

A Report to the Texas Legislature  
from the  
Interagency Obesity Council

2015

A collaborative effort among these commissioners and their agencies:



Todd Staples  
Commissioner of Agriculture



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



Michael Williams  
Commissioner of Education

# Table of Contents

- Introduction..... 3
- Agency Programs and Activities to Promote Better Health and Nutrition ..... 4
  - TEXAS DEPARTMENT OF AGRICULTURE**..... 4
    - NUTRITION PROGRAMS ..... 4
    - SPECIAL PROJECTS ..... 8
    - TRAINING ACTIVITIES ..... 9
    - STATEWIDE COMMUNICATION ..... 9
    - TDA WELLNESS PROGRAM..... 10
    - LEGISLATIVE COMMITTEES ..... 10
  - TEXAS DEPARTMENT OF STATE HEALTH SERVICES** ..... 12
    - COMMUNITY AND WORKSITE WELLNESS (CWW) PROGRAM..... 12
    - SCHOOL HEALTH PROGRAM ..... 18
    - SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) ..... 18
    - WORKSITE WELLNESS ..... 21
    - STATEWIDE WELLNESS INITIATIVES ..... 22
    - MATERNITY SERVICES ..... 22
    - BREASTFEEDING IN WORKSITES AND CHILDCARE ..... 24
    - BREASTFEEDING IN COMMUNITIES ..... 25
    - DSHS INFANT FEEDING WORKGROUP ..... 26
    - TEXAS HEALTHY COMMUNITIES ..... 26
    - TEXAS HEALTH STEPS ONLINE PROVIDER EDUCATION MODULES ..... 27
    - SCHOOL PHYSICAL ACTIVITY AND NUTRITION (SPAN) SURVEY ..... 27
  - TEXAS EDUCATION AGENCY** ..... 28
    - COORDINATED SCHOOL HEALTH ..... 28
    - SCHOOL HEALTH ADVISORY COUNCILS..... 28
    - PHYSICAL EDUCATION AND PHYSICAL ACTIVITY..... 29
    - PHYSICAL FITNESS ASSESSMENT INITIATIVE ..... 30
    - SCHOOL HEALTH SURVEY ..... 31
    - CAMPUS IMPROVEMENT PLANS ..... 31
- Conclusions and Recommendations ..... 32



## Introduction

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

Obesity is a critical health problem in Texas. According to the Center for Disease Control's (CDC) 2013 Behavioral Risk Factor Surveillance System, 66.2 percent of Texas adults were classified as overweight or obese; in 2012 that percentage was similar at 65.1 percent<sup>1</sup>. The problem of overweight and obesity is not limited to the adult population, however. The CDC's 2011 Youth Risk Behavior Survey of Texas found that approximately 31.6 percent of adolescents in grades 9 through 12 were overweight or obese; in 2013 that prevalence stayed the same at 31.3 percent<sup>2</sup>.

Additionally, in 2014, 15 percent of low-income children (ages 2-5) enrolled in the Texas Women Infants and Children (WIC) Program were overweight or obese; this is a significant decline from 30 percent in 2008<sup>3</sup>. Obese adults and children have a much higher risk of developing high cholesterol, high blood pressure, heart disease, stroke, Type 2 diabetes, pulmonary disease, arthritis, and many other chronic conditions that reduce quality of life and cause premature disability and death. Obese children and adolescents are likely to remain obese as adults. Although many variables can affect weight status, retrospective studies show that 50 to 80 percent of overweight children remain overweight as adults, and if children are overweight before the age of 8, obesity in adulthood is likely to be more severe<sup>4 5 6</sup>.

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

Without support for obesity prevention efforts Texas will face an unprecedented deadly and expensive healthcare crisis. The obesity prevention initiative will continue through funding from the Center of Disease Control (CDC). The Department of State Health Services (DSHS) Health Promotion and Chronic Disease Prevention Section was awarded funds through the CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health from 2013 to 2018. In addition, the DSHS Community Transformation Grant (CTG): Transforming Texas program, which was awarded \$10 million per year from CDC, concluded after three years (2011-2014). The Texas Department of Agriculture (TDA) received funds to start the Nutrition Education Grant Program to increase and expand the nutrition education provided in schools. In 2012 TDA awarded approximately \$810,000 in Nutrition Education Grant Program funds to 143 school campuses. 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

---

<sup>1</sup> [Texas](#) BRFSS, Center for Health Statistics, Texas Department of State Health Services

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

<sup>3</sup> Texas Department of State Health Services, [WIC Certification Data, 2014](#)

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

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

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

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

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

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

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

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

### **TEXAS DEPARTMENT OF AGRICULTURE**

Since taking office in January 2007, Agriculture Commissioner Todd Staples has made education and awareness top priorities for all Texas Department of Agriculture (TDA) nutrition programs. Early on, Commissioner Staples established the 3E's of Healthy Living — Education, Exercise and Eating Right to encourage and empower Texans to embrace healthy choices for themselves and their families. He continues to promote this strategic campaign in school, community, business and government forums across the state. TDA has continued to support community partners in their efforts to promote healthy lifestyles at the local level.

In 2009, TDA initiated the Mayors Challenge by calling for Texas mayors to improve outcomes in local Summer Nutrition Programs for children in need of assistance. Based on the success of this initiative, in 2012 TDA expanded its partnership with mayors to help accomplish a broader goal that arms communities with resources to combat obesity and food insecurity year-round. This initiative is called the Healthy Community Network and it empowers mayors to unite their efforts to reduce hunger and prevent obesity by promoting the 3E's of Healthy Living – Education, Exercise and Eating Right and building bridges to success in communities across the state.

Coupled with this strategy is a concentrated effort to convert access to nutrition assistance programs into a more self-sufficient, independently healthy population. The 3E's encourage participants in these assistance programs to employ them as bridges to success — not endless highways of dependency.

### **NUTRITION PROGRAMS**

TDA has administered the United States Department of Agriculture (USDA) child nutrition programs for Texas since 2003. These programs include the National School Lunch Program, the School Breakfast Program, Special Milk Program, Fresh Fruit and Vegetable Program and the Summer Food Service Program.

