

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



Robert Scott
Commissioner of Education

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Introduction

This is an update of the 2009 Report to the Legislature from the Interagency Obesity Council, as mandated by Chapter 114 of the Health and Safety Code (Senate Bill 556, 80th 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, approximately 66.7 percent of Texas adults were classified as overweight or obese.¹ 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 29.2 percent of adolescents in grades 9 through 12 was overweight or obese.² Additionally, in 2008, 30 percent of low-income children (ages 2-5) enrolled in Texas' Women Infants and Children (WIC) Program was already overweight or obese³. 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.^{4, 5, 6}

Since the 2009 report, the economy has been more of a significant factor in food choices and food access. The economic downturn led to an increase in food insecurity among many Texas families. In fact, USDA's Economic Research Service found that from 2007-09, Texas had the second highest rate of food insecurity in the nation with more than 3.1 million people experiencing low or very low food security. Research shows that food insecurity and obesity are closely related and can often be tied to one another.⁷ Families that are food insecure may purchase cheaper foods that are more energy dense and have less nutritional quality but more calories. This can lead to overconsumption and a less healthy diet. Research also shows that childhood hunger early in life (preschool age) increases the risk of developing obesity later in life. In order to decrease obesity rates, programs also need to end food insecurity, especially childhood hunger.

¹ CDC, Division of Adolescent and School Health. The 2009 Youth Risk Behavior Survey. Available online at www.cdc.gov/HealthyYouth/yrbs/index.htm.

² CDC, Division of Adolescent and School Health. The 2008 School Health Profiles. Available online at www.cdc.gov/healthyyouth/obesity/facts.htm.

³ Texas Department of State Health Services, WIC Certification Data, 2008.

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

⁵ 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.

⁶ 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.

⁷ Food Research and Nutrition Action Center, *Hunger and Obesity? Making the Connections*. Available online at www.frac.org/pdf/Paradox.pdf. Accessed on 10-15-2010.

In 2001, Texans spent an estimated \$10.5 billion on costs attributable to obesity and overweight.⁸ 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 2030.⁹ Without change, current trends estimate 75 percent (20 million) of Texas adults may be obese or overweight, and the costs to Texas are estimated to increase to \$39 billion by 2040.¹⁰ Clearly, without support for obesity prevention efforts, Texas will face an unprecedented and expensive healthcare crisis.

During the 2009 legislative session, several pieces of legislation were passed, and funding was provided to strengthen the statewide response to the obesity epidemic. Through exceptional item funding the Texas Department of State Health Services (DSHS) was able to fund 14 communities to implement CDC's recommended Community Strategies and Measurements to Prevent Obesity; and 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.

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.

It is too soon to see the full impact of these initiatives. However, there are some improvements that show momentum for change in the area of physical activity. The Physical Fitness Assessment Initiative, mandated by Texas Education Code Chapter 38.101, found a very slight increase in the number of students in grades 3 to 8 that were able to achieve the "Healthy Fitness Zone" on all six tests included in the assessment, also known as the FITNESSGRAM. With continued focus on implementing evidence-based physical activity and nutrition programs, Texas should continue to see improvements each year. This small increase is a positive sign, but it means that Texas is at a crucial step in the war on obesity and must have continued support at all levels in order for the trend to continue.

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 SB870 during the 81st Legislative Session. The IOC is comprised of the commissioners of the Texas Department of

⁸ Susan Combs, State Comptroller of Public Accounts, Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers. 2007.

⁹ Susan Combs, State Comptroller of Public Accounts, Gaining Cost, Losing Time: The Obesity Crisis in Texas, 2011.

¹⁰ Texas Department of State Health Services. The Burden of Overweight and Obesity in Texas, 2000-2040. 2004. Available from www.dshs.state.tx.us/obesity/pdf/Cost_Obesity_Report.pdf.

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.

Additionally, for 2011, the IOC was tasked with creating an evidence-based public health awareness plan. The council must solicit input on the plan from the private sector and the plan must include:

- A cost estimate for continuing implementation of the plan;
- Recommendations on reaching populations that would most benefit from increased public health awareness; and
- Recommendations on encouraging employers to participate in wellness programs for employees. The recommendations for employee wellness should include information on projected costs and benefit and should be posted on the Texas Department of State Health Services website.

The primary focus of this report will be the evidence-based public health awareness plan as well as requirements defined in Health and Safety Code, Chapter 114:

- A list of programs within each agency that are designed to promote better health and nutrition;
- An assessment of the steps taken by each program during the preceding two years;
- A report of the progress made by taking these steps in reaching program's goals; and
- The areas of improvement that are needed in each program.

Additional References

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Interagency Obesity Council Evidence-Based Public Health Awareness Plan

TEXAS OBESITY PUBLIC HEALTH AWARENESS PLAN

The Texas Department of State Health Services (DSHS) Experience

DSHS has developed and implemented a comprehensive Public Health Awareness Plan that incorporates evidence based strategies to inform, educate and engage communities to promote policy and environmental changes with the goals of making healthy eating and active living the easy choice for all Texans.

Component I: The *Growing Community* Communications Campaign

Phase I: Campaign Overview and Goal

To help educate and inspire communities into action, the DSHS Nutrition, Physical Activity and Obesity Prevention (NPAOP) program developed a communications initiative called “Growing Community,” which highlights successful community-based change strategies across the state through short video clips which correspond with the six evidence-based target areas for obesity prevention, recommended by the Centers for Disease Control and Prevention (CDC). The campaign focus is on obesity, not at the individual level, but rather at the community level: What communities can do to make healthy living the easy choice for their citizens through policy and environmental change.

The main goal of the campaign was to educate the target audiences that community involvement is the only way Texas can successfully tackle the obesity issue. To reach this goal, the campaign was created to inform and educate community residents, stakeholders and public health professionals on how community-based changes were able to make a difference through increasing access and availability to healthier food and physical activity options within the priority communities featured in the video series: Arlington (Tarrant County); Henderson (Rusk County); Austin (Travis County); El Paso (El Paso County); Seguin (Guadalupe County); San Antonio (Bexar County); Brownsville (Cameron County); and Dallas (Dallas County).

The videos also provided information and guidance on practical applications for the strategies in a community setting using initiatives currently recommended by the DSHS and CDC. Through this video series, DSHS intended to increase community awareness and change the mindset to support and build a movement to change social norms related to nutrition, physical activity and obesity.

Audience

The videos were first unveiled by DSHS at its statewide Obesity Summit and initially distributed to six targeted Texas communities, where partners were charged to act as “catalysts for change” by hosting video screenings. The target audience, or “catalysts for change” for the campaign included:

- Community stakeholders (both government and business organizations)
- Public health professionals at the state and local level
- Other health professionals

A “catalyst for change” could be anyone, but the campaign started with community leaders such as mayors, policy makers, the city council or other civic, community and business executives/decision makers.

Promotional Strategy

Thirty-one DSHS employees and business representatives received DVD/How-to Kits with the information and the tools necessary to host screenings of the videos in their communities, and to distribute DVD/How-to Kits to others who could then also host screenings. These 31 representatives were charged to act as “catalysts for change”, triggering a domino effect in six initial communities where the video series was shown. By using the provided tools to host effective screenings, attention was created around the concept of a community-based approach to obesity prevention and this prompted a series of reactions such as further screenings, distributing DVD/How-to Kits and a call to action within and beyond each targeted community.

Campaign Success Story

Alice, Texas: America’s Next Healthiest Community

The Coastal Bend Rural Health Partnership is a three-year initiative working to improve the health of rural communities through capacity building. The partnership targets Brooks, Jim Wells, Kleberg, San Patricio and surrounding counties in South Texas.

After hosting screenings of the Growing Community series at the January 2010 Health Policy Summit held in Beeville and Alice, Texas, the Partnership incorporated the Growing Community videos into a media campaign to increase community input and engagement in the use of community design to make Alice, Texas: America’s Next Healthiest Community.

The media campaign was launched in May 2010 and includes Public Service Announcements, billboards, and print media. The Partnership is currently working with residents of Alice to determine how to use environmental change strategies to make Alice, Texas, a healthier community.

The response in Alice, Texas, is an example of the potential result that can be achieved through public health awareness campaigns.

Evaluation

Since the video and tool kit were launched at the Texas Obesity Summit in July 2009 there have been 317 *Growing Community* DVDs distributed. A total of 78 stakeholders have reported hosting community screenings of the series; reaching a total of 2,232 Texans. The online version of the video series has been viewed 5,507 times. Additionally, confidence measures for three of the six target areas increased from July 2009 to November 2009. Specifically, the perception of confidence to implement policy and environmental change regarding increased breastfeeding was measured at 38.23 percent in July of 2009 and 63.63 percent in November 2009, just four months later. Confidence regarding implementation of increased physical activity changed from 51.85 percent in July 2009 to 63.63 percent in November 2009 and confidence regarding the ability to decrease consumption of high-energy-dense food increased from 33.90 percent in July 2009 to 34.88 percent in November 2009.

Phase II: *Growing Community*

Similar to the original *Growing Community* video series, NPAOP has future plans to produce a second video series highlighting new community projects and efforts around the evidence-based strategies for obesity prevention. This initiative will expand upon the first series to inform communities about additional ways to incorporate policy and environmental changes to help make healthy living the easy choice in Texas. DSHS will showcase community projects developed and implemented by other Texans to inspire similar action throughout other Texas communities and will mirror the first series in content and length. The videos will be packaged on a DVD featuring a *Growing Community* phase II cover and will be posted on the NPAOP website and distributed throughout Texas via the program's partners and stakeholders. Since obesity with its adverse health consequences is a significant public health issue in Texas, outreach will be broad-based yet also representative of Texas' diverse population which includes disparate populations with higher obesity rates.

Component II: Strategic Plan for the Prevention of Obesity in Texas

The NPAOP program is currently working with partners and stakeholders to write the *Strategic Plan for the Prevention of Obesity in Texas: 2011-2021*, which has an expected release in 2011. The revised state plan will build upon many of the items outlined in the current plan as well as the 2008 *Updates for the Strategic Plan for the Prevention of Obesity in Texas* document. In July 2009, NPAOP hosted an obesity prevention partner meeting in conjunction with the 2009 Obesity Prevention Summit. During this meeting feedback was received regarding recommendations for revisions to the current plan. Based on this initial stakeholder input, the revised state plan will be tailored similar to a community action plan to include sector specific action steps. In addition, NPAOP is in the process of analyzing over 500 responses to the online stakeholder survey. Those results will also inform the revision of the state plan. As with past years, the revised plan will be evidence-based and targets will be aligned with the CDC recommended strategies for obesity prevention.

