk supply;
- Three lactation support and training centers where WIC moms receive personal breastfeeding assistance, healthcare professionals receive advanced lactation training, and hotlines that provide statewide assistance and referral;
- Peer-training for WIC mothers who have successfully breastfed their infants and are willing to offer encouragement and support to other WIC moms;
- Numerous breastfeeding courses designed to train medical, hospital and WIC staff; and
- The Texas Ten Step Program that encourages hospital and birthing facilities to adopt policies and protocols that improve maternity care practices affecting breastfeeding.

Texas WIC had numerous accomplishments in FY 2011. Over 1,000,000 women, infants and children received nutrition and health education. A new physical activity program was disseminated to local WIC agencies for all postpartum women that included education lessons, take-home DVDs, and collateral materials. More than 24,000 WIC employees in 57 of the 76 local WIC agencies participated in the WWW activities. More than 4,500 hospital staff, physicians, and WIC staff attended a breastfeeding course, approximately 427 peer counselors were employed, 83 WIC staff attended the clinical lactation practicum, and 181,950 breastfeeding education bags were delivered to WIC clinics to distribute to pregnant participants. As of July 1, 2012 [breastmilkcounts.com](http://breastmilkcounts.com) has received 206,698 visitors (40,650 mobile), 122,257 Texas visitors, and 84,441 visitors from all other 49 states and 175 other countries and territories.

Texas WIC oversees the Texas Ten Step program, which is designed to assist hospitals in making incremental improvements in hospital maternity care practices, thereby improving breastfeeding outcomes. The Texas Ten Step program now requires annual certification and facilities are required to meet more stringent guidelines, such as becoming Mother Friendly Worksites by year two. There are currently 89 facilities with Texas Ten Step designation. A Texas Ten Step Star Achiever Initiative is

launching in fall 2012. The Star Achiever Initiative is a collaborative quality improvement project to assist Texas hospitals in full adoption of the Texas Steps to Successful Breastfeeding, or Baby-Friendly designation. Baby-Friendly is the gold standard for maternity care. Seven hospitals in Texas have received Baby-Friendly designation and all of them were previously certified as Texas Ten Step facilities.

In October 2009, WIC implemented new food rules that were developed to:

- Align the WIC food packages with the 2005 Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics;
- Better promote and support the establishment of successful long-term breastfeeding;
- Provide WIC participants with a wider variety of food;
- Provide WIC state agencies with greater flexibility in accommodating participants with cultural food preferences; and
- Serve participants with certain qualifying conditions under one food package to facilitate efficient management of medically fragile participants.

Thirty-seven WIC agencies were funded through the Obesity Prevention Mini Grants (OPMG) project in FY 2012. The activities varied and ranged from group classes, cooking demonstrations, community gardens, and health carnivals to walking clubs. In FY 2012, Texas WIC will continue its outreach efforts to enroll eligible women, infants and children and will continue providing high quality nutrition education and obesity-prevention education.

WIC Wellness Works will continue to recruit more WIC staff into the program, and its materials will continue to be adapted for use with WIC participants. Through the OPMG project, approximately \$600,000 will be disseminated to 40 agencies to conduct obesity prevention activities for both participants and staff.

In addition, the DSHS' Office of Title V and Family Health, the Texas WIC program, the Nutrition, Physical Activity and Obesity Prevention Program, the Building Healthy Texans Statewide Agency Wellness Program, Transforming Texas-Healthy People in Healthy Communities Initiative, Texas' Coordinated Chronic Disease Initiative, and the Heart and Stroke Healthy City Initiative each include activities related to programmatic objectives to promote support for breastfeeding mothers. DSHS has multiple breastfeeding promotion initiatives that cut across program areas and target maternity services, worksites, and communities. These initiatives are aimed toward increasing breastfeeding initiation, duration, and exclusivity. The Department of State Health Services' (DSHS) breastfeeding activities are coordinated through the DSHS Infant Feeding Workgroup.