In 2007, TDA became the administering agency for several special nutrition programs when they were transferred by the Texas Legislature from the Health and Human Services Commission. These programs, including Child and Adult Care Food Program, Commodity Supplemental Food Program, Emergency Food Assistance Program, Food Distribution Program, Senior's Farmers Market Nutrition Program,

Summer Electronic Benefits Transfer Card demonstration project, and the Farmers Market Nutrition Program provide nutritious food through various delivery methods to Texans in need- including children, the elderly, people with disabilities and low-income adults.

- **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. Senate Bill 376 passed in the 83<sup>rd</sup> Legislative session requires that public and charter school campuses with 80 percent or more free and reduced students provided breakfast at no charge to all students or seek a waiver opting out of the requirement.
- **Summer Nutrition Programs**
  - **Summer Food Service Program (SFSP):** Provides nutritious and free meals to children under 18 during the summer months. School districts and other sponsors (non-profit youth programs such as Boys and Girls Clubs, YMCAs, summer camps, etc.) may serve as a summer feeding program site. School districts are currently required to operate a SFSP if 50 percent or more of their students are eligible for free or reduced-priced meals.
  - **Seamless Summer Option (SSO):** SSO was created by the federal government as a summer feeding alternative for schools that already participate in school meal programs and wish to continue meal service into the summer.
- **Fresh Fruit and Vegetable Program (FFVP):** The Fresh Fruit and Vegetable Program (FFVP) is a federally assisted invitation-only program providing free fresh fruits and vegetables to students in participating elementary schools during the school day. The FFVP helps schools create healthier school environments by providing healthier food choices, expanding the variety of fruits and vegetables children experience, and increasing children's fruit and vegetable consumption.
- **Special Milk Program:** Provides reimbursable milk to preschool and school-aged children who do not participate in a federal child nutrition meal program.
- **Child and Adult Care Food Program (CACFP):** Provides reimbursable meals and snacks to day care centers, day care homes and adult day care centers (elderly or disabled). For program year 2013, the number of contracting entities totaled 1,607, including 14,518 sites. The average daily participation in lunch for program year 2013 was 212,326.
- **At-Risk Afterschool Meals in the CACFP:** Public or private nonprofit organizations, or eligible for-profit organizations operating an afterschool program. Programs must be located in an attendance area of a public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-priced meals. Programs must provide educational or enrichment activities in an organized structured, and supervised environment after the end of the school day, on weekends, or on holidays during the school year. Afterschool programs do not need to be licensed in order to participate unless there is a state or local requirement of licensing. All programs must meet state or local health and safety standards. Provides all children who are 18 and under at the start of the school year a free meal, a snack, or both. There are no age limits for children with disabilities.

- **Commodity Supplemental Food Program (CSFP):** Provides USDA Foods for food packages that are used for home consumption. Local organizations distribute food packages and provide nutrition education to nearly 34,000 eligible participants. Eligible participants include persons 60 and over. Participants must be income-eligible 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.

- **Food Distribution Program (FDP):** Provides USDA Foods to public and private nonprofit schools, public and private nonprofit residential child care institutions and nonprofit organizations (contracting entities or CEs). The value of USDA Foods that are allocated to a CE is based on the number of meals the CE provides to program participants. CEs 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 CEs that do not have this capacity. Contracts are awarded through a competitive procurement process and TDA negotiates the distribution rates paid by CEs. CEs 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 CEs' requests for USDA Foods with USDA. Similar to CSFP and TEFAP, USDA has replaced regular canned vegetables with low-sodium canned vegetables and is offering more whole grain and low fat choices to help CEs meet nutritional standards. The programs support the US agriculture market.
- **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 TDA certified farmer's markets to purchase fresh fruits and vegetables, increasing their access to healthier, locally grown foods.
- **Farmer's Market Nutrition Program:** TDA began administering the Farmers' Market Nutrition Program (FMNP) in 2012. FMNP is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC. The FMNP provides fresh, unprepared, locally grown fruits and vegetables to WIC participants, and expands the

awareness, use of, and sales at farmers' markets. TDA partners with Texas food banks and other entities to ensure eligible participants are aware of this program and receive benefits as needed.

- **Summer Electronic Benefits Transfer Card (SEBTC) demonstration project:** In an effort to better target summer feeding program assistance to those children most in need, TDA initiated a Summer Electronic Benefits Transfer Card (SEBTC) pilot program related to the SFSP. The program, using a WIC-like electronic benefits card to provide families extra funds for National School Lunch Program-eligible children's meals during the time of summer recess, had up to a 70 percent monthly redemption rate. The demonstration project was conducted in 2011, 2012, and 2013 was the most effective method ever demonstrated for ensuring child nutrition over the summer.

During the 2012-2013 school year, 8,534 schools participated in the National School Lunch Program/School Breakfast Program in Texas and 890,471,994 meals were served.

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

- Serve lower fat milk;
- Serve only 100-percent juice and no more than 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, TDA provides training and resources to contractors statewide. Training tools and resources include cycle menus, seasonal produce and The Adventures of Zobey DVD programs. TDA also provides training - *Feeding Infants the First Year of Life* - that promotes breast milk through the age of 12 months. The training also emphasizes proper introduction of solid foods and how to understand the infant's cues for hunger.

#### **Update on Healthy Hunger Free Kids Act of 2010**

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

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

TDA continues to monitor compliance with the new meal standards and offers training and guidance to schools to assist schools with the new federal requirements.

#### **School Meals Nutrition Standards**

In addition to the school meal patterns, USDA has implemented new strict federal standards for all foods and beverages sold in school. Previously, the Texas Public School Nutrition Policy (TPSNP) covered these items. To ensure overlap did not exist and to reduce confusion by having two competing standards, TDA repealed the majority of the TPSNP policy.

The exceptions to this repeal include maintaining or adjusting the following provisions:



- Maintaining existing ban of cooking with deep fryers;
- Maintaining the prohibition of providing diet or regular sodas; and
- Maintaining the time and place provision as it relates to sold items and allowing a school to create a different standard if they so choose.