Component III: Plan Healthy, Texas

Building on the idea of the need for community action plans that support policy and environmental change, the NPAOP program is creating an additional tool as a component of the federal Communities Putting Prevention to Work - State Territory Initiative. This new tool, *Plan Healthy, Texas: Texas Putting Prevention to Work*, is an interactive website offering Texas

communities a technologically advanced and varied online platform designed to inform and engage community audiences to select and implement community activities that contribute to the prevention of obesity in Texas. The goal of this project is to develop an online dynamic tool to support the use of policy and environmental changes to prevent obesity in Texas communities. This website will provide community members with an innovative way to identify evidence-based strategies based on their specific role and community need. The website will offer a user-friendly site as a relevant tool for creating and delivering a customized plan for combating obesity to a wide range of community settings.

The *Plan Healthy, Texas* website will be based on the concept of Healthy, Texas as a destination, both on the Web and on the map: Healthy, Texas is the place where Texans want to be. The site will allow communities to build Healthy, Texas, through implementation of policy and environmental changes and will empower visitors to take action to bring healthy back to Texas. The site will be promoted through Google AdWords, media buys, and press releases as well as the 2012 DSHS Obesity Prevention Summit.

Component IV: Worksite Wellness

Within the DSHS Health Promotion and Chronic Disease Prevention Section, the State Agency Worksite Wellness program has developed the *Building Healthy Texans* website. This site is the source for Texas state agency leaders and employee wellness planners to find resources to create an effective and sustainable wellness program for their agency or business. The site includes legislative history and details of HB1297, information for developing a business case to support wellness programs (including cost/benefit), guidance regarding the steps for getting started, recommended activities and resources such as Return on Investment (ROI), statistics, policy templates, and other literature to support state agency wellness initiatives. The content of the site was developed specifically to make the work of agency wellness liaisons and wellness planners as easy and effective as possible. The site is also an accessible resource for Texas employers.

The recommendations provided through this website focus on the following seven evidence based objectives as priorities for state agency wellness programs to address:

- Increasing the use of preventive screenings and services,
- Improving healthy eating among employees,
- Increasing physical activity among employees,
- Improving tobacco prevention and cessation policies and benefits,
- Improving stress management among employees,
- Increasing the use of Employee Assistance Program benefits, and
- Improving support for breastfeeding mothers.

These seven objectives have been shown by research and practice to address the health conditions, risks and lifestyle factors that harm state agencies in terms of direct health care costs; reduced productivity, and employee turnover. These objectives should be the primary focus for Texas state agencies and/or Texas employers in promoting worksite wellness. The details regarding cost and benefit or ROI are also provided via this site, which is currently available at www.wellness.state.tx.us.

Component V: DSHS Obesity Public Health Awareness Plan Funding

Although the cost of a large-scale public health awareness campaign has not been forecasted by DSHS, funding for its' comprehensive obesity public health awareness plan including each component referenced is approximately **\$677,200**. This includes both Phase I and II of the *Growing Community* video series, the Strategic Plan for Obesity Prevention, the *Plan Healthy, Texas* website and *Building Healthy Texans* worksite wellness website.

Specifically, Phase I of the *Growing Community* video series cost approximately **\$170,500**, which is extremely low in comparison to large scale campaigns. The lower cost of this project is due to the stewardship of our community partners and the momentum created by the “catalysts for change” that hosted video screenings and created a spark within communities. The highlighted success story in Alice, Texas is a perfect example of the potential for expanding upon the *Growing Community* series and taking obesity prevention to another level in terms of public awareness.

The NPAOP program has future plans to continue the momentum created in the area of community awareness and the importance of policy and environmental change by expanding on the original *Growing Community* series with Phase II of the project. The development and production, which includes both English and Spanish versions of six videos, will be \$155,000. Post production, such as editing, sound mixing and post-captioning will cost \$35,800. The program will also complete qualitative research with stakeholders in the six priority Texas communities to evaluate the current activities with regards to video promotion and local screenings with the goal of improving and expanding on the current screening model. The cost of reviewing the distribution model and cost for 4,000 DVDs is \$6,700, for a total *Growing Community* Phase II cost of **\$197,500**.

The Strategic Plan for the Prevention of Obesity in Texas budget is **\$14,200** and includes \$9,200 for printing at least 800 copies (60 pages, full color, coil-bound, with tabs) as well as \$5,000 for the analysis of over 500 stakeholder responses from the online survey.

The budget for the online tool, *Plan Healthy, Texas* that is being funded through American Recovery and Reinvestment Act funds is **\$295,000**. The budget includes the web design and development, site maintenance, a media buy, press release and promotional items. This site is a complex system in terms of functionality. It will be programmed to enable visitors to identify their role, need, and location in order to create a community plan, which will be specifically tailored to their community goals to promote local environmental and policy change.

The *Building Healthy Texans* website, which focuses on worksite wellness was created through a collaboration of individuals across DSHS and other state agencies. All content for the site was created by the Worksite Wellness Program Team on a voluntary basis at no cost to the agency outside of staffing. The website design and development was done internally by the DSHS Communications Department.

DSHS promotes the evidence-based, obesity prevention efforts that have been used to create community awareness in the State of Texas. These projects provide a framework for DSHS and the State of Texas to develop future public health awareness efforts. If recommended and funded

to do so, DSHS would be interested in collaborating with the Texas Department of Agriculture and Texas Education Agency to expand our efforts and produce a large scale, coordinated multi-agency public health awareness campaign as a result of the Interagency Obesity Council’s Public Health Awareness Plan recommendations.

The Texas Department of Agriculture and Texas Education Agency Opportunities

While the Texas Department of Agriculture and Texas Education Agency are not specifically charged with public health, the work done in each agency does have a significant impact on the community at large. Each agency embraces their opportunity to impact the lives of the Texans they serve.

Moving forward, Texas Department of Agriculture will continue to support the strategies outlined by DSHS to promote health. The agency plans include the following:

Expansion of Texans Bring It on a statewide level include the following:

Target Audience	Message / Action
Students Texans Bring It!	Choose healthy foods, participate in TDA programs, get involved in local decisions
Parents Bring It Home!	Encourage child to participate in TDA programs; make healthy choices based on nutrition education provided, get involved in local decisions
Schools Texas Schools Bring It!	Exceed the standards to improve the health of students, increase participation
Child/ Adult Care Texas Day Cares Bring It!	Exceed the standards to improve the health of children and seniors
Communities Bring It Together!	Support TDA programs, get involved in local decisions, understand the impact of the community on healthy living

Future Deliverables:

1. **Outreach Video Series** – nine brief documentary-style videos, highlighting successes from each of the target audience areas.
2. **Supplemental Materials and Resources-** To include DVD inserts, brochures, Website content, posters, bus signs, booth designs, digital and social media. Includes soliciting, capturing and featuring user-generated content.
3. **Media Outreach and Advertising-** Development of strategic outreach calendar, press releases, news/magazine articles, media pitching, broadcast messaging. To include PSAs, commercials/radio spots, billboards
4. **TDA Food and Nutrition Program/Texans Bring It Tours 2012-2013 and Toolkits** – Limited tour of the various Food and Nutrition Programs administered through TDA and a special tour highlighting Texans Bring It! with an accompanying toolkit for Educational Service Centers to host local promotional.

5. **Evaluation** – Comprehensive data collection, analysis and reporting ongoing for all listed deliverables.
6. **TDA and Food and Nutrition Division (FND) Commercials**- brief intro video supplemental information brochure/folder to promote and inform about the agency and programs.

The Texas Education Agency plans to continue efforts around the Texas Fitness Now (TFN) grants. As is discussed in the body of the IOC report, the goals and objectives of the TFN grants are as follows:

- Provide assistance to schools for the support of in-school physical education programs
- Provide funding to schools to prepare teachers of Grades 6, 7, and/or 8 to identify specific barriers facing student adoption of fit and healthy lifestyles, and to provide teachers with the tools necessary to promote such adoption
- Provide assistance to schools in selecting and/or developing effective instructional materials, programs, learning systems, and strategies based on the characteristics of Quality Physical Education
- Strengthen coordination among schools and families to improve fitness and promote healthy lifestyles for all children
- Increase self-esteem, decrease body fat, increase strength and endurance, and prevent exercise-related injuries. Through increased fitness, students' cognitive ability will improve
- Provide a foundation for a life of fitness and healthy lifestyle choices

Moving forward, beginning in the 2010-2011 school year, the agency plans to achieve the following:

- Renewal application available in October 2010 and due within 4-5 weeks of application release
- Applicant pool will be based on original eligibility of 60 percent - 100 percent socioeconomically disadvantaged according to the Public Education Information Management System (PEIMS)
- Applicants must meet all program requirements to apply
- Two video conferences scheduled in the fall of 2010 and Spring of 2011 to provide technical assistance and direction to recipients
- Attend coordinated school health professional development summit in Austin, Texas
- Texas Education Agency staff will continue to support effective grant funded program implementation through presentations at Texas Association for Health, Physical Education, Recreation & Dance (TAHPERD), Texas Association of School Administrators/ Texas Association of School Boards (TASA/TASB), Texas Parent Teacher Association (TX PTA), and other professional conferences
- Applicants will consider program and curriculum enhancements and increased professional development opportunities for their teachers to utilize previously purchased equipment more effectively
- Anticipate marked improvement in fitness assessment outcomes based on development of teacher and student skills in utilizing new equipment to promote physical activity and improved knowledge regarding proper nutrition applied in year one

IOC Evidence-Based Public Health Awareness Proposed Plan

In addition to DSHS' existing structure for a public health awareness campaign, IOC proposes the following framework, which would allow the agencies to collaborate and partner under a common message and call to action. Under the management and direction of an outside entity, checks and balances would be provided to ensure that all aspects of public health are addressed and measured by the three agencies. Using input from the private sector, the committee developed the following outline for the development of a Health Awareness Campaign.

Developing an evidenced-based public health awareness campaign (PHAC) will unify Texans under an inclusive message about health and allow multiple organizations to reinforce positive messaging around healthy choices. Specific strategies will be developed to address the populations most in need and promote effective workplace wellness programs. The **PHAC** would leverage the three state agency programs and resources, mobilize non-profit and community infrastructures and engage private sector partnerships while serving under a common-message or umbrella "brand." An inclusive brand and message to create awareness about obesity-related issues, enables supporting agencies and private industries to "rally" around a Call to Action or common mission while maintaining their own brand identity. For example, the "Let's Move" national initiative enables supporters to promote sound nutrition and exercise to their own target markets and distribution channels, while existing under the umbrella of a unifying brand and call to action that connects to other similar efforts. This will maximize the reach and increase the impact of the campaign.