### **WORKSITE WELLNESS**

Since June of 2008, DSHS has implemented the requirements of H.B. 1297, which was passed in the 80th Legislative Session (2007) and amended the State Employees Health Fitness and Education Act of 1983, Chapter 664, Health and Safety Code. As a result of H.B. 1297, the statewide wellness coordinator was hired by DSHS to oversee the development of a model worksite wellness program for state agencies.

Obesity prevention is a high priority within the model worksite wellness program and continues to be a cornerstone of worksite wellness programs throughout the state. Through the worksite wellness program, DSHS provides state agency wellness coordinators with resources to implement the latest evidence-based worksite wellness strategies to support obesity prevention.

The priority objectives of the model wellness program are:

- Increase Usage of Preventive Services and Screenings
- Improve Tobacco Cessation and Prevention
- Improve Healthy Eating Choices
- Increase Physical Activity
- Improve Stress Management (including Employee Assistance Programs)
- Improve Support for Nursing Mothers

For additional information about the objectives and strategies of the DSHS worksite wellness program, visit [www.wellness.state.tx.us](http://www.wellness.state.tx.us).

The following initiatives have been implemented at the statewide level for all state employees and within DSHS in FY 2011 and FY 2012 to support the priority objectives and strategies of the Building Healthy Texans Model Wellness Program.

#### **STATEWIDE INITIATIVES**

- **Annual State Agency Wellness Conference**
  - In October of each year, DSHS hosts an annual State Agency Wellness Conference in Austin. The conference focuses on key steps for getting started with onsite wellness activities and resources for implementing evidence-based wellness strategies. Approximately 200 state agency leaders, wellness coordinators, and wellness committee members attend the conference each year.
- **Health Risk Assessment and Physical Exam Leave Incentive**
  - Since 2008 the Health and Human Services Enterprise wellness policy has allowed employees to earn an additional eight hours of leave per year for completing a health risk assessment (HRA) and seeing their physician for a physical exam. Between September 2010 and August 2011, 746 DSHS employees participated in this leave incentive. For the entire HHS Enterprise, which includes DSHS, the Health and Human Service Commission (HHSC), the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services, 1,438 employees completed an HRA and received their physical exam.
  - **Farm-To-Work.** This initiative to improve healthy eating choices makes farm fresh produce available to state employees at their worksite. Employees order a basket of produce online by Monday and it is delivered to their worksite on Wednesday of the same week. Each basket costs the employee \$20 and contains 12-17 pounds of vegetables and fruit grown by local Texas farmers. To date, the program has reached 8,661 unique customers and sold a total of 36,698 baskets.

## **MATERNITY SERVICES**

Healthy People 2020 set targets for maternity services to improve practices related to care of the breastfed newborn. Targets include:

- Reducing the proportion of breastfed newborns who receive formula supplementation within the first two days of life
- Increasing the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies, as measured by proportion of births that occur in Baby-Friendly-designated facilities

The Baby-Friendly Hospital Initiative, administered in the United States by a national non-profit organization, Baby-Friendly USA, recognizes hospitals that have fully implemented a bundle of maternity practices known as the Ten Steps to Successful Breastfeeding (the Ten Steps). The Ten Steps, originally developed by the World Health Organization, are internationally recognized best practices in infant nutrition and care that are demonstrated to improve short- and long-term infant feeding outcomes. Currently, only about 40 percent of Texas infants are exclusively breastfed during their neonatal hospital stay. However, infants who are born in hospitals that have adopted best practices related to breastfeeding support are more likely to be exclusively breastfed and to breastfeed for longer. DSHS offers the following initiatives to support implementation of the Ten Steps in Texas:

- The Better by Breastfeeding/Right from the Start campaign aims to increase awareness among key decision-makers in Texas birthing facilities about their role in improving breastfeeding outcomes. Materials illustrate the impact that hospital policies and practices have on breastfeeding outcomes, and include an informational booklet including state and national data related to hospital practices, information on the Texas Ten Step and Baby-Friendly USA programs, a self-assessment guide, resource list, and a hospital-specific one-page report. The campaign, released in November 2011, encourages hospitals to assess their current practices and consider opportunities for improvement.
- The Texas Ten Step (TTS) Program recognizes hospitals that have adopted policies that address 85 percent of the Ten Steps to Successful Breastfeeding, and encourages facilities to pursue Baby-Friendly Hospital designation. As of October 30, 2012 there are 93 TTS facilities. The DSHS designation, developed in 1999 by DSHS and the Texas Hospital Association and endorsed by the Texas Medical Association, is entirely voluntary and self-reported. TTS facilities recertify annually, and DSHS provides on-going guidance on areas for improvement to integrate the Ten Steps.
- The TTS Star Achiever Program, launching December 2012, is designed to assist TTS facilities to more fully integrate the Ten Steps. The program will provide technical assistance, training, collaborative opportunities, and tools to assist participating birthing facilities to implement quality improvement processes to assure delivery of recommended care for lactating mothers and infants. Through completion of the program, participating hospitals will be prepared to increase their patients' exclusive breastfeeding rates and will be encouraged to seek the Baby-Friendly designation through Baby-Friendly USA.
- Breastfeeding Trainings are designed to prepare health-care providers to appropriately and adequately support breastfeeding women and their infants. Continuing education credits are provided. The material is presented at a level to fill the gaps in professional education. Available

two-day courses include Principles of Lactation Management and Lactation Counseling and Problem Solving. One-day courses may be scheduled on request. A Peer Counselor Trainer Workshop is available to prepare participants to initiate a breastfeeding peer counselor program in their community. A one-hour breastfeeding module for healthcare professionals is available on the Texas Health Steps Online Provider Education portal. An eighteen-hour online training is currently under development by DSHS Nutrition, Physical Activity, and Obesity Prevention Program.

## **WORKSITES**

Lack of support for breastfeeding in the workplace remains a barrier for breastfeeding initiation, duration, and exclusivity. The Texas WIC Infant Feeding Practices Survey (2011) found that mothers who returned to work after the birth of their children reported that returning to work or school was the leading reason for introducing formula, discontinuing breastfeeding, or never initiating breastfeeding to begin with. Many women lose their milk supply or are unable to express and store breast milk for later feedings when they face barriers at the workplace. Worksite lactation support policies and programs have been shown to significantly improve breastfeeding outcomes and result in a three-dollar return for every one-dollar invested for employers. Healthy People 2020 set a national objective to increase the proportion of employers that have worksite lactation support programs. DSHS offers the following activities to promote breastfeeding support for mothers who wish to continue to breastfeed after returning to work:

- The Texas Mother-Friendly Worksite Program is a recognition program for businesses with worksite lactation support policies that was developed to fulfill requirements of Texas Health and Safety Code 165. DSHS was directed to establish recommendations supporting the practice of worksite breastfeeding and to maintain a registry of businesses that have a written, communicated breastfeeding support policy addressing the recommendations, including provision of: work schedule flexibility for expression of milk, accessible locations allowing privacy, access to clean running water, and access to hygienic storage alternatives for storage of mothers' breastmilk. There are currently over 1,100 registered Mother-Friendly Worksites.
- The Texas Mother-Friendly Worksite program was recently boosted through the Texas Mother-Friendly Worksite Policy Initiative, a two and one-half year project funded by the Center for Disease Control and Prevention through a competitive Communities Putting Prevention to Work grant. The initiative facilitated development and implementation of worksite policies that support breastfeeding statewide by providing funding, training, technical assistance, educational materials, and additional best-practice resources for the development of Mother-Friendly Worksites in state agencies, local public health departments, public hospital districts and other employment settings across the state. This initiative includes a social marketing campaign to disseminate breastfeeding support strategies to a broad variety of employment sectors. The initiative has contributed to a 481% increase in the number of designated Mother-Friendly Worksites—from 233 in February 2010 to 1,120 in October 2012.
- Supporting Breastfeeding in the Child Care Setting is an online continuing education module hosted on Agrilife Extension's Online Child Care Courses page. This one-hour course helps child care providers gain a better understanding of the benefits of breastfeeding and how to support mothers who want to continue breastfeeding their children after returning to work or school.