## GRANTS ADMINISTERED BY TDA

- **Texas Feeding Texans – Home-Delivered Meals Grant Program:** The Texans Feeding Texans Home-Delivered Meal Grant Program was created during the 80th Texas Legislative Session (Texas Administrative Code (TAC) §12.042, HB 407), which established a statewide grant program to help supplement and extend the applicant’s current home-delivered meal program for seniors and/or disabled Texans. Governmental and non-profit agencies are eligible for this grant program.
- **Texans Feeding Texans - Agricultural Surplus Grant Program:** The Agricultural Surplus Grant Program continues to partner with Texas food banks and agriculture producers to help hungry Texans. Funds are used to offset the costs of harvesting, cleaning and transporting agricultural products to Texas food banks.
- **3E's Grant Programs:** As TDA continues to promote the 3E’s of Healthy Living-Education, Exercise and Eating Right, TDA provides grants through the 3E's Grant Program to promote better health and nutrition programs and prevent obesity among children in this state and increase awareness of the importance of good nutrition. TDA is authorized by §12.0027 of the Texas Agriculture Code to administer this grant program.
- **Urban Schools Agricultural Grant Program:** The Urban Schools Agricultural Grant Program is an agricultural-related program for urban elementary and middle public school pupils enrolled in districts with populations of 49,000 or more. The program not only helps improve students' understanding of agriculture through projects but many projects also teach importance of water conservation and nutrition.

## SPECIAL PROJECTS

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

- **Healthier US School Challenge (HUSSC):** TDA is actively promoting this USDA initiative in which schools voluntarily commit to re-shaping their environments to promote healthy nutrition, physical education and physical activity. HUSSC criteria reflect NSLP meal pattern requirements, while continuing to encourage schools to offer a variety of vegetables, fruits (including fresh fruit) and whole grain-rich grains. Schools that have achieved the Healthier US School Challenge Award have demonstrated strong efforts to produce an environment in which the healthy choice is the easy choice. TDA has provided multiple training sessions around the state and offered technical assistance with the application process. For detailed information on the initiative visit: [www.teamnutrition.usda.gov/](http://www.teamnutrition.usda.gov/)
- **NUTRIGRAM®:** TDA has partnered with The Cooper Institute (TCI) to administer a student nutrition assessment and educational service called NUTRIGRAM®. The online survey is geared toward children grades 3-5. The survey provides an individual snapshot

of each participating student's nutrition knowledge and behavior. Additionally, NUTRIGRAM® empowers students to take ownership of their food choices through online learning opportunities and provides critical information to raise the bar for school nutrition. Approximately seventy Texas elementary schools are currently participating in NUTRIGRAM.

- **Farm to School:** Farm to School is the practice of sourcing local food for schools as well as providing agriculture, health and nutrition educational opportunities to students. Farm to school includes activities such as school gardens, farm field trips, and cooking lessons. Farm to school improves the health of children and communities while supporting local and regional agricultural producers. Key initiative activities include marketing farm-to-school opportunities to producers and schools, connecting farmers to interested schools, providing technical assistance, training and resources for schools and farmers, and assisting with coordination of special events.

## **TRAINING ACTIVITIES**

TDA administers standardized program and nutrition training for CEs participating in USDA child nutrition programs administered 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.

TDA currently oversees more than 100 training classes for agency staff and contractors who participate in the Child and Adult Care Food Program; National School Lunch Program/School Breakfast Program; and Summer Food Service Program. Training is primarily provided by TDA trainers or through the contracted training services of Education Service Centers. Training is provided to staff, contractors, and statewide organizations using multiple media including: facilitator led instruction, online training, and other distance learning options.

## **STATEWIDE COMMUNICATION**

TDA works to educate individuals regarding food and nutrition program requirements and benefits. The primary focus is to connect Texans in need with the nutrition resources they need to reach independence.

In 2013-2014, outreach efforts focused on the following:

- Providing nutrition guideline education;
- Partnering with schools during National School Lunch Week and School Breakfast Week to promote healthy meal options available in campus cafeterias;
- Distributing CACFP videos and materials to improve nutrition and increase physical activity in children ages 2-5;
- Attending events and engaging with stakeholders;
- Providing information on programs for distribution; and
- Event attendance and public engagement.

## **EXHIBITS AND CONFERENCES**

Communities, CEs, partners, children and parents have direct access to nutrition education and program information through TDA exhibits and conference attendance. Exhibits and conferences provide TDA the opportunity to distribute program information, provide nutrition education and communicate about federal policy change. Exhibits and/or conferences attended included but were not limited to:

- NSLP, SBP, and Commodities: School Nutrition Association

- NSLP, SBP, and Commodities: Texas Association for School Nutrition
- NSLP, SBP, and Commodities: Texas Association of School Boards
- NSLP, SBP, and Commodities: Texas Association of School Business Officials
- NSLP, SBP, and Commodities: Texas Association of School Administrators
- NSLP, SBP: Parent Teacher Association
- NSLP, SBP: Texas Association of Health, PE, Recreation and Dance
- CACFP: Texas Association for the Education of Young Children
- CACFP: Society for Nutrition Education
- CACFP: Obesity Prevention in Public Health Course University of North Carolina Chapel Hill
- CACFP: Texas Professional Home Child Care Association
- NSLP & CACFP: American Dietetic Association
- CACFP: CACFP Roundtable
- CACFP: National CACFP Leadership Conference
- CACFP: Southern Obesity Summit
- Farm to School: Farm to Cafeteria Conference

## **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
- Access to organized wellness activities established through various state agencies such as Yoga, Weight Watchers (offered at a nearby external site), Fitness Center Discounts
- Employee Training (outsourced) provided in CPR (cardiopulmonary resuscitation), AED (automated external defibrillator), 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

## **LEGISLATIVE COMMITTEES**

TDA is participating in several legislatively established committees targeting obesity prevention and food policy. The agency leads in facilitating many of these. This section outlines the status of the legislated committees.

**Report from the Healthy Foods Advisory Committee** created through SB 343 (81<sup>st</sup> Legislative Session)

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

- Maximize existing grant, loan and other financing programs available in the state to ensure appropriate distribution levels to the most underserved urban and rural areas across Texas, and to

create innovative public-private partnerships to provide incentives for the redevelopment and expansion of fresh and healthy food retail outlets that are sustainably self-sufficient.

- Encourage and enable the temporary use of existing food assistance tools as mechanisms to close the gaps between time periods of individual food insecurity or as primers to enable privately sustainable healthy foods retail investment into communities.

**Farm-to-School Task Force Report** created by SB 1027 (81<sup>st</sup> Legislative Session)

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

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

**Six-Year Plan for the Early Childhood Health and Nutrition Interagency Council** created by SB 395 (81<sup>st</sup> Legislative Session)

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

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

**Plan to Increase Outcomes in Summer Food Service Program** created by HB 749 (83<sup>rd</sup> Legislative Session)

HB 749 by Rep. Richard Raymond required TDA to establish a five-year plan in collaboration with Baylor University's Texas Hunger Initiative and implement no-cost provisions to increase outcomes in the summer food service program. The plan was submitted to the Legislature in November 2014.