Whether a new brand is developed or an existing one is employed, the concept will need to be tested and undergo a pilot phase to ensure that the brand resonates with the target markets and reaches individuals through multiple channels including the worksite. Cultural awareness will be a consideration in developing the concept as well:

GOAL 1: Conduct research to better understand the awareness, perceptions, barriers and cultural considerations and motivations of the target markets in Texas.

Action 1: Determine target audiences and populations who would most benefit from the campaign and establish intended outcomes.

Action 2: Research to determine knowledge (pre-awareness) and attitudes of obesity and obesity-related health issues with target markets.

Action 3: Establish baseline data using research results.

Action 4: Inventory existing entities, organizations and companies that will adopt the message and brand in order to support the public health awareness campaign.

budget: \$250,000- \$500,000

GOAL 2: Beginning with a Pilot, Develop a public awareness campaign message and brand that can work synergistically with all health efforts including Texas state agencies' brands and messages.

Action 1: Test existing or new brands among target audiences.

Action 2: Develop and test brand concept and messages with target audiences.

Action 3: Identify effective and culturally relevant and distribution outlets.

Action 4: Implement pilot including partnerships and pre and post evaluation on message effectiveness. Report if outcomes were achieved.

Action 5: Make necessary adjustments and determine a phased timeline for expanded implementation.

budget: \$100,000 - \$200,000

GOAL 3: Launch a one-year integrated awareness campaign to build the message and brand. Consider multiple distribution outlets and marketing strategies such as:

- Public relations efforts
- Traditional media: print, TV, radio, billboard, PSA, public education
- Non-traditional media: online, social media
- Toolkits for schools, corporate wellness programs, state agencies, health fields and health workers
- Youth marketing tactics
- Experiential marketing tactics
- Social marketing tactics
- Events, trade shows and promotion
- User-generated content
- Evaluation, analytics, reporting

budget: \$2M

GOAL 4: Evaluate effectiveness.

Action 1: Conduct a post-survey to targeted groups to determine if attitudes, perceptions or awareness levels have changed.

Action 2: Determine what success metrics have been achieved and what work remains to be done to accomplish the goals.

budget: \$50,000

A Texas public health awareness campaign would require resources and a strategic plan in order for the Texas Department of Agriculture, Texas Department of State Health Services and Texas Education Agency to create a synergistic, solid foundation for further statewide adoption and collaboration to transpire. IOC recommends a formalized structure to facilitate development and implementation of an evidenced-based state PHAC as the state agencies do not have the resources or capacity to lead a public health awareness campaign while fulfilling their current marketing and outreach initiatives. Options to secure the necessary funding are to form an inter-agency partnership with an existing 501(c)(3) or foundation or to establish a new entity separate from the agencies to serve as an umbrella organization that would lead the awareness campaign. Such an entity's role would include coordinating agencies' effort, raising funds and developing brand and message strategy.

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.

Since the 2009 report, TDA has fully implemented the Texas Public School Nutrition Policy (TPSNP), improving the quality of school meals for students statewide. In addition, TDA has taken the lead in facilitating several legislated committees targeting obesity prevention and food policy, including the Healthy Food Advisory Committee, the Early Childhood Health and Nutrition Interagency Council, and the Farm to School Coordination task force. TDA has also launched several new initiatives including the *Texans Bring It!* campaign that serves as a call to action for students, families and schools to make healthy decisions that exceed the food and nutrition requirements set by TDA and the U.S. Department of Agriculture (USDA).

Looking forward, TDA plans to continue monitoring and improving nutrition practices throughout its programs, and further promoting the 3E’s of Healthy Living. For the 2011 legislative session, TDA has requested funding to continue nutrition education grants. 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 and the Summer Food Service Program. The TPSNP, which sets forth the guidelines for schools that participate in the National School Lunch and School Breakfast programs, represents some of the most rigorous state nutrition guidelines in the nation.

Many requirements of the TPSNP exceed federal regulations by placing more restrictive provisions on portion sizes, nutrient content and deep-fat frying.

- **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 required to operate a SFSP if 60 percent or more of their students are eligible for free or reduced-priced meals.

During the 2008-2009 school year, 7,751 schools participated in the National School Lunch Program/School Breakfast Program in Texas. More than 2.9 million children participated in lunch and 1.4 million participated in breakfast. Approximately 1 billion meals were served for the year.

The need and demand for the SFSP continues to outweigh actual participation for multiple reasons, including lack of funding and resources and access issues. Over 2009-10, TDA did the following to promote the program and increase participation:

- Created innovative and new outreach efforts, including print ads, media, social media and radio;
- Issued the Mayors Challenge in which TDA Commissioner Todd Staples called on mayors around the state to increase their summer feeding sites; and
- Launched a new 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 2009, when the agency experienced a 31-percent increase in the number of summer feeding sites over the previous year. 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.

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, making it one of the country's most progressive and commended state policies. These requirements include limiting access to Foods of Minimal Nutritional Value (FMNV) and competitive foods; reducing fat content; and emphasizing fruits and vegetables. This final phase completely removed carbonated beverages and candy of any form to be sold or made available during the school day for all grade levels. This also was the last year schools could use fryers for food preparation. 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. While the policy has helped improve the nutrition environment at schools, monitoring new food and beverage products flooding the school market continues to be a challenge. TDA will continue to look to the Healthy Students=Healthy Families committee for guidance and direction.

- **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.

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. Menus and a la carte offerings at these schools are in line with the 2005 Dietary Guidelines for Americans. 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/
- **NUTRIGRAM®:** TDA has partnered with The Cooper Institute to develop a student nutrition assessment and educational service called NUTRIGRAM®. The online survey is being created specifically for children grades 3-5. The survey will provide 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.

- ***Texans Bring It!*** is a TDA awareness campaign that promotes the message of physical and fiscal health through agricultural related services provided through the child and special nutrition programs of the Food and Nutrition Division. The program was originally conceptualized to target middle schools. Future plans include solidifying the middle school market base and expanding it to all ages/grades, families and communities. This outreach strategy calls on Texans from various audiences to “Bring It!” as follows:
 - Students are encouraged to choose healthy foods, participate in TDA programs and get involved in local decisions;
 - Parents are asked to encourage their children to participate in TDA programs and get involved in local decisions;
 - Schools are expected to exceed standards to improve health of students and increase participation in FND programs;
 - Child and Adult Care Food programs are expected to exceed standards to improve the health of children 0-5 and elderly adults; and
 - Communities are asked to support TDA programs and get involved in local decisions.

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). In 2009-2010, the number of Texas CACFP participants was 228,277.

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; serve 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 is providing additional training and resources to contractors statewide. Training tools and resources include cycle menus, seasonal produce and *The Adventures of Zobe* DVD programs. See the marketing section for more information on the Zobe DVD program.

As an established leader of many statewide child health promotion and obesity prevention efforts, TDA applied for and received a 2010 CACFP Child Care and Wellness Grant for \$1 million in 2010. This will fund projects aimed at improving the health and nutrition of children in child care settings primarily through child care wellness grants ranging from \$4,726 to \$5,000 each. TDA will use 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 will provide technical assistance and training

to sponsors and providers of child care centers, and family and group day care homes. It also will be 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, Breastfeeding Supportive Child Care Practices and the Healthy Child Care Network.

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 32,000 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 (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:

- **Special Milk Program:** Provides reimbursable milk to preschool and school-aged children who do not participate in a federal child nutrition meal program.
- **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.

TRAINING UNIT

Texas Department of Agriculture Food and Nutrition Division, Nutrition, Education and Outreach Section's Training Unit oversees standardized program and nutrition training for FND staff and contractors participating in 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 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; and the Texas Commodity Assistance Program. Training is primarily provided by FND trainers or through contracted training services 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 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.

MARKETING AND OUTREACH

The Texas Department of Agriculture markets and promotes all of its food and nutrition programs through both internal and external communications, messaging, education and branding. The goals of our marketing and promotion efforts are to increase participation in all food and nutrition programs as well as increase nutrition education among Texas children and adults

In 2010, marketing and outreach efforts focused on the following:

- Increased participation in the programs;
- Communication of Texas' standards exceeding USDA nutritional guidelines;
- Social and new media;

- Middle-school campaign;
- Technology;
- Summer nutrition programs outreach expansion; and
- Early childhood collateral including print materials and “edutainment” DVD production and distribution.

Texans Bring It!

The launch of the *Texans Bring It!* campaign involved a pilot initiative that incorporated: a Nutrition Bus tour exhibit to five middle schools; messaging of the 3E’s of Healthy Living – Education, Exercise and Eating Right!; youth-relevant fictional characters to communicate healthy living through print and video platforms; new media and social media, including a blog, ringtone downloads, music and cross promotion with TDA’s Facebook pages.

- More than 2,500 students participated in the Nutrition Bus tour
- 69.62 percent of the students were able to remember and repeat the concepts of the 3E’s of Healthy Living
- 75 percent of students answered at least one way school meals are healthy
- Almost 60 percent of students answered one way to reduce portions based on what was learned in the “Nutrition Bus” and “Portion Distortion” exhibits.

Promotion of the message “Texans Bring It! 3E’s of Healthy Living” took place across the state in select movie theaters, shopping malls and school-based media channel, Channel One, in the format of both video and print.

- Movie theaters’ estimated reach of digital animation promoting healthy school cafeterias in a fictional setting called “MyPyramid Café”: 1,213,615 Texans
- Middle school PSA distribution estimated reach based on Nielsen metrics: 1,026,049
- Shopping mall panel displays in targeted markets during holiday season with monthly estimated reach of more than 10 million

Child and Adult Care Food Program (CACFP) - Early Childhood

In an interagency effort to promote nutrition and exercise to 2-5 year olds, TDA partnered with WIC in the production and distribution of the edutainment DVD, *Adventures of Zobey*. The DVD includes two Zobey programs “Zobey Barn Dance Party” and “Jungle Jive” as well as an educator DVD, “The Adventures of Zobey in Preventing Childhood Obesity.” For children, the DVDs use music, entertainment and physical activity to teach healthy eating habits and where food comes from. For CACFP providers, the DVD focuses on My Pyramid for Preschoolers, low-cost fitness activities, shopping on a budget, recipes and nutrition tips for preschoolers. Content and nutrition education was modeled off of the “Recommended Meal Patterns” for CACFP participants.

- 12,000 DVDs and nutrition education collateral distributed
- Promotion of Zobey during the 2009 and 2010 state fair – estimated impressions: 450,000

Summer Nutrition Programs

A brand overhaul led the effort in de-stigmatizing participation in the programs and highlighting the healthy message, “Texans Bring It!” and “Eat right, find a site. Join the fun, Call 211!”