## **COMMUNITIES**

A mother's ability to begin and to continue breastfeeding can be influenced by a host of community factors including the education and information she receives about infant feeding and the quality of support that she receives from her family, friends, service providers, and other community members in the places where she lives, works, and plays. DSHS activities related to supporting breastfeeding in communities include the following:

- The Lactation Support Hotline serves as a referral system for people in need of breastfeeding support. The toll-free line is available to anyone in Texas. Lactation specialists provide answers to breastfeeding questions. They will also give referral numbers of lactation specialists local to the Texas caller.
- The Baby Café is a model for community-based drop-in breastfeeding centers for pregnant women and breastfeeding moms, dads, and families. Breastfeeding peer counselors, as well as International Board Certified Lactation Consultant(s), are available on site to answer questions and assist with breastfeeding concerns. Cafés provide a comfortable atmosphere and mother-to-mother support in addition to professional lactation services and referrals. The idea is predicated on evidence that children who are breastfed as babies have significantly lower risk of becoming obese later in life. Currently, there are 8 Baby Café's in Texas, including Baby Café's established with funding from the DSHS Nutrition, Physical Activity and Obesity Program and through the Texas WIC program of the DSHS Nutrition Services Branch.
- Texas WIC Breastmilk. Every Ounce Counts campaign is a statewide awareness campaign to encourage moms to breastfeed. The campaign, in its third year, includes TV, radio and outdoor public service announcements and 60 second news spots on radio news channels aired during National Breastfeeding Awareness Month in August. The campaign also includes breastfeeding promotion materials such as Breastfeeding Friendly Establishment decals, WIC Peer Counselor program and Texas Ten Step promotional materials, Right to Breastfeed cards, and a website ([breastmilkcounts.com](http://breastmilkcounts.com)). These materials prepare new moms on what to expect, help current breastfeeding moms continue breastfeeding, give working moms tips on how to continue breastfeeding once they've gone back to the workplace, and provide other resources.
- The Support from Day One website is a new component of the Breastmilk. Every Ounce Counts Campaign targeting public health professionals and others involved in breastfeeding promotion and support activities. The website, launching in Fall 2012, will provide information and resources to assist interested organizations and individuals with their activities to strengthen breastfeeding support in their local communities.

## **TEXAS HEALTH STEPS ONLINE PROVIDER EDUCATION MODULES**

Texas Health Steps provides regular medical and dental checkups and case management services to babies, children, teens, and young adults enrolled in Medicaid at no cost. DSHS also provides online provider education modules and continuing education credits to healthcare providers, including doctors, social workers, nurses and others. Texas-licensed physicians and subject matter experts from DSHS and HHSC partnered with Texas Health Steps staff to lend their expertise on over 40 modules. These modules are available for free and are accredited by nine separate accrediting bodies at [www.txhealthsteps.com](http://www.txhealthsteps.com).

Three modules specifically address general nutrition and weight management issues for children from birth through age 20. Additional modules include information on weight management and healthy lifestyle issues. Additionally, Texas Health Steps (THSteps) and Online Provider Education staff present and exhibit at several conferences throughout the year. The purpose of this educational outreach is to promote the THSteps program, provider education, and other related DSHS and HHSC programs. Educational tools including BMI calculators, parent guides, and periodicity schedules are distributed to providers at these events.

The Nutrition module covers the following information and more: tools for pediatric screening related to height, weight, quality and quantity of food habits; methods for pediatric screening for obesity; methods for gathering nutritional information during routine checkups; and identifying risk factors for obesity and other nutrition-related diseases.