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

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

DSHS' obesity prevention efforts are evidence-based and coordinated across agency programs and with external partners at the national, state, and community levels. Within DSHS, the Community and Worksite Wellness (CWW) Program is responsible for coordinating obesity prevention activities with the Texas Title V Program, WIC (the Special Supplemental Nutrition Program for Women, Infants and Children), worksite wellness, school health, and chronic disease programs that address diabetes, heart disease and stroke, kidney disease, and other related health conditions. The CWW Program was created in October 2013 by merging the Nutrition, Physical Activity and Obesity Prevention (NPAOP) and Worksite Wellness Programs.

### **COMMUNITY AND WORKSITE WELLNESS (CWW) PROGRAM**

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

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

For example,

- Grocery stores in low-income neighborhoods often carry a less-than-optimal selection of fresh produce. This is an environmental barrier for families that want to eat healthy foods but do not have or cannot afford transportation to other areas to buy them. One successful strategy that helps eliminate this barrier is the creation of farmers markets in low-income neighborhoods.
- Areas of low socio-economic status may have less access to safe places for children to be physically active. Mothers are less likely to allow their children to play outside in low-income areas due to safety issues. These areas often have less access to sidewalks and safe routes" to schools. Another strategy that helps to increase physical activity is increasing and improving trail systems that connect families to schools and businesses.
- A business worksite wellness policy that lowers the price of healthful beverages (e.g., water) and increases the costs of sugar-sweetened beverages, promotes the affordability of healthier choices among employees.

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

#### **CDC Cooperative Agreement**

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

- **The Texas Tech University Health Sciences Center, Garrison Institute on Aging** in Region 1 is actively engaged in programs that promote health and wellness in West Texas. As part of the

Healthy Lubbock initiative, the Institute supports and encourages improved nutrition, increased physical activity, and promotion of wellness. During this time, the institute established a community garden at Dunbar College Preparatory Academy in Lubbock to increase access to fresh fruits and vegetables. They created a comprehensive plan to work on menu labeling, menu improvement, and pricing strategies in public service venues. To increase access to physical activity, the institute is expanded a walking trail at a softball quad.

- **The Community Council of Greater Dallas** in Region 2/3 led a collaborative partnership with faith-based organizations, human services programs, parents, and the school system to create a natural playscape for preschool children at Jack Lowe Sr. Elementary School to increase physical activity in the Vickery Meadow neighborhood of Dallas, an area with high economic need. A joint use agreement between Jack Lowe Sr. Elementary School and the Community Council of Greater Dallas was also created to ensure sustainability of the natural playscape.
- **Tarrant County Public Health (TCPH)** in Region 2/3 implemented a campaign called Live a More Colorful Life. As part of this campaign, TCPH enhanced four and started one community garden in the Fort Worth area. TCPH enacted physical activity policies at two worksites and physical activity resolutions for Tarrant County and the City of Arlington. Nutrition policies were enacted at two worksites. TCPH evaluated the results from their WIC program's electronic benefit transfer (EBT) pilot program, which allows farmers market vendors to accept credit, SNAP, and WIC transactions as payment for fresh produce in addition to cash. TCPH also conducted a nutrition environment assessment in food deserts using the Texas Nutrition Environment Assessment in Stores (TxNEA-S) tool. Results from the assessment were presented to the Tarrant County Food Policy Council.
- **The City of El Paso Department of Public Health** in Region 9/10 identified thirteen walkable trails with green spaces and public sites to encourage walking in neighborhoods and communities through their Move! El Paso project. A comprehensive communication campaign and University of Texas at El Paso students promoted awareness of the trails and encourage people to incorporate walking into their daily lives as a form of transportation. The Mayor and City Council of El Paso declared 2013 the Move! El Paso year.
- **Hidalgo County WIC** in Region 11 increased community support of breastfeeding to reduce childhood obesity. This project opened a second Baby Café in Hidalgo County at the Women's Hospital at Renaissance, Edinburg, Texas, where about half the county's babies are born. During the grant period, Baby Café staff provided information and problem-solving advice to 81 pregnant and breastfeeding women in a supportive environment. A referral system for the café was established among WIC and healthcare providers. The project also recruited 182 businesses to be established as Breastfeeding Friendly Establishments. The City of Edinburg became designated as a Mother-Friendly Worksite, one of three municipalities in Texas at the time.
- **The Edinburg Consolidated Independent School District (ECISD)** in Region 11 is implementing a project to promote safe cycling through the Safe Cycling for Edinburg Schools project. The school district is working to reduce childhood obesity by improving infrastructure for children to ride bicycles and walk to school by installing a 0.9 mile bikeway separated from pedestrians and cars by a raised barrier (e.g., a curb with a planted barrier strip) that connects to South Middle School. The project increased safety through several measures, including crossing and stop signs, and volunteers along routes to school, as well as police-led training in safe travel. An interlocal cooperation

agreement was created in March 2013 between the ECISD and the City of Edinburg to outline their participation in the project.

### **Farm to Work**

Farm to Work is an employee wellness program that provides employees with the opportunity to receive a basket of fresh locally-grown produce delivered to the worksite on a weekly basis. Since the program was launched at the DSHS' main campus in 2007, it has expanded to serve 38 worksites including state agencies and private companies in Austin, San Antonio, and Houston. Similar programs have been launched in Lubbock and Fort Worth. Worksites interested in learning more about Farm To Work can participate in the Sustainable Food Center's Program Replication Training or download the [Farm To Work Toolkit](#) (and also the Farm To Work Toolkit Supplement), which compiles all the tools, sample documents, and other resources that were developed to successfully implement Farm To Work at DSHS.

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

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

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

The CWW Program is working in collaboration with DSHS' breastfeeding subject matter experts to provide and promote a new online breastfeeding training module for healthcare professionals. The module has been designed to fulfill staff training requirements, step 2 of the Ten Steps to Successful Breastfeeding, and to provide Texas hospitals with an accessible tool to attain Baby-Friendly designation. The free online training module will provide comprehensive, professional, continuing education in a self-paced format. The module will be available on the Texas Health Steps site in the spring of 2015.