Posters, Web banners, billboards, bus placards, PSAs and door hangers were utilized strategically throughout the summer. Other initiatives included:

- Distribution of 12,000 DVDs and nutrition education collateral
- Mayors Challenge – 59 Mayors promoted Summer Food Service Programs and partnered to address child hunger
- Posters displayed at 761 Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Clinics
- Posters displayed at 265 schools
- Partnership with Austin Capital Metro Buses yielded approximately 120 buses displaying placards for three months
- Partnership Univision Television and Online
- Dallas and Houston TV and radio
- Partnership with Texas Hunger Initiative: block walking, door hangers (approx 10,000)
- Outreach by contracting entities and field staff community outreach
- Summerfood.org redesign provided information to the public. Calls to action ended with “go to www.Summerfood.org“
- Press releases issued by Agriculture Commissioner Todd Staples

Exhibits and Conferences

Community, 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. This year also allowed an introduction and promotion of *Texans Bring It!* and the 3E’s of Healthy Living. Exhibits included:

- All FND programs: Texas State Fair
- NSLP, SBP, and Commodities: School Nutrition Association
- NSLP, SBP, and Commodities: Texas Association for School Nutrition
- FND programs; University of Texas Health Science Center
- CACFP: National Association for the Education of Young Children
- CACFP: Texas Association for the Education of Young Children
- CACFP : Texas Licensed Child Care Association

Promotion

2011 Summer Nutrition Program efforts will build upon the success of the 2010 efforts with even greater concentration in areas that need full saturation of the message. While TDA’s mission is not specific to overseeing public health, the agency is charged with promoting healthy living through its federally funded nutrition programs. Future expansion of the Food and Nutrition Division’s *Texans Bring It!* campaign enables communities, private sector and partners to engage and rally around a call to action. To achieve this, TDA will procure a comprehensive

media contract to enable the Food and Nutrition Division to execute in a cohesive and measurable fashion.

Expansion of *Texans Bring It!* on a statewide level include the following:

Target Audience	Message / Action
Students Texans Bring It!	Choose healthy foods, participate in TDA programs, get involved in local decisions
Parents Bring It Home!	Encourage child to participate in TDA programs; make healthy choices based on nutrition education provided, get involved in local decisions
Schools Texas Schools Bring It!	Exceed the standards to improve the health of students, increase participation
Child/ Adult Care Texas Day Cares Bring It!	Exceed the standards to improve the health of children and seniors
Communities Bring It Together!	Support TDA programs, get involved in local decisions, understand the impact of the community on healthy living

Future Deliverables:

1. **Outreach Video Series:** Nine brief documentary-style videos, highlighting successes from each of the target audience areas.
2. **Supplemental Materials and Resources:** To include DVD inserts, brochures, website content, posters, bus signs, booth designs, digital and social media. Includes soliciting, capturing and featuring user-generated content.
3. **Media Outreach and Advertising:** Development of strategic outreach calendar, press releases, news/magazine articles, media pitching, broadcast messaging. To include PSAs, commercials/radio spots, billboards
4. **Food and Nutrition Programs/Bring It Tours 2012 and Toolkits:** Limited tour of the various Food and Nutrition programs administered by TDA and *Texans Bring It!* tour with an accompanying toolkit for ESCs to host local promotional events on their own.
5. **Evaluation:** Comprehensive data collection, analysis and reporting ongoing for all listed deliverables.
6. **TDA and FND Commercials** - brief intro video supplemental information brochure/folder to promote and inform about the agency and programs.

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

POLICY

During the 2009 legislative session several bills were passed that involved the Texas Department of Agriculture and obesity prevention. This section details the bills, their requirements and products.

Texas Senate Bill 282

Senate Bill 282, by Sen. Jane Nelson, authorized TDA to administer and implement grant and outreach programs to provide nutrition education to children in Texas. TDA's Nutrition Outreach Program consists of two grant programs:

- Nutrition Education Grant Program (NEGP) - a program that incentivizes the creation of new nutrition education programs in schools and childcare institutions.
- Best Practices in Nutrition Education Grant (BPNEGP) - a program that rewards the expansion of existing nutrition education programs in public schools.

In August 2010, \$414,307 was awarded to 112 schools, non-profits, and other organizations. The Awards for NEGP ranged from \$1,000 to \$5,000 and the awards for the BPNEGP ranged from \$1,000 to \$10,000. Some of the schools (e.g. Pflugerville ISD) received multiple awards. The FY2011 application for the grant program was released in Sept. 2010. Funding was awarded for FY2011 in the amount of \$400,000.

Texas Senate Bill 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 executive commissioner of the Health and Human Services Commission and the commissioner of the Texas Department of Agriculture jointly established the eight-member committee. The committee was tasked with studying and providing recommendations to the legislature on areas of the state that lack retail availability of fresh fruits, vegetables and healthy foods and the impact of limited availability on nutrition, obesity and chronic illness. The committee was also required to develop recommendations for creating and a plan for implementing a statewide financing program to bring fresh food retailers into underserved areas of the state. Because of the well-documented role access has in nutrition and health, the recommendations of the committee stand to have a significant impact on the health and well-being of Texans that are in need and at highest risk.

Texas Senate Bill 395

Senate Bill 395 by Sen. Eddie Lucio authorized TDA to establish the Early Childhood Health and Nutrition Interagency Council and support the council's meetings through a presiding officer and necessary staff and resources. TDA activities to date:

- Establishment of the eight-member council and invitation to pertinent stakeholders to participate.
- Facilitation of required meetings.
- Coordination of the following activities by members and stakeholders:
 - Review of current research to assess the health of children under age 6 in Texas, and compare to other states.
 - Assessment of the significance of nutrition and physical activity in the development of children under age 6 and assessment of the existence of nutrition and physical activity requirements and practices in early childhood care settings.
 - Review of the status of each agency's programs, identification of funding sources and consultation with stakeholders.
 - Compilation and development of the required early childhood nutrition and physical activity plan with six-year timeline for implementation.

Texas Senate Bill 1027

Senate Bill 1027 by Sen. Kirk Watson authorized TDA to establish an interagency farm-to-school coordination task force and provide a presiding officer and necessary staff and resources. TDA activities to date:

- Establishment of a 10-member task force
- Coordination and facilitation of task force meetings
- Contribute agency perspective and input related to the charges and duties of the taskforce
- The taskforce delivered its report to be delivered to the Legislature in February 2011

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. Because obesity is eroding the health and quality of life of the Texas population and is also placing an enormous burden on the state's healthcare resources, David L. Lakey, M.D., Commissioner of DSHS, has made obesity prevention a high priority for the agency.

DSHS' response to the obesity epidemic is based on sound science and is 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 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 others. The agency firmly believes that no one program, agency, or organization can reverse the obesity epidemic by itself – but that collectively they can make a difference.

Nutrition, Physical Activity and Obesity Prevention Program (NPAOP)

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, increasing breastfeeding initiation, duration and exclusivity, and decreasing television viewing. The program targets large segments of the population by promoting:

- (1) strategies to reduce environmental barriers to healthy living, and
- (2) 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 another area of town 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 school" as well. Increasing and improving trail systems that connect families to schools and businesses is one example of a strategy that helps to increase physical activity.
- A business worksite wellness policy that lowers the price of healthful beverages, such as water, and increases the costs of sugar-sweetened beverages promotes the affordability of healthier choices amongst employees.

NPAOP is comprised of eight central office staff and eight public health nutritionists (one nutritionist is located in each of the eight Health Service Region headquarters). In FY 2010 staff coordinated state and local partnerships; provided technical assistance and training at the state

and community levels; and supported statewide surveillance and monitoring of obesity, physical activity and nutrition, including the development of assessment tools that are now available to communities.

The NPAOP Program oversees the following projects:

Texas Interagency Obesity Council

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. It is comprised of the commissioners of the Texas Department of Agriculture, the Texas Department of State Health Services, and the Texas Education Agency. The council serves to enhance communication and coordination of obesity prevention across agencies; and as a forum to guide future planning around obesity prevention, health promotion and improved nutrition.

Department of State Health Services (DSHS) Obesity Workgroup

DSHS identified obesity as a tier-one priority to the agency in 2008; as a result the DSHS Obesity Workgroup was formed to collaborate across divisions to enhance agency efforts towards obesity prevention. The workgroup is comprised of representatives from DSHS WIC-program, NPAOP, and Office of Title V & Family Health/Research & Program Development Unit. Through cross-divisional collaboration this group is able to leverage resources and avoid duplication of efforts; ultimately increasing internal capacity to prevent obesity across the agency.

Texas! Bringing Healthy Back – Growing Community

- To help educate and inspire communities into action, NPAOP developed a communications initiative called “Growing Community,” which highlights successful community-based change 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. Since the July 2009 launch, the Texas Department of State Health Services has made the video series available online and in DVD format. In 2011, NPAOP plans to release Phase II of the series. An overview of this initiative can be found on page 6 of this document.

Texas Nutrition Environment Assessment (TxNEA)

In 2008, NPAOP, University of Texas - Austin Department of Kinesiology and Health Education & Department of Human Ecology/Nutrition, Steps to a Healthier Austin, and Texas State University - San Marcos Department of Nutrition and Foods adapted the nationally available Nutrition Environments Measure Survey (NEMS) tool to meet the needs of Texas communities and to focus specifically on obesity by considering calorie content of food options.

In November 2008, 30 Texas health professionals and researchers interested in using TxNEA convened to review the latest adaptations. After providing thorough feedback and helpful suggestions to improve the measures, TxNEA has been further adapted to meet the needs of the Texas public health workforce who will be using it for various projects throughout Texas.

Tex Plate: Eat Between the Lines

The *Tex Plate: Eat Between the Lines* project was created as a restaurant-based portion-control initiative by DSHS' NPAOP, WIC Program, Steps to a Healthier Austin, Austin Dietetic Association, and 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.

Tex Plate is currently being modified for worksite cafeterias; pilot restaurant and cafeteria locations are to be determined.

Farm to Work

Farm to Work is an employee wellness program that provides employees with the opportunity to receive a weekly basket of fresh local produce delivered to the worksite. Since launching at the DSHS main campus in 2007, the program has expanded to serve over 16 state agencies and private companies in Austin and San Antonio. Additionally, similar programs have also been launched in Lubbock and Fort Worth. Worksites interested in learning more about Farm to Work can download the **Farm to Work Toolkit** at www.dshs.state.tx.us/obesity/pdf/F2WToolkit1008.pdf (and also the **Farm to Work Toolkit Supplement** at www.dshs.state.tx.us/obesity/pdf/F2W_toolkit_resources.pdf), which compiles all the tools, sample documents, and other resources that were developed to successfully implement *Farm to Work* at the Texas Department of State Health Services. This program received the ASTHO Vision Award in 2009.

Getting Fit Texas!