The Management of Overweight and Obesity in Children and Adolescents module was created with a goal to introduce Texas Health Steps providers and others to best practices in the prevention of overweight and obese children from birth through age 20. The increasing numbers of overweight and obese children is a medical crisis in our country. It is imperative for healthcare providers to assess the weight of all children in their care and develop weight management protocols and prevention strategies. This module describes methods of assessment and practices for correction and prevention.

The Breastfeeding module was written in collaboration with the State Breastfeeding Coordinator and DSHS WIC staff in addition to other subject matter experts. This module offers Texas Health Steps providers and others best practices in providing support to mothers who breastfeed their infants. The course provides information about the benefits of breastfeeding, cultural and legal aspects of breastfeeding, public health recommendations, and potential problems for clinicians to assess, and signs that breastfeeding is successful.

Additional modules that address obesity-related issues are: Identifying and Treating Children with Diabetes, Identifying and Treating Young People with High Risk Behaviors and Mental, Emotional, and Behavioral Disorders.

### **SCHOOL PHYSICAL ACTIVITY AND NUTRITION SURVEY (SPAN)**

The School Physical Activity and Nutrition (SPAN) survey is a partnership between the University of Texas School of Public Health Dell Center for the Advancement of Healthy Living and the Department of State Health Services. The purpose of the questionnaire is to identify factors that may underlie childhood obesity, including dietary behaviors, nutrition knowledge and attitudes, physical activity, and social and environmental factors. The survey includes questions on bullying, body image, depression, and other psychosocial issues that impact health behaviors in children and adolescents.

A representative sample of school children in grades 4, 8, and 11 were assessed as part of the third SPAN survey in Texas. Schools were selected with a probability-based sample that was represented at grade level, health service region, and Texas-Mexico border/non-border region. The most recent iteration included a matched 4<sup>th</sup> grade parent survey to assess parental perceptions, attitudes and knowledge of factors associated with childhood obesity.

Data have been analyzed and indicate that the prevalence of obesity in children in grades 4, 8 and 11 was 23.8, 23.0, and 21.6 percent respectively. Since 2000 to 2002, there were decreases in the prevalence of obesity among 4<sup>th</sup> grade students, and increases in obesity prevalence for 8<sup>th</sup> and 11<sup>th</sup> grade students, but these changes were not significant. The prevalence of obesity was significantly greater among students in schools with low socioeconomic status. Plans to further analyze and disseminate these findings are currently being developed.

## **DSHS INFANT FEEDING WORKGROUP**

The DSHS Infant Feeding Workgroup, coordinated by the Maternal and Child Nurse Consultant in the Office of Program Decision Support, was formed to coordinate breastfeeding activities across DSHS areas, including Texas WIC, Office of Program Decision Support, and the Nutrition, Physical Activity, and Obesity Prevention Program. The workgroup has developed a (draft) DSHS strategic plan for breastfeeding promotion that includes strategies for increasing breastfeeding assessment, promotion support, and evaluation in health services, the community, and worksites, and for more fully integrating breastfeeding promotion into relevant DSHS programs and initiatives across the agency. Breastfeeding promotion activities are addressed in more detail elsewhere in this document.

## **TEXAS EDUCATION AGENCY**

The Texas Education Agency (TEA) is comprised of the [commissioner of education](#) and [agency staff](#). The TEA and the [State Board of Education](#) guide and monitor activities and programs related to public education in Texas. The mission of TEA is to provide leadership, guidance, and resources to help schools meet the educational needs of all students. The policies and programs that impact the health and well-being of Texas school children are administered in part by the Division of Curriculum. The Curriculum Division provides state level support, information, and non-regulatory guidance to school administrators, teachers, counselors, parents, and students regarding general curriculum laws and rules, including those related to the health and well-being of Texas school children as described below.