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

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

Both Your Health Matters curricula has been tested in both English and Spanish, using participatory methods that include the target audience (promotores or CHWs), focus groups and expert consultation from local professional health educators and evaluators. Both curricula have been developed within the core principles, goals, and competency areas of the DSHS-certified training program's curriculum framework. DSHS, in collaboration with UTSPH, has trained 309 CHWs and 47 CHW instructors.

### **Childhood Obesity Research Demonstration**

The CWW Program provides support to the Childhood Obesity Research Demonstration (CORD) project in coordination with the Michael & Susan Dell Center for Healthy Living and The University of Texas School of Public Health, Austin Regional Campus to develop, deliver, and evaluate an integrated model of primary health care and public health strategies in the community. CORD is a CDC-funded project designed to evaluate community-based obesity prevention and treatment programs in Austin and Houston. CORD connects families, pediatricians, schools, early childhood education centers, local youth organizations, and the community to support children's healthy eating and active living. If successful,

CORD will become a national model for medical and community practice. The model incorporates policy, systems, and environmental support approaches for nutrition and physical activity. The purpose of the CORD project is to prevent and reduce overweight/obesity in underserved, ethnically-diverse children, ages 2-12 years.

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

This DSHS initiative was implemented to educate and inspire communities into action. The CWW Program developed a communications initiative called “Growing Community” which highlights successful community-based improvement strategies across the state through short, documentary-style video clips. The videos were initially distributed to the 2009 Statewide Obesity Summit attendees, where recipients were charged to be “catalysts for change” by hosting video screenings. The video series is available online and in DVD format. In FY 2013 and FY 2014, the online videos have been accessed 4,471 times and 40 requested DVDs have been sent to partners.

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

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

### **Texas Nutrition Environment Assessment in Stores (TxNEA-S) Tool**

The Texas Nutrition Environment Assessment in Stores (TxNEA-S) tool assesses the availability, price, and quality of healthy foods in the retail food setting which includes grocery and corner stores. This tool has been used by Texas communities to conduct nutrition environment assessments.

### **Texas Nutrition Environment Assessment in Restaurants (TxNEA-R) Tool**

The Texas Nutrition Environment Assessment in Restaurants (TxNEA-R) tool is being developed to assess the availability of healthy and less healthy foods and beverages, as well as barriers and facilitators to healthy eating in the prepared foods setting. It is a Texas adaptation of the Nutrition Environment Measures Survey in Restaurants (NEMS-R) tool. TxNEA-R was tested for reliability and is currently being tested for validity.

## **TRANSFORMING TEXAS**

Transforming Texas (TT) is a \$10 million per year federally funded initiative with a project period of September 30, 2011 to September 29, 2014. The initiative supports communities, workplaces, schools and health care providers as they work together to reduce chronic disease, lower the cost of care, and promote a lifetime of health for every Texan through the power of prevention. This grant focuses on funding communities with populations of less than 500,000, and focuses on rural, border, and frontier communities. Its purpose is to create healthier communities by:

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



Transforming Texas seeks to:

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

Transforming Texas initiated 18 community contracts on February 15, 2012, which awarded a total of \$6.5 million among 30 counties. Seventeen community contracts were renewed in September 2013, awarding at total of \$6.15 million among 28 counties. The program also initiated contracts for health disparities training, clinical systems training and media/communications initiatives. Community funding has been awarded in counties with less than 500,000 residents, with an emphasis on rural counties. Within funded communities, Transforming Texas has implemented broad-evidence and practice-based policy, environmental, programmatic, and infrastructure change interventions in three Strategic Directions:

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

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

All community contractors are working to increase smoke-free environments through administrative policies in community and worksite settings such as local businesses, colleges and universities, restaurants and bars, local government agencies, public property, and multi-unit housing.

See the funded communities' physical activity and healthy eating initiatives below:

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

Two contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities, including community gardens, farmer's markets, small-store initiatives, farm to work/school initiatives, mobile vending carts, and restaurant initiatives.

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

One contractor is implementing activities to increase the number of designated Baby Friendly hospitals, clinics, and health care offices in counties where hospitals are not present.

In addition, two contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities. This includes community gardens, farmer's markets, small-store initiatives, farm to work/school initiatives, mobile vending carts, and restaurant initiatives.

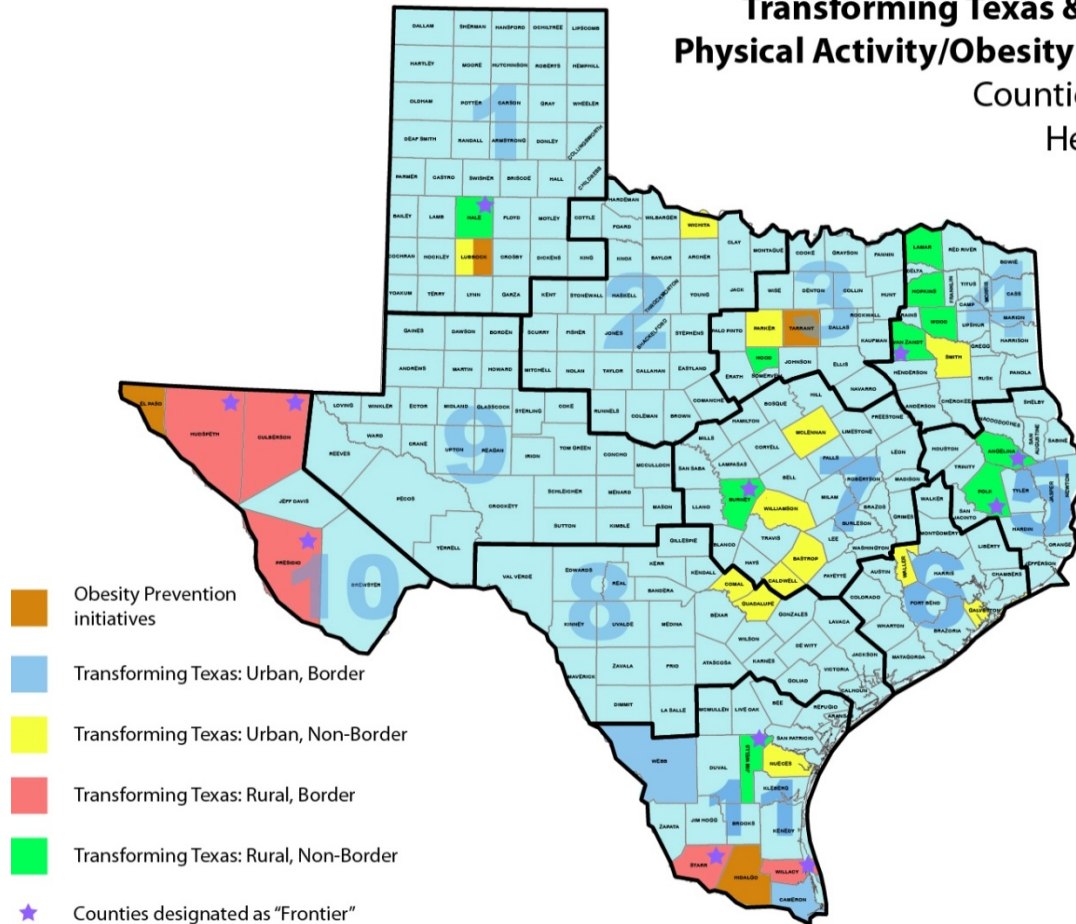
- In Regions 9, 10, and 11 (Willacy, Jim Wells, Presidio, Culberson, Hudspeth, Webb, Starr, Galveston Nueces, and Cameron Counties), TT funded five contractors, to implement activities to increase opportunities for physical activity in communities and workplaces. This includes community-wide campaigns,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