Getting Fit Texas! is a physical activity curriculum used by health workers, or Promotoras, to increase physical activity among Hispanic populations. This curriculum has been used to conduct Promotora training sessions throughout the state. These trainings provide Promotoras with CEU's, allowing them to maintain their certification and continue community outreach efforts. During the 2012 fiscal year, the state health department will revise the curriculum so that it can be evaluated more effectively.

On-line Breastfeeding Training Module

NPAOP is working in collaboration with DSHS breastfeeding subject-matter-experts to provide and promote a new on-line breastfeeding training module for health care professionals. The module has been designed to fulfill staff training requirements (step 2) of the *Ten Steps to Successful Breastfeeding*, providing Texas hospitals with an accessible tool to aid work towards "Baby-Friendly" designation. The training module will provide comprehensive professional continuing education in a self-paced format and is expected to be available in fall 2011.

On-line Sustainable Agriculture Module

NPAOP is working in collaboration with the Austin-based Sustainable Food Center to develop an online module to translate the sustainable agriculture concept 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. It is expected to be launched in spring 2011.

CDC Cooperative Agreement:

2011 will be the program's third year of a five-year obesity prevention grant from the Centers for Disease Control and Prevention (CDC). Only 25 states and territories receive this grant funding. These CDC funds are used to fund five communities in Texas. Three of the grants provide increased access to fresh produce through the initiation of farmer's markets and community gardens, and the other two target policy and environmental changes to support breastfeeding in hospitals. FY2011 is the third year of these three-year grants to the communities. NPAOP will launch another competitive bid process in FY2011 to identify another group of local community projects to increase healthy environments for families in Texas.

With CDC funds, DSHS NPAOP also supports:

- Texas! Bringing Healthy Back media initiative to sustain changes in existing projects while educating & inspiring communities statewide to take action against obesity through the Growing Community video series.
- The Strategic Plan for the Prevention of Obesity in Texas. The strategic plan can be found online at: WWW.DSHS.STATE.TX.US/OBESITY/DEFAULT.SHTM
- Bi-annual obesity summit for statewide partners.
- Online professional training modules for breastfeeding and sustainable agriculture.
- Coordination and subject matter expertise on obesity prevention for DSHS.
- Participation and coordination with state partnerships, councils & groups to improve and enhance statewide efforts towards obesity prevention.

Communities Putting Prevention to Work: States and Territories Initiative (CPPW:STI)

DSHS will implement a high-impact policy, social and environmental change model to prevent and control the chronic health effects of tobacco use and obesity by addressing the following five Centers for Disease Control required and evidence-based strategies known as **MAPPs**: **m**edia/communications; **a**ccess/availability; **p**oint of purchase/promotion; **p**rice; and **s**ocial support and services. DSHS Nutrition, Physical Activity and Obesity Prevention Program (NPAOP) within the Section for Health Promotion and Chronic Disease Prevention and the Division for Prevention and Preparedness will work to develop statewide utilization of schools as central community access points for fresh fruits and vegetables and safe places for free physical activity.

NPAOP staff will lead project activities throughout the 24-month funding period through collaboration with other lead state agencies including the Texas Education Agency, Texas AgriLIFE Extension Service, Texas Department of Agriculture and the Health and Human Services Commission's Office for the Elimination of Health Disparities. Linkages with respective school health advisory councils per district or school, Sustainable Food Center, Farm to School Taskforce, Early Childhood Health and Nutrition Interagency Council and others will be developed or enhanced to broaden project reach and statewide impact. DSHS NPAOP will contract with Texas AgriLIFE Extension Service to implement a strategy using schools as a community centerpiece or hub to (1) facilitate joint-use agreements that will 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.

As a component of this funding, NPAOP will produce an interactive web-based community action tool: *Plan Healthy, Texas: Texans Putting Prevention to Work*. This site will act as an online interactive tool for Texans.

Among its other uses, Texans who visit the site will tentatively be able to input key information (i.e., county, school/worksites/community-at-large, etc.) and will be able to develop their own plan to prevent obesity in accordance with the intent of the ARRA Communities Putting Prevention to Work funding opportunity,

State -funded community initiatives

In FY2010, the NPAOP Program was awarded funding to apply sustainable policy and environmental interventions in the areas of physical activity, nutrition, and obesity prevention through an Exceptional Item of the 81st Legislature. NPAOP identified 11 communities through a competitive process that received combined funding from the EI, Title V and Border Health. NPAOP funds three additional projects with the EI funds, for a total of 14 funded communities, all of which implement policy and environmental changes to prevent obesity. Below is a list of funded communities with information on their efforts underway:

Memorial Hospital

Enhance existing Lana Creek Trail system in the City of Nacogdoches by:

- Extending the trail system
- Installing security lighting and cross markings
- Improving access by installing sidewalks
- Installing trail amenities including trailhead signage, mileage markers and an exercise station
- Conducting interactive pedestrian/cycling safety skills awareness and testing activities

UT Health Science Center Houston

- Install a playscape in a vacant lot in a Buena Vida neighborhood in Brownsville
- Conduct evaluation through pre/post door-to-door surveys and direct observation
- City of Brownsville will provide exterior lighting, ground surface materials and lighting

Teaching and Mentoring Communities

- Implement physical activity curriculum to reduce screen time and increase physical activity time in early childhood development settings and at home
- Offer training directly to all of the regional staff and provide curriculum to teachers
- Release executive memorandum or policy to support the integration of strategies into 56 head start centers in 30 counties

Texas A&M University System Health Science Center Research Foundation

- A project of Edinburg Consolidated Independent School District and Cameron, Hidalgo and Starr Counties (lower Rio Grande Valley)

- This 18 month pilot project is a first step in the creation of a healthy elementary school as a model for the school district, the county and the region
- Improve health and academic performance of elementary school children through physical activity
- Capacity building through a community-school coalition. Infrastructure improvement is an ideal goal of the project, i.e., increasing walkability in the community

Brazos Valley Community Action Agency

- Establish community Umbrella Partnership, walking circuit and signage posted for connecting various destinations in downtown revitalization zones
- Train youth to conduct assessments in disadvantaged areas, utilize photovoice, and share findings to educate local public officials on policy/environmental change
- Create a toolkit to allow for duplication of the project

Community Council of Greater Dallas

- The project in a Northern Dallas urban neighborhood has created a committee
- to develop and conduct a needs assessment consisting of infrastructure assessments, resident focus groups and interviews
- Develop an action plan to improve infrastructure for increasing neighborhood walkability
- Begin implementation of at least one project from plan to finish. Possible projects considered for implementation are establishing safe walking routes for children/families or establishing pathways to the larger bike/walking trail

City of Austin Health & Human Services

- Develop a workgroup to conduct a literature review, asset mapping, and community assessment to identify existing nutrition services/programs being offered
- Create a plan for promoting the availability of affordable healthy food/beverages and supporting healthy food and beverage choices
- Gain community feedback, build partnerships, prioritize initiatives, and begin implementation

City of Henderson

- Establish a farmers market with a permanent venue in the City of Henderson by constructing a pavilion, restroom and meeting room at a local park
- Prohibit advertising of unhealthy foods at Fair Park and all City Parks
- Provide meeting space at the farmers market for conducting healthy food consumption seminars

Texas State University – San Marcos

- Leverage Best Foods FITS! Coalition in San Marcos to implement community education augmented by referrals, advertisements, incentives of farmers market vouchers, hands-on cooking classes in a portable eight-kitchen facility
- Partner reinforcements by restaurants through increased availability of fruits/vegetables
- Develop kid-friendly portion appropriate plate as learning tool and work with restaurants to offer kids menu items on the plate

Sustainable Food Center

- Reduce food insecurity by utilizing the Sprouting Healthy Kids, Grow Local, Farm Direct and The Happy Kitchen Kids project to increase direct access to nutritious foods by empowering school children to grow their own food in school gardens and by incorporating local farm produce into the school cafeteria menu
- Implementing a food system curriculum that includes peer-facilitated interactive nutrition demonstrations and farm presentations in schools to ensure children have the knowledge and interest necessary to identify and choose nutritious foods
- Directing food gardening training, healthy cooking classes, and neighborhood farmers markets into the communities surrounding partner schools, yielding opportunities for community-wide change to create a healthier food environment

City of Houston Health & Human Services

- Develop Get Moving Houston Farmers Market Collaborative to establish farmers markets in Neighborhood Wellness regions, food desert communities and multi-service centers in various Houston communities

City of San Antonio Metropolitan Health District

- Within a targeted area of Bexar County, implement nutrition standards/portions in city sponsored afterschool sites and camp sites
- Implement nutrition guidelines/portions in restaurants
- Implement at least one fruit and vegetable direct access (Farm-to-Work) project

Beaumont Breastfeeding Drop-in Center

- Lamar University is currently funded to develop plans for the development, implementation, evaluation and marketing of a local breastfeeding drop-in center. The center will serve the needs of women who are breastfeeding or are interested in doing so by providing an encouraging environment for mother-to-mother peer support and professional lactation support. The idea is predicated on the evidence that children who are breastfed as babies have a significantly lower risk of becoming obese later in life

San Antonio Breastfeeding Drop-in Center

- The University of Texas Health Science Center in San Antonio is working to implement a San Antonio Baby Café. This center will serve the needs of pregnant and breastfeeding women in San Antonio
- The San Antonio Breastfeeding Drop-in Center will be licensed under the umbrella organization of The Baby Café' Charitable Trust, U.K. and the licensing and implementation phase of this project is funded through the Department of State Health Services

School Health Program

The DSHS School Health Program contracts with the Education Service Centers (ESCs) to provide partial funding for the ESC School Health Specialists. Contracted ESCs staff a School Health Specialist who provides in-service training, workshops, and technical assistance to school districts. School Health Specialists are referred to as the Texas School Health Network, and they assist schools in locating and promoting resources and materials on a wide variety of health topics, including nutrition, physical activity, mental health and obesity prevention as a part of the coordinated school health program. They serve as a central coordinating point for numerous

health education initiatives and they assist school districts in developing an integrated and coordinated approach to implementing health promotion programming. School Health Specialists are instrumental in training school districts on the proper implementation of FITNESSGRAM and continue to support this initiative.

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.

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 Breastmilk, 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 website for WIC participants
- Breastfeeding education for pregnant women in WIC as well as incentives in the form of breastfeeding education bags.
- 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.
- Two lactation support and training centers where WIC moms receive personal breastfeeding assistance, healthcare professionals receive advanced lactation training, and a hotline provides 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.
- 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 2009-2010. 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 24000 WIC employees in 57 of the 76 local WIC agencies participated in the WWW activities. More than 4,100 hospital staff, physicians, and WIC staff attended a breastfeeding course, 239 new peer counselors were trained, 38 WIC staff attended the clinical lactation practicum, and 214,300 breastfeeding education bags were delivered to WIC clinics. The breastmilkcounts.com website received 57,245 hits during the August 3, 2010, through September 13, 2010, media campaign.