## **COORDINATED SCHOOL HEALTH**

We know that healthy students are better learners. Addressing childhood obesity is a key step in creating healthier, more successful students in Texas. The Texas Education Code ([TEC](#)) [§38.013](#) requires TEA to make available to each school district one or more coordinated health programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary, middle, and junior high schools. The [TEC §38.014](#) requires that all school districts implement Coordinated School Health programs in elementary, middle, and junior high schools. They do so following the Centers for Disease Control and Prevention (CDC) Coordinated School Health Model. The TEA assists school districts in implementing effective Coordinated School Health programs by providing technical assistance and facilitating the review and approval of the programs required by [TEC §38.013](#). The four components of the programs--health education, physical education and physical activity, nutrition services, and parental involvement--support the reduction of obesity in Texas youth.

## **PHYSICAL FITNESS ASSESSMENT INITIATIVE**

The Texas Education Code ([TEC](#)) [§38.101](#) requires all students, in grades three or higher enrolled in a course that satisfies the curriculum requirements for physical education to be assessed once annually using a fitness assessment instrument identified by the commissioner of education. A request for offer (RFO) process was conducted during the summer of 2007, and FITNESSGRAM®, created by the Cooper Institute of Dallas, was selected as the state fitness assessment instrument. The FITNESSGRAM® test administration kit, including software, was provided to all school districts through donated funds collected by the agency. Training was also provided statewide to support proper implementation. FITNESSGRAM® uses criterion-referenced standards called the Healthy Fitness Zones, which are based on age and gender and represent the basic levels for good health and fitness in children ages 5 - 17 years. The assessment measures body composition, aerobic capacity, strength, endurance, and flexibility. The tests include activities such as a one-mile run, curl ups, push-ups, trunk lift, shoulder stretches, and a height/weight measurement.

The [TEC §38.103](#) requires schools to report their results to TEA. The school districts do so through the TEA's Secure Environment known as TEASE. The utility aggregation system developed specifically for

this project allows districts to upload the results of their students' fitness assessments from the FITNESSGRAM® software directly.

[TEC §38.104](#) requires the agency to analyze the results to identify any correlation between academic achievement levels including state assessment scores, attendance rates, school meal program participation (eligibility based on socioeconomic status), and disciplinary problems including, but not limited to, expellable offenses, mandatory Disciplinary Alternative Education Program (DAEP) placement, in-school suspension, acts of violence, use of weapons, truancy, and cases of substance abuse on campus. The school district data and statewide results for each school year can be found at <http://www.tea.state.tx.us/PFAI.html>.

The aggregated information can be accessed by gender, grade-level, district, region, and the entire state for the last five consecutive school years (2007-2008, 2008-2009, 2009-2010, 2010-2011, and 2011-2012).

Texas was the first state to order a comprehensive physical assessment of its students. During the program's first year, 2.6 million of the almost 3.4 million students in grades 3-12 were tested. Results in year one showed that about 33 percent of third-grade girls and almost 29 percent of third-grade boys reached the "Healthy Fitness Zone." By seventh grade, only 21 percent of the girls and 17 percent of the boys still met this achievement level. By 12<sup>th</sup> grade, just 8 percent of the girls and about 9 percent of the boys met the health standards in all six tests. Similar trends have continued in years two and three of the assessment's implementation although significant improvements have been seen in the number of students tested and the number of school districts and campuses collecting and reporting data. In the 2009-2010 school year, 2.9 million students were tested and 92 percent of school districts submitted data. The FITNESSGRAM® data has been analyzed to identify relationships between healthy fitness zones and student academic indicators and has revealed a link among cardiovascular fitness, student achievement, and attendance. Results of this analysis can be found at [Our Kids Health website](#).

With continued focus at the local level in the implementation of evidence-based physical activity and nutrition programs, schools can expect to see improvements in student health outcomes each year. School districts are encouraged to review their own data using the FITNESSGRAM® software reporting systems, as well as other evaluation methods. Students, school personnel, parents, and community members are encouraged to use this locally-collected data to motivate the implementation of new programs and practices as well as nurture existing best practices that will continue to improve the health and well-being of their students.