One contractor is implementing activities to increase the number of designated Baby Friendly hospitals, clinics, and health care offices in counties where hospitals are not present.

Three contractors are implementing activities to increase accessibility, availability, affordability, and identification of healthful foods in communities, including community gardens, farmers markets, small-store initiatives, farm to work/school initiatives, mobile vending carts, and restaurant initiatives.

The following map demonstrates a geographic distribution of the Transforming Texas funded communities.

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



### SCHOOL HEALTH PROGRAM

The DSHS School Health Program coordinates with Texas Education Agency (TEA) and Texas Department of Agriculture (TDA) as members of the Texas School Health Advisory Council (TSHAC). The TSHAC develops tools and resources to assist local school health advisory councils and school district personnel in making policy recommendations to local school boards. In addition, the three agencies work closely together each year to ensure consistency in their technical assistance to schools on coordinated school health program issues.

The DSHS School Health Program serves as a resource to local school districts by providing technical assistance, developing resources such as the School Health Advisory Council Guide and the Coordinated School Health Guide and coordinating school health efforts with a variety of partnerships, including Texas Action for Healthy Kids, Texas School Nurse Organization, Texas Care for Children, and many others.

### 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 diabetes. In fact, the longer an infant breastfeeds, the less likely he or she is to be overweight, and exclusive breastfeeding appears to have a stronger protective effect than when breastfeeding is combined with formula-feeding.

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

Increasingly, Texas women are choosing to breastfeed. Greater than 83 percent of Texas mothers, including mothers in the Texas WIC population, initiate breastfeeding, exceeding the target for 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 2020 targets and we continue to see disparately low rates of breastfeeding among low-income and minority women. State and national data indicate that women face significant barriers to breastfeeding, with greater than half of women who initiate breastfeeding reporting that they did not breastfeed for as long as they wanted.

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

- A “Breast Milk, Every Ounce Counts” media campaign advertising the benefits to breastfeeding for moms and babies and the Texas right to breastfeed in public law;

- A [breastmilkcounts.com](http://breastmilkcounts.com) and [lechematernacuenta.com](http://lechematernacuenta.com) website for WIC participants;
- Breastfeeding education for pregnant women in WIC;
- Support for new moms who experience breastfeeding problems or need assistance after they return to work;
- High-quality breast pumps for women in WIC who are separated from their infants and need to establish their milk supply or maintain their milk supply;
- Four lactation support and training centers where WIC moms receive personal breastfeeding assistance, healthcare professionals receive advanced lactation training, and hotlines that provide statewide assistance and referral;
- Peer-training for WIC mothers who have successfully breastfed their infants and are willing to offer encouragement and support to other WIC moms;
- Numerous breastfeeding courses designed to train medical, hospital and WIC staff; and
- The Texas Ten Step Program that provides technical assistance and recognition to hospital and birthing facilities that are addressing 85 percent of the WHO/UNICEF Ten Steps to Successful Breastfeeding;
- The Texas Ten Step Star Achiever Breastfeeding Learning Collaborative, to accelerate integration of the Ten Steps and readiness for Baby-Friendly designation, and to support continuity of care from the hospital to the community

Texas WIC had numerous accomplishments in FY 2013 and FY 2014. Over 900,000 women, infants and children received nutrition and health education. More than 24,000 WIC employees in 57 of the 76 local WIC agencies participated in the WWW activities. Four hospital collaborative learning sessions and more than 200 DSHS health professional trainings were held, providing continuing education to more than 7,000 health professionals. Approximately 361 peer counselors were employed and 115,150 breastfeeding education bags were delivered to WIC clinics to distribute to pregnant participants. WIC ran a Breastmilk: Every Ounce Counts campaign from June through August 2014 which consisted of TV, radio, outdoor and interactive ads touting the benefits of breastfeeding and directing listeners to visit [www.breastmilkcounts.com](http://www.breastmilkcounts.com). Prior to the start of the campaign, [breastmilkcounts.com](http://breastmilkcounts.com) was receiving approximately 22,000 visits per month. The website received 21,819 visits during the first week of the campaign with a total of 78,862 users in July 2014 and 69,817 users in August 1-24, 2014.

Texas WIC oversees the Texas Ten Step program and Texas Ten Step Star Achiever Initiative, which are described in the Maternity Services section of this report below.

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

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

Thirty-seven WIC agencies were funded through the Obesity Prevention Mini Grants (OPMG) project in FY 2013. The activities varied and ranged from group classes, cooking demonstrations, community gardens, and health carnivals to walking clubs. In FY 2013 and FY 2014, Texas WIC continued its outreach efforts to enroll eligible women, infants and children and will continue providing high quality nutrition education and obesity-prevention education.

WIC Wellness Works will continue to recruit more WIC staff into the program, and its materials will continue to be adapted for use with WIC participants. Through the OPMG project, approximately \$650,000 will be disseminated to 40 agencies to conduct obesity prevention activities for both participants and staff.

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

## **WORKSITE WELLNESS**

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

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

The priority objectives of the model wellness program are:

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

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

The following initiatives have been implemented at the statewide level for all state employees and within DSHS in FY 2013 and FY 2014 to support the priority objectives and strategies of the Building Healthy Texans Model Wellness Program.