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 63 facilities with Texas Ten Step designation. A Texas Ten Step Star Achiever Program is currently in development. The Star Achiever Program will be a training and technical assistance program to move Ten Step Hospitals to full adoption of the Texas Steps to Successful Breastfeeding, or Baby-Friendly designation. Baby-Friendly is the gold standard for maternity care. Six 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.
- Serve participants with certain qualifying conditions under one food package to facilitate efficient management of medically fragile participants.

Twenty-nine WIC agencies were funded for OPMG project in FY 2010. The activities varied and ranged from group classes, cooking demonstrations, community gardens, super market grocery tours to walking clubs.

In FY11, 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. Two new children's physical activities programs will be disseminated to local WIC agencies to provide to participants. The programs include education materials as well as take home DVDS and collateral materials

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.

WIC will continue to focus on improving the breastfeeding duration rates of WIC moms at six-months and twelve-months postpartum. The *Breastmilk. Every Ounce Counts* campaign will run again in August 2011 and the Texas Ten Step Star Achiever Program will launch by the end of the fiscal year. One additional lactation support and training center will open in early FY11.

Through the Obesity Prevention Mini Grants, approximately \$450,000 will be disseminated to 40 agencies to conduct obesity prevention activities for both participants and staff.

Worksite Wellness

In FY 2008, DSHS began implementing the requirements of HB 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 HB 1297 the Statewide wellness coordinator was hired and established to oversee the development of a model worksite wellness program for state agencies.

Obesity prevention is a high priority for the model worksite wellness program. It was a key component of phase I and will continue to be a cornerstone of the worksite wellness program going forward. DSHS will continue to provide information about the latest evidence-based worksite wellness activities that address obesity prevention.

HB 1297 called for a 13-member worksite wellness advisory board (WWAB), which was appointed by Executive Commissioner Hawkins, health and human services. Between May and October 2008, the WWAB conducted literature reviews, expert interviews and feasibility studies to identify evidence-based objectives and strategies for inclusion in the Building Healthy Texans Model Wellness Program. The priority objectives the team identified are:

- Increase the 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 Building Healthy Texans Model Wellness Program visit www.wellness.state.tx.us.

The initiatives below have been implemented at the statewide level for all state employees and within DSHS during the last year (October 2009 – September 2010) to support the priority objectives and strategies of the Building Healthy Texans Model Wellness Program.

Statewide Initiatives

- **H1N1 Flu Vaccination Clinics**

During January and February 2010, DSHS provided free H1N1 vaccinations to state employees at 15 state agency worksites. Through these 15 clinics and well coordinated communication through the state agency wellness liaisons, 1,610 state employees received free vaccination.

- **Quitline/Nicotine Replacement Therapy (NRT) Benefit**

In July of 2010, the DSHS Tobacco Prevention and Cessation Program received additional federal funds to their Quitline contract to provide free telephonic counseling and free NRT (the patch, gum, lozenges) to all state employees, retirees and dependents who wish to stop smoking. As of September 30th, 734 state employees, retirees and dependents have called the Quitline in response to this initiative. This number is expected to grow significantly as this new benefit is better promoted through all state agencies.

- **2010 Texas Round-Up**

Between January 1, 2010 and April 16, 2010, a total of 23,190 (19,619 in 2009) state employees participated in the Texas Round-Up Get Fit Texas State Agency Challenge. Of the participating employees, 17,537 (14,374 in 2009) completed 150 minutes of moderate to vigorous physical activity per week for at least six weeks for a program completion rate of 75.6 percent (73.2 percent in 2009).

- **2009 State Agency Worksite Wellness Promising Practices Awards**

In October 2009, the First Annual State Agency Worksite Wellness Promising Practices Awards were given. These awards recognized state agencies for successfully implementing strategies of the Building Healthy Texans Model Wellness Program. Fifteen applications were received from seven state agencies. Through a partnership among DSHS, the Worksite Wellness Advisory Board and the Texas Public Health Association, awards of \$1,000 each were given to four state agencies that scored highest in their program category. This year we will make three awards of \$1,000 each.

- **2009 State Agency Wellness Conference: *Moving Agencies into Action***

The 2009 State Agency Wellness Conference was hosted on October 12 – 13, 2009 in Austin. The conference focused on key steps for getting started with onsite wellness activities and addressing common barriers to successful, wellness activities. One hundred and ninety six state agency leaders, wellness coordinators, and wellness committee members attended the conference.

- **2010 State Agency Wellness Conference: *Investing in Health***

The 2010 State Agency Wellness Conference was held on September 21 – 22, 2010 in Austin. This year's conference educated attendees on health promotion and behavior change principles related to chronic disease prevention. The conference was attended by 155 state agency leaders, wellness coordinators, wellness committee members and other employees involved with their agencies worksite wellness efforts.

- **Health Risk Assessment and Physical Exam Leave Incentive**

In October 2008 the Health and Human Services Enterprise approved its wellness policy allowing 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 October 2009 and Sept 2010, 816 DSHS employees participated in this leave incentive. For the entire HHS Enterprise, which includes DSHS as well as the Health and Human Service Commission (HHSC), the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services, 1,519 employees completed an HRA and received their physical exam in the past year.

- **DSHS Fitness Room**

Between October 2009 and September 2010, 476 DSHS employees used the DSHS Fitness Room a total of 13,841 times.

- **Fitness Classes**

The following fitness classes are offered in the DSHS Fitness Room. Average weekly attendance is indicated below:

Cardio Training (M-W-F) – 12 participants per week

Weight Training (T-TH) – 8 participants per week

Aerobics (M-T-W-TH-F) – 15 participants per week

Latin Dance (W) – 4 participants per week

Yoga Class (T-TH) – 30 participants per week

Pilates (M-TH) – 8 participants per week

- **2010 Texas Round-Up**

Between January 1, 2010 and April 16 2010, a total of 2,095 (1,557 in 2009) DSHS employees participated in the Texas Round-Up Get Fit Texas State Agency Challenge, which is a participation increase of 35 percent from 2009 to 2010. Of the participating DSHS employees, 1,547 completed 150 minutes of moderate to vigorous physical activity per week for at least 6 weeks for a program completion rate of 73.8 percent, which is an increase of 32 percent compared to 2009 when 1,169 employees completed the challenge.

- **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 Friday and it is delivered to their worksite on Tuesday of the following week. Each basket costs the employee \$25 and contains 25 pounds of vegetables and fruit grown by local central Texas farmers. In DSHS, 468 employees have participated in the program since January 2010, ordering a total of 1,434 baskets.

- **Healthy Cooking Classes**

During October and November 2009, DSHS offered a series of six healthy cooking classes through a partnership with the Sustainable Foods Center. These classes taught participants healthy cooking methods and how to prepare healthy foods using the vegetables purchased through the DSHS Farm to Work Program. Eighteen participants took part in these classes.

- **Massage Therapy**

Chair massage is offered at DSHS each Monday and Wednesday. These 15 minute sessions offer the employee a relaxing environment and back and shoulder massage from a licensed massage therapist. On average, twenty-four employees participate each week.

Mother-Friendly Workplace Policy Initiative

In 1995, the Texas Department of State Health Services (DSHS) was legislatively assigned to establish the Texas Mother-Friendly Worksite Program. The program designates Texas businesses as Mother-Friendly if they voluntarily have a written policy to support employed mothers by: (1) having flexible work schedules to provide time for expression of milk; (2) providing access to a private location for expression of milk; (3) providing access to a nearby clean and safe water source and a sink for washing hands and rinsing out any breast-pump equipment; and (4) providing access to hygienic storage alternatives for the mother to store her breast milk. Since the program began, over 250 Texas businesses have been recognized as Texas Mother-Friendly Worksites. In addition, improved support for breastfeeding mothers was identified as a priority objective in both the state’s strategic obesity prevention plan and in the Building Healthy Texans Statewide Agency Wellness Program, which provides stronger infrastructure for both breastfeeding support and wellness across DSHS programs and the state.

The success of the Texas Mother-Friendly Worksite Program also facilitated Texas in securing a 2-year Communities Putting Prevention to Work State and Territorial grant to launch the Texas Mother-Friendly Worksite Policy Initiative, which will facilitate the development and implementation of worksite policies that support breastfeeding statewide. The initiative will build upon the Texas Mother-Friendly Worksite Program by providing training, technical assistance, educational materials, and additional best-practice resources for the development of Mother-Friendly Worksites in state agencies and other employment settings across the state. During the 2-year grant cycle, DSHS will also fund targeted state agencies to implement Mother-Friendly Worksite policies and to provide the appropriate tools, strategies, and equipment to increase breastfeeding support in the workplace. This initiative will include a social marketing

campaign to disseminate breastfeeding support strategies to a broad variety of employment sectors.

Online Childcare Provider Continuing Education Module:

Title V-funded module on Agrilife's Online Child Care Courses page. Online courses for child care professionals seeking to fulfill state-mandated training requirements or obtain hours toward the Child Development Associate (CDA) National Credential. This 1-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:

Texas WIC Every Ounce Counts Campaign:

Breastfeeding promotion and support is a priority in the WIC program because it results in healthier children and women, thereby reducing health care costs charged to other government health care programs. A recent cost analysis concluded that if 90 percent of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save a minimum of \$13 billion per year.

The Texas Department of State Health Services WIC Program launched this year statewide awareness campaign - Breast milk. Every Ounce Counts – on August 2nd to encourage moms to breastfeed and to inform them of their right to breastfeed in public places. The campaign coincides with National and World Breastfeeding Awareness Month and will run through September 13th.

Strategies for the campaign include:

- TV, radio and outdoor PSAs and 60 second news spots on radio news channels
- www.breastmilkcounts.com and www.breastmilkcounts.com/spanish - a one stop breastfeeding resource for Texas moms and their families. Includes benefits of breastfeeding for mom and baby, tips on how to breastfeed, links to breastfeeding support, success stories from other moms and much more. The website prepares new moms on what to expect, helps current breastfeeding moms continue breastfeeding and gives working moms tips on how to continue breastfeeding once they've gone back to the workplace.
- "Sing to Me: A Lullaby Album"* is a compilation of Texas musicians including nine original scores that support the campaign initiative with messages of breastfeeding and the emotional connection that can be achieved between a baby and a mother.
- Other promotional materials such as posters, License to Breastfeed in Public card, Breastfeeding-Friendly Establishment business flyers and window clings.

BREASTFEEDING PROMOTION

Breastfeeding promotion is a priority both as a primary prevention strategy for overweight and obesity, and for prevention of acute and chronic disease and other sub-optimal maternal and child health outcomes. Increasingly, Texas women are choosing to breastfeed. Greater than 75 percent of Texas women, including women in the Texas WIC population, initiate breastfeeding, meeting the Healthy People 2010 objective for breastfeeding in the early postpartum period.