### **SCHOOL HEALTH ADVISORY COUNCILS**

The [TEC §28.004](#) requires the board of trustees of each school district to establish a local school health advisory council (SHAC) to assist the school district in ensuring that local community values are reflected in the district's health education instruction. A SHAC is a group of individuals, primarily parents of students in the school district, appointed by school district officials to represent the community. The members of the SHAC provide advice on coordinated school health programming and its impact on student health and learning. SHACs provide an efficient, effective structure for creating and implementing age-appropriate, sequential health education programs and early intervention and prevention strategies that can be supported by local families and community stakeholders. The benefits of SHACs include the following:

- Developing relevant district policies for the purpose of improving student health
- Communicating the connection between health and learning to school administrators, parents, and community stakeholders

- Reinforcing the health knowledge and skills children need to be healthy for a lifetime

To further strengthen the development of SHACs at the local level, the TEA facilitated quarterly videoconferences and webinars during the 2011-2012 school year, integrating guidance on SHAC implementation.

### **PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

Physical activity programs can improve the health of children and help motivate them to make healthy decisions throughout life. The Texas Education Code ([TEC §28.002\(1\)](#)) states that a school district shall require a student enrolled in full-day pre-kindergarten, kindergarten, or a grade level below grade six to participate in moderate or vigorous daily physical activity for at least 30 minutes throughout the school year as part of the district's physical education curriculum or through structured activity during a campus's daily recess. This requirement can be met in alternative ways under certain circumstances. Structured physical activity can take place during the school day or in after-school programs. It is essential that children in Texas receive quality programming in all of these environments. Texas Essential Knowledge and Skills (TEKS) for physical education ([www.tea.state.tx.us/rules/tac/chapter116/](http://www.tea.state.tx.us/rules/tac/chapter116/)) strengthen the quality of physical activity provided in physical education by providing the framework of what student must know and be able to do.

Additional information related to obesity prevention and health programs at the TEA can be found on the Health and Safety link at [www.tea.state.tx.us](http://www.tea.state.tx.us).

## Conclusions and Recommendations

The Interagency Obesity Council appreciates the opportunity to communicate with the Legislature about its respective agencies' obesity prevention activities. It is clear that these three agencies are continuing to provide valuable leadership on obesity prevention to schools, communities, health care providers, and the public through a variety of programs and initiatives. Texas has taken many bold steps to improve the health status of its schoolchildren through policy and legislation that require better nutrition and more physical activity in schools. However, the obesity epidemic persists, and there is much more to be done. The council respectfully offers the following recommendations:

- Continue the collaboration between the three agencies on obesity prevention efforts, including communications between program staff, management and commissioners.
- Continue to emphasize on workplace wellness programs that incorporate a broad array of interventions and activities that focus on the prevention and control of the most common and costly employee health problems (e.g. improved nutrition, increased physical activity, smoking cessation, routine health screening, stress reduction, substance abuse, etc.). While obesity does have a tremendous impact on employee health and productivity, and healthcare costs, other modifiable behaviors and treatable conditions, for example – tobacco use, alcohol abuse, depression and sleep problems – also have a tremendous impact on health care costs and productivity.
- Encourage the development of locally developed interventions to address obesity at the community level and to improve opportunities for physical activity and healthful eating within the entire community. These interventions should complement the substantial progress toward healthful eating and increased physical activity in schools.
- Strengthen nutrition education in grades K through 12, delivered through a variety of curricula and activities.
- Strengthen the quality of nutrition education and physical activities in early childhood and after-school programs.
- Examine ways to increase availability of fresh produce for disadvantaged and/or low-income populations.
- Develop mechanisms or strategies to use the results of FITNESSGRAM and the new NUTRIGRAM data.
- Involve parents and community members in school-based and/or youth-focused physical activity and nutrition programming, especially through local School Health Advisory Councils.
- Increase the availability of resources, technical assistance, training and support for schools and community-based organizations to enhance the implementation of evidence-based programs to prevent obesity.
- Identify effective programming throughout the state as a means for referrals and modeling, and establish criteria and measurement systems to identify such programs.