## STATEWIDE WELLNESS INITIATIVES

- **Health Risk Assessment and Physical Exam Leave Incentive.** Since 2008, the Health and Human Services Enterprise wellness policy has enabled employees to earn an additional eight hours of leave per year by completing a health risk assessment (HRA) and seeing their physician for a physical exam. Between September 2012 and August 2013, more than 6,100 state employees completed the HRA, and from September 2013 to August 2014, the number was 5,990. Survey data indicate staff awareness of the benefit may be a barrier to greater utilization, which will be a focal point for wellness staff in FY 2015.
- **Farm To Work.** This initiative provides state employees with access to healthy, farm-fresh produce at their worksite. Employees order a basket of produce online by Monday and it is delivered to their worksite on Wednesday of the same week. Each basket costs the employee \$20 and contains 12-17 pounds of vegetables and fruit grown by local Texas farmers. Between September 1, 2012 and August 31, 2014, the program reached 5,881 unique customers and sold a total of 21,686 baskets.
- **Get Fit Texas.** In 2013 and 2014, DSHS and Department of Aging and Disability Services (DADS) staff collaborated to offer the Get Fit Texas physical activity challenge to state employees. In 2013, almost 21,000 state employees participated, while 2014 saw more than 16,000 state staff join the challenge. Get Fit is driven by a strong collaborative effort between DSHS and DADS, featuring an interactive website that enables staff (and teams) to enter and track minutes of physical activity. The challenge culminates in an awards lunch recognizing state agencies with the highest levels of staff participation, led by DSHS Commissioner Dr. David Lakey.

## MATERNITY SERVICES

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

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

The Baby-Friendly Hospital Initiative, administered in the United States by a national non-profit organization, Baby-Friendly USA, recognizes hospitals that have fully implemented an evidence-based bundle of maternity practices known as the Ten Steps to Successful Breastfeeding (the Ten Steps). The Ten Steps, originally developed by UNICEF and the World Health Organization, are internationally recognized best practices in infant nutrition and care that are demonstrated to improve short- and long-term infant feeding outcomes as well as other aspects of infant health. Currently, only about 40 percent of

Texas infants are exclusively breastfed during their neonatal hospital stay. However, infants who are born in hospitals implement the Ten Steps are more likely to be exclusively breastfed and to breastfeed for longer. DSHS offers the following initiatives to support implementation of the Ten Steps in Texas:

- The Right from the Start campaign aims to increase awareness among key decision-makers in Texas birthing facilities about their role in improving breastfeeding outcomes. Materials illustrate the impact that hospital policies and practices have on breastfeeding outcomes, and include an informational booklet including state and national data related to hospital practices, information on the Texas Ten Step and Baby-Friendly USA programs, a self-assessment guide, resource list, and a hospital-specific one-page report. The campaign, released in November 2011, encourages hospitals to assess their current practices and consider opportunities for improvement. A second stage of the campaign is currently in development.
- The Texas Ten Step (TTS) Program recognizes hospitals that have adopted policies that address 85 percent of the Ten Steps to Successful Breastfeeding, and encourages facilities to pursue Baby-Friendly Hospital designation. The program itself is free and allows for total support throughout the application process. Technical assistance provided includes free on-site training with contracting entities, policy writing assistance, and identification and assistance with areas of needed improvement. Hospitals and birthing facilities that fully adopt the “Ten Steps to Successful Breastfeeding” are well-poised to achieve the Baby-Friendly designation, the gold standard for maternity care. However, any hospital is eligible to apply for Baby-Friendly and does not have to complete TTS first. There are currently 107 facilities with Texas Ten Step designation. There are currently seven facilities in the state that have been designated through Baby-Friendly USA. At least 26 facilities have officially started the Baby-Friendly designation process. The TTS facilities recertify annually, and DSHS provides on-going guidance on areas for improvement to integrate the Ten Steps.
- The TTS Star Achiever Breastfeeding Learning Collaborative with National Institute for Children’s Health Quality (NICHQ) launched in December 2012 and will run through June 2017. It assists Texas birthing facilities to more fully integrate the Ten Steps. The initiative includes the Texas Breastfeeding Learning Collaborative, which provides technical assistance, training, collaborative opportunities, and tools to assist participating facilities to implement rapid-cycle quality improvement processes to assure delivery of recommended care for lactating mothers and infants. Supporting activities include communication with local community partners to encourage systems development for continuity of care throughout the prenatal to postpartum continuum. The aim of the collaborative is to increase the average aggregate performance for exclusive breastfeeding throughout the hospital stay to more than or equal to 65 percent by June 2017 among participating facilities. Data from the first cohort of hospital teams demonstrate increased adherence across each of the Ten Steps as well as increased rates of any- and exclusive breastfeeding and decreased rates of formula supplementation. Participating facilities are encouraged to seek the Baby-Friendly designation through Baby-Friendly USA. More information about the TTS Star Achiever Initiative is available from the TTS Star Achiever web page (<http://texastenstep.org/starachiever-texastenstep/index.html>) and from the National



[Initiative for Children's Healthcare Quality \(NICHQ\) Texas Breastfeeding Learning Collaborative web page \(http://breastfeeding.nichq.org\).](http://breastfeeding.nichq.org)

- Breastfeeding Trainings are designed to prepare health-care providers to appropriately and adequately support breastfeeding women and their infants. Continuing education credits are provided. The material is presented at a level to fill the gaps in professional education. Available two-day courses include Principles of Lactation Management and Lactation Counseling and Problem Solving. One-day courses may be scheduled on request. A Peer Counselor Trainer Workshop is available to prepare participants to initiate a breastfeeding peer counselor program in their community. A one-hour breastfeeding module for healthcare professionals is available on the Texas Health Steps Online Provider Education portal. An eighteen-hour online training is currently under development by DSHS Nutrition, Physical Activity, and Obesity Prevention Program.

## **BREASTFEEDING IN WORKSITES AND CHILDCARE**

Lack of support for breastfeeding in the workplace remains a barrier for breastfeeding initiation, duration, and exclusivity. The Texas WIC Infant Feeding Practices Survey (2011) found that mothers who returned to work after the birth of their children reported that returning to work or school was the leading reason for introducing formula, discontinuing breastfeeding, or not initiating breastfeeding. Further, survey findings indicate that working mothers are significantly less likely to meet their personal breastfeeding goals than mothers of infants who do not work outside of the home. Many women lose their milk supply or are unable to express and store breast milk for later feedings when they face barriers at the workplace. Worksite lactation support policies and programs have been shown to significantly improve breastfeeding outcomes and result in a three-dollar return for every one-dollar invested for employers. Healthy People 2020 set a national objective to increase the proportion of employers that have worksite lactation support programs. DSHS provides technical assistance, tools, resources, and recognition to encourage and support employers to establish and maintain high-quality lactation support programs for their employees who are separated from their infants during the workday. Training resources prepare providers to support breastfeeding in the child care setting to further support successful breastfeeding among working mothers. DSHS offers the following activities to promote breastfeeding support for mothers who wish to continue to breastfeed after returning to work:

- The Texas Mother-Friendly Worksite Program is a worksite recognition program that DSHS developed to fulfill requirements of Texas Health and Safety Code 165. The statute 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 storing mother's breast milk. This initiative includes a social marketing campaign to disseminate breastfeeding support strategies to a broad variety of employment sectors. The initiative has contributed to a 630 percent increase in the number of designated Mother-Friendly Worksites—from 233 worksites in February 2010 to over 1,700 in August 2014. Three municipalities, including Cities of San Antonio, Austin, and Edinburg, have received the designation. More information about the program is available at <http://texasmotherfriendly.org/>.

The program was recently recognized as a Practice-Tested Intervention by the Center for Training and Research Translation. More information is available at <http://www.centertrt.org/?p=intervention&id=1182>.

- A child-care training curriculum, *How to Support a Breastfeeding Mother: A Guide for the Childcare Center*, is available at <http://www.dshs.state.tx.us/wichd/bf/childcare.shtm>. The curriculum is featured as an implementation resource for the national *Let's Move!* Child Care Goal for Infant Feeding: <http://www.healthykidshealthyfuture.org/content/hkhf/home/nutrition/infantfeeding.html>.
- *Supporting Breastfeeding in the Child Care Setting* is an online continuing education module for child care professionals hosted by Agrilife Extension's distance learning portal. The course is available in both English and Spanish from: [http://extensiononline.tamu.edu/courses/child\\_care.php](http://extensiononline.tamu.edu/courses/child_care.php).

## BREASTFEEDING IN COMMUNITIES

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

- The Statewide Lactation Support Lines are a "hotline" referral system for Texans in need of breastfeeding information and support. Lactation specialists provide answers for breastfeeding questions to health care professionals and to consumers. They also provide contact information for lactation specialists located near the Texas caller. More information is available at <http://www.dshs.state.tx.us/wichd/bf/hotline.shtm>.
- The Expanded Primary Health Care Program provides primary, preventive and screening services to women age 18 and above whose incomes are at or below 200 percent of the federal poverty level. The program also supports the integration of International Board Certified Lactation Consultants in primary health care settings. More information is available at <http://www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx>.
- WIC Lactation Resource and Training Centers in three Texas cities provide lactation support services to WIC families and provides information and training to WIC staff and health professionals. More information may be accessed at <http://dshs.state.tx.us/wichd/data11/11013-acc.pdf>
- The Baby Café is a model for community-based drop-in breastfeeding centers for pregnant women and breastfeeding moms, dads, and families. Breastfeeding peer counselors, as well as International Board Certified Lactation Consultant(s), are available on site to answer questions and assist with breastfeeding concerns. Cafés provide a comfortable atmosphere and mother-to-mother support in addition to professional lactation services and referrals. The idea is predicated on evidence that children who are breastfed as babies have significantly lower risk of becoming obese later in life. Currently, there are 11 Baby Cafés in Texas, including Baby Cafés established with past funding from the DSHS Nutrition, Physical Activity and Obesity Program and through the Texas WIC program.
- Texas WIC Breastmilk. Every Ounce Counts campaign is a statewide awareness campaign to encourage moms to breastfeed. The campaign 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). These materials prepare new moms on what to expect, help current breastfeeding moms continue breastfeeding, give working moms tips on how to continue breastfeeding once they've gone back to the workplace, and provide other resources.

- The Support from Day One website is a new component of the Breastmilk. Every Ounce Counts Campaign targeting public health professionals and others involved in breastfeeding promotion and support activities. The website provides information and resources to assist interested organizations and individuals with their activities to strengthen breastfeeding support in their local communities.

## **DSHS INFANT FEEDING WORKGROUP**

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

## **TEXAS HEALTHY COMMUNITIES**

The Cardiovascular and Stroke Program oversees the Texas Healthy Communities (TXHC) Program, which recognizes Texas communities with policies and environments that promote health to reduce risk factors for chronic diseases. Participating communities are assessed on eight health indicators that impact chronic disease, including: physical activity, healthy foods, healthy schools, healthy worksites, breastfeeding, tobacco control and prevention, cardiac and stroke care, and health care quality improvement.

The assessment allows for a better understanding of a community's capacity to become healthier, motivating stakeholders to develop and implement a strategic plan for system and environmental changes to support healthy behaviors.

Since 2004, 34 cities have participated in the Program:

- Ten cities have earned Gold Level recognition: Abilene, Austin, Beaumont, Corpus Christi, El Paso, Houston, Laredo, Marshall, Nacogdoches, and Tyler.
- Thirteen cities have earned Silver Level recognition: Cedar Park, Amarillo, Brownsville, Bryan, Denton, Fort Worth, Georgetown, Longview, Lubbock, Lufkin, Temple, Waco, and Wichita Falls.
- Seven cities have earned Bronze Level recognition: Katy, Rusk County, Harlingen, McAllen, Odessa, San Antonio and Texarkana.
- Dallas, Galveston, Huntsville, Midland, and Victoria have been recognized with Honorable Mention.

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

Texas Health Steps provides regular medical and dental checkups and case management services to babies, children, teens, and young adults enrolled in Medicaid at no cost. DSHS also provides online provider education modules and continuing education credits to healthcare providers, including doctors, social workers, nurses and others. Texas-licensed physicians and subject matter experts from DSHS and HHSC partnered with Texas Health Steps staff to lend their expertise on over 50 modules. These modules are available for free and are accredited by nine separate accrediting bodies at [www.txhealthsteps.com](http://www.txhealthsteps.com).

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

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

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

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

Additional modules that