However, breastfeeding duration and exclusivity rates continue to fall well below Healthy People 2010 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 half or more of women who initiate breastfeeding unable to achieve their own breastfeeding goals.

DSHS has multiple breastfeeding promotion initiatives that cut across program areas and target maternity services, worksites, and communities, aimed at increasing breastfeeding initiation, duration, and exclusivity.

Maternity Services

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.

- **The Better by Breastfeeding/ Right from the Start campaign** aims to increase awareness among key decision-makers in Texas birthing facilities about the connection between breastfeeding and obesity prevention and to consider the role of birthing facilities 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, scheduled to release in early 2011, will encourage hospitals to assess their current practices and consider opportunities for improvement.
- **The Texas Ten Step (TTS) Program** recognizes hospitals that have adopted policies, which address 85 percent of the Ten Steps to Successful Breastfeeding, and encourages facilities to pursue Baby-Friendly Hospital designation. Currently there are 63 TTS facilities. The DSHS certification, developed in 1999 by Texas Department of State Health Services (DSHS) and the Texas Hospital Association and endorsed by the Texas Medical Association, is entirely voluntary and self-reporting. TTS facilities recertify annually, and DSHS provides on-going guidance on areas for improvement to integrate the Ten Steps.
- **The TTS Star Achiever Program** is a new program currently being developed to assist TTS facilities to more fully integrate the Ten Steps. The program will provide technical assistance, training, collaborative opportunities, and tools to assist hospitals implement quality improvement processes to assure delivery of recommended care for lactating mothers and infants. Through completion of the program, the hospital will be prepared 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*,

Lactation Counseling and Problem Solving, and *Evidence-Based Lactation Management*. 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.

Worksites

Improved support for breastfeeding mothers has been identified as a priority objective in the Title V Maternal and Child Health Block Grant Activity Plan, the state's strategic obesity prevention plan and the Building Healthy Texans Statewide Agency Wellness Program.

Lack of support for breastfeeding in the workplace remains a barrier for breastfeeding initiation, duration, and exclusivity. Among Texas women who work after the birth of their child, concerns about combining breastfeeding and work is 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 as well as to result in a three dollar return for every one dollar invested for employers.

- **The Texas Mother-Friendly Worksite Program** is a recognition program for businesses with worksite lactation support policies. The program was developed in response to legislative direction from Texas Health And Safety Code 165, Breastfeeding, which directed DSHS to establish recommendations supporting the practice of worksite breastfeeding and to maintain a registry of businesses that have a written breastfeeding 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 mother's breast milk. Since the program began, over 250 businesses have registered as Texas Mother-Friendly Worksites.
- **The Texas Mother-Friendly Worksite Policy Initiative** is a two-year CDC Communities Putting Prevention to Work State and Territorial grant-funded project that will facilitate the development and implementation of worksite policies that support breastfeeding statewide. The initiative builds upon the Texas Mother-Friendly Worksite Program by providing training, technical assistance, educational materials, and additional best-practice resources for the development of Mother-Friendly Worksites in state agencies and other employment settings across the state. During the two-year grant cycle, DSHS is funding select state agencies to implement Mother-Friendly Worksite policies and to provide the appropriate tools, strategies, and equipment to increase breastfeeding support in the workplace. This initiative will include a social marketing campaign to disseminate breastfeeding support strategies to a broad variety of employment sectors.
- ***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:

- **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.
- **Baby Café** is a community based drop-in breastfeeding center 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. The café provides a comfortable atmosphere and a place that provides mother-to-mother support in addition to the professional lactation services. The idea is predicated on evidence that children who are breastfed as babies have significantly lower risk of becoming obese later in life. The NPAOP Program provides funding for Babe Cafés in El Paso, San Antonio and Beaumont, TX. More details regarding these projects are provided on page 32.
- **Texas WIC Breastmilk. Every Ounce Counts Campaign** is a statewide awareness campaign - to encourage moms to breastfeed. The campaign, in its second 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) to prepare new moms on what to expect, helps current breastfeeding moms continue breastfeeding and gives working moms tips on how to continue breastfeeding once they've gone back to the workplace, and other resources.
- DSHS provides guidance and technical assistance for the development of **breastfeeding coalitions**, including 13 local breastfeeding coalitions and the Texas Breastfeeding Coalition. In addition to other activities, the coalitions promote DSHS breastfeeding initiatives in their communities across the state.

Family and Community Health Services Activities:

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 at no cost. DSHS also provides online provider education modules and continuing education credits to Texas Health Steps providers, social workers, nurses and more. Title V-funded staff partnered with Texas Health Steps to provide subject matter expertise for three modules. Two modules were recently released to address nutrition and weight management for children aged birth through 20. A third module was released to educate health professionals about breastfeeding.

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 goal of the Weight Management module is 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 health-care 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 goal of the Breastfeeding module is to introduce Texas Health Steps providers and others to best practices in providing support to mothers who want to breastfeed their infants. The module provides information about benefits of breastfeeding, cultural and legal aspects of breastfeeding, public health recommendations, potential problems for clinicians to assess for, and signs that breastfeeding is going well.

ON-LINE TRAINING MODULES

With funding from the Office of Title V and Family Health and in collaboration with the Texas A&M University Agrilife Extension office, 10 online modules were developed for child care providers on various child health issues. Two specific modules were developed to address childhood obesity in the child care setting: Supporting breastfeeding and Encouraging healthy eating and physical activity in young children.

The modules can be completed at no-cost to the providers (unless a certificate of completion is needed for the purposes of continuing education credit), and efforts are currently underway to have the modules translated into Spanish. The modules can be viewed at:

http://extensiononline.tamu.edu/courses/child_care.php.

Supplemental posters and activity books for child care facilities were also developed to provide child care providers low-cost and easy to implement strategies for incorporating healthy food choices and physical activity into their daily routine.

GET FIT KIT

The “Get Fit Kit,” is a toolkit for school nurses to use with adolescents who are identified as overweight or obese through the state’s physical assessment test. This toolkit was developed in response to school nurses that voiced the need for a resource tailored for them about nutrition and physical activity specifically for adolescents. The toolkit includes lessons for students on MyPyramid, portion control, physical activity and Body Mass Index, fast food and snacking, reading nutrition labels, and diabetes. There is also an interactive website, **www.getfitkit.org**, to complement the toolkit that provides access to the lesson information for both students and nurses. There are interactive games and quizzes, including a pretest and posttest to help evaluate whether students are learning key messages from the toolkit. DSHS has distributed almost 5,000 toolkits to school nurses and educators across the state of Texas. A follow-up with toolkit recipients will be conducted the winter of 2010 to explore the effectiveness and impact of the toolkit and its resources.

School Physical Activity and Nutrition Survey (SPAN)

The School Physical Activity and Nutrition (SPAN) survey is a partnership with the University of Texas School of Public Health Dell Center for the Advancement of Healthy Living. The purpose of the questionnaire is to identify factors that may underlie obesity, including dietary behaviors, nutrition knowledge and attitudes, and physical activity. Fourth, eighth and eleventh graders in 100 school districts in Texas have been surveyed. The most recent iteration of the survey also included a matched 4th grade parent survey. The survey also included additional questions related to bullying, body image, depression, and other psychosocial issues that impact health behaviors in children and adolescents. Currently the data are being cleaned and prepared for analysis.

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.

Joint Obesity Prevention RFP

During the first half of FY10, a joint request for proposals was released with funds from the Office of Title V and Family Health, Nutrition, Physical Activity and Obesity Prevention and Office of Border Health. These funds will be used to provide local communities the opportunity to build infrastructure for obesity prevention activities or to begin basic implementation of existing plans targeted at improving nutrition and increasing physical activity in local communities across the state. Title V projects focus on obesity prevention strategies for children and adolescents. OPDS and Title V staff assisted in the development of the RFP and review process.

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.

As a part of the agency's overarching mission, the Division of Health and Safety provides oversight for implementing health initiatives within all 1,200 school districts and for over 4.7 million students. Coordination, administrative leadership, and policy development for specific state and federal requirements and programs whose emphasis is on providing opportunities for students to achieve their maximum potential by developing a safe and healthy lifestyle are made possible through this division. The Division of Health and Safety was designed to mirror the Centers for Disease Control and Prevention's (CDC) Coordinated School Health Model (www.cdc.gov/healthyYouth/CSHP). It is the model for education service centers and school districts across the state because from this design, a greater level of program management and coordination relative to the "whole child" approach to education is attainable. While Coordinated School Health and the Division of Health and Safety at TEA emphasize comprehensive health programs for youth, several initiatives emphasize the reduction and prevention of childhood obesity. These programs include:

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 CDC's Coordinated School Health Model is not only the TEA's division of Health and Safety framework, but is implemented in school districts around the State. The Model promotes programs that effectively addresses students' health, and thus improves their ability to learn. Texas Education Code (TEC) 38.014 requires that all school districts implement Coordinated School Health programs in elementary, middle and junior high schools. TEC 38.013 provides that these programs must provide for coordinating 4 of the 8 components of the model that are: health education, physical education and physical activity, nutrition services and parental involvement. The TEA assists school districts in implementing effective Coordinated School Health programs by providing technical assistance for the implementation of approved programs. The four components that are required directly relate to reducing obesity among Texas youth.

PHYSICAL FITNESS ASSESSMENT INITIATIVE

The Texas Education Code (TEC), §38.101 requires all students in grades 3-12 to be assessed once annually using the fitness assessment instrument identified by the commissioner of education. FITNESSGRAM®, created by The Cooper Institute of Dallas, was selected after a thorough request for offer process was conducted during the summer of 2007. 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.

Additionally, the TEC §38.103 requires schools to report their results to TEA and the agency, and per TEC §38.104, must analyze the results to identify any correlation between academic achievement levels, attendance rates, school meal program participation (eligibility based on socioeconomic status) and disciplinary problems. The system that collects this data from school districts (Public Education Information Management System) provides this data annually. The FITNESSGRAM software enables schools to access and monitor fitness levels of the student body. Six fitness tests from the FITNESSGRAM battery were selected to assess three areas of physical fitness: (1) body composition; (2) aerobic capacity; and (3) muscular strength, endurance, and flexibility. Per TEC 38.104, the results of these tests are required to be correlated with student academic achievement levels – grade-appropriate Texas Assessment of Knowledge and Skills (TAKS) scores, average daily attendance, school meal program participation, student disciplinary programs to include, but are not limited to, expellable offenses, mandatory Disciplinary Alternative Education Program (DAEP) placement, DAEP placement, in-school suspension, acts of violence, use of weapons, truancy and cases of substance use on campus.

The school districts upload fitness assessment-related data to the agency via the TEA's Secured Environment. 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. The system aggregates the data so that student-level information is not maintained at the agency, as required by statute. The aggregated information has been collected in the following categories: gender, grade-level, district, region, and state for three consecutive school years (2007-2008, 2008-2009, and 2009-2010).

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 12th 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 data has been analyzed to identify relationships between healthy fitness zones and student academic indicators and has revealed a link between cardiovascular fitness and student achievement and attendance. Results of this analysis can be found at www.ourkidshealth.org. Additionally, school district data and statewide results from each school year can be found at www.tea.state.tx.us/PFAI.html.

With continued focus at the local level in the implementation of evidence-based physical activity and nutrition programs, schools will 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 utilize 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.

TEXAS FITNESS NOW GRANT

The Texas Fitness Now grant was initiated in the 2007-2008 school year as a cooperative effort between the TEA and the Comptroller of Public Accounts, Susan Combs. Grant funding was authorized by Rider 89 in Article III of the General Appropriations Act (House Bill 1) during the 80th Legislative Session (2007) in the amount of \$10,000,000 for the 2007-2008 school year and \$10,000,000 for the 2008-2009 school year and again during the 81st Legislative Session for the 2009-2010 and 2010-2011 school years. The program serves students in grades 6, 7, and/or 8 on campuses where 60 to 100 percent of the students are economically disadvantaged. The grant aims to do the following:

- Provide assistance to schools for the support of in-school physical education programs;
- Provide funding to schools to prepare teachers of grades 6, 7, and/or 8 to identify specific barriers facing student adoption of fit and healthy lifestyles and to provide teachers with the tools necessary to promote such adoption;
- Provide assistance to schools in selecting and/or developing effective instructional materials, programs, learning systems, and strategies based on the characteristics of Quality Physical Education;
- Strengthen coordination among schools and families to improve fitness and promote healthy lifestyles for all children;
- Increase self-esteem, decrease body fat, increase strength and endurance, and prevent exercise-related injuries. Through increased fitness, students' cognitive ability will improve; and
- Provide a foundation for a life of fitness and healthy lifestyle choices. Approximately 425,592,167 students were served during the 2009-2010 school year. Campuses typically utilized funds for equipment, Coordinated School Health Programs, and professional development for teachers.

To evaluate the program's effectiveness, participating campuses agreed to conduct a pre and post-test with the FITNESSGRAM physical fitness assessment. To improve the post-test results of the fitness assessment, campuses also agreed to provide participating students with physical activity for either a minimum of 30 minutes per day or 225 minutes per two-week period for the entirety of the school year. These campuses also had to agree that:

- Their physical education curriculum would adhere to the appropriate practices for physical education as identified by the National Association of Sports and Physical Education.
- Their district had or was in the process of adopting a Coordinated School Health Program and all of its components as described in TEC §38.013.
- They had a plan for combining education, fitness, and nutrition during school to promote a healthy lifestyle; the plan had to consist of functional fitness, cardiovascular and strength training benefiting coordination development, sports development and injury prevention, all of which included the use of recommended activities and equipment aligned with the Texas Essential Knowledge and Skills (TEKS).
- The district had submitted the district's wellness policy to the Texas Department of Agriculture (TDA) according to the requirement set forth in the Child Nutrition and WIC

Reauthorization Act and complied with the requirements of the Texas Public School Nutrition Policy having no Coordinated Review Effort findings.

- A School Health Advisory Council had been established and would meet at least four times a year to review the implementation of the grant as provided in TEC §28.004.
- Certified physical education teacher(s) and/or the district level administrator responsible for the physical education curriculum would administer the grant through the physical education classroom with general oversight by the campus principal and provide a plan for training teachers and administrators to implement a functional fitness program.

Data from grant implementation and evaluation in years one through three show marked improvements in the frequency and quality of physical education opportunities for teachers and students as identified through anecdotal and empirical data. Pre and post-test data show overall improvements in student health outcomes and in teacher engagement during all three years of program implementation.

WORKSITE WELLNESS

The TEA's *Fitness is Our Future* Program was designed to encourage and facilitate organizational and individual wellness among agency staff by promoting health, nutritional, and fitness-related resources and classes. The *Fitness is our Future* Program intends to foster the adoption of a wellness culture that offers such benefits as improved health, reduced medical expenses, heightened personal performance, reduced absenteeism, and improved employee satisfaction. To support this mission, the agency approved Operating Procedures in November 2008 that provide incentives to employees to participate in physical activity and to actively engage in their own health management. These incentives include:

Exercise and Activity Time: Pursuant to Government Code §664.061(1), the agency grants each employee 30 minutes to exercise - three times a week - during normal working hours. Employees are not required to make up this time or use leave. Exercise time may be used in 30 minute increments only. Exercise time does not accumulate and may not be carried forward for use at another time. Exercise time may be used at any time during the work day, or combined with lunch to give the employee more time for wellness activities. Employees must coordinate with their supervisor and schedule exercise time so that it does not conflict with their job duties or division priorities. Employees must submit a monthly report to their supervisor to document their use of exercise time.

Fitness Leave: The agency will grant employees leave as an incentive or award for fulfilling the requirements of an agency-wide wellness activity or contest, such as the Texas Round Up. Fitness Leave must be approved by the Deputy Commissioner for Finance and Administration prior to the beginning of the activity or contest. Employees are permitted to earn up to 16 hours of Fitness Leave per calendar year. Fitness Leave must be scheduled in advance with the approval of the employee's supervisor. Fitness Leave earned expires if not used within 12 months from the date it is earned, and will not be paid to an employee at separation from employment.

Wellness Leave: Pursuant to Government Code §664.061(3), the agency will award eight hours of additional leave each 12-month period to employees who receive a physical examination and complete the Health Risk Assessment (HRA) available through the employee's health insurance

carrier. Supporting documentation must be submitted to Human Resources, and include an affidavit of HRA completion and a physician's note certifying physical examination completion. Wellness Leave must be scheduled in advance with the approval of the employee's supervisor. Wellness Leave expires if not used within 12 months from the date it is earned, and will not be paid to the employee upon separation from employment.

Agency staff who are qualified to lead various physical activity groups, such as running, walking, Pilates and yoga, also support the efforts of the *Fitness is Our Future* Program. These opportunities are offered to agency employees at no cost. By providing and promoting opportunities for personal wellness, the TEA believes that it will benefit from reduced absenteeism, increased employee satisfaction and improved productivity based on existing research related to worksite wellness programming. The TEA won the Governor's Cup during the 2010 Texas Round Up for the greatest percentage (36 percent) of employees of a government agency of its size completing the six-week physical activity challenge. Agency employees are increasingly committed to personal health improvements and to role modeling healthy behaviors for students across the state.

SCHOOL HEALTH ADVISORY COUNCILS

In order to curb the obesity epidemic, steps must be taken at the local level to effectuate change within childhood populations. In order for schools to provide a consistent venue for delivering health messages across demographic diversities and varying student needs, community and parental involvement is critical. School Health Advisory Councils (SHACs) are the legislative and logical vehicle for this kind of involvement. A SHAC is a group of individuals, primarily parents of students in the school districts representing segments of the community, appointed by a school district to serve at the district level to provide advice to the district on coordinated school health programming and its impact on student health and learning. The SHAC can drive children's health issues as a priority within school district policy and programming. SHACs provide an efficient, effective structure for creating and implementing age-appropriate, sequential health education programs, and early intervention and prevention strategies that can easily be supported by local families and community stakeholders. The benefits of SHACs include:

1. Developing relevant district policies for the purpose of improving student health.
2. Communicating the connection between health and learning to school administrators, parents, and community stakeholders.
3. Reinforcing the health knowledge and skills children need to be healthy for a lifetime.

Every independent school system is required by Texas law to have a SHAC of which the majority of members must be parents who are not employed by the school district. Title 2, Chapter 28, Section 28.004, of the TEC at <http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm> details the specifics of this mandate. School Health Survey results from the 2009-2010 school year, per TEC 38.0141, indicate that over 80 percent of school districts have implemented this requirement. To further strengthen the development of SHACs at the local level, the TEA facilitated monthly videoconferences and webinars during the 2009-2010 school year with a focus on SHAC implementation. These sessions are available at www.tea.state.tx.us/index2.aspx?id=8433&menu_id=2147483656. The focus of monthly

videoconferences and webinars during the 2010-2011 school year is on Coordinated School Health Programming.

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 way physical activity programs are delivered, however, can vary greatly which affects their impact. While physical activity requirements have been in place in Texas schools since 2001, schools meet these requirements in a variety of ways. Thus, structured physical activity can take place during the school day or after through school-sponsored or private programs. It is essential that children in Texas receive quality programming in all of these environments. If schools are not meeting the physical activity requirements through a physical education course, which has established monitoring systems and credentialing requirements, they must endeavor to provide quality controls within these other offerings.

Senate Bill 530, passed during the 80th Legislative Session, requires TEA, in consultation with the Texas School Health Advisory Council, to provide a report to the legislature that details options and recommendations for providing moderate or vigorous daily physical activity for students for at least 30 minutes outside the seven-hour instructional day. The options and recommendations must be developed with consideration for the needs of students who are enrolled in multiple enrichment curriculum courses. These recommendations are available for review at

www.dshs.state.tx.us/schoolhealth/tshac/files/RecommendationsforofferingPAoutsideschoolday.doc

Additionally, Senate Bill 530 required the TEA to promulgate rules related to the implementation of four semesters of physical activity in grades 6-8. To meet the diverse needs of students at these grade levels, TEA determined that physical activity could be conducted in a variety of ways so long as it is moderate to vigorous in nature for a minimum of 30 minutes daily or 225 minutes bi-weekly. These rules can be viewed in the Texas Administrative Code, Chapter 103: Health and Safety at **www.tea.state.tx.us/rules/tac/chapter103/ch103aa.html**. The TEKS for Health (**www.tea.state.tx.us/rules/tac/chapter115/**) and Physical Education (**www.tea.state.tx.us/rules/tac/chapter116/**) additionally strengthen the quality of physical activity provided in physical education and alternative programming, as the standards for instruction emphasize lifelong health behaviors. For students to receive the maximum health benefits of these programs, the state standards for instruction should be addressed in all programs providing physical activity throughout grades K-12.

It is the focus of the Division of Health and Safety at TEA to support school districts in administering policies and practices that will improve the health and wellbeing of Texas schoolchildren. From this emphasis, we expect that students will be more successful in the classroom and throughout their adult life. 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**.

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:

- Continued collaboration between the three agencies on obesity prevention efforts, including communications between program staff, management and commissioners.
- Continued emphasis 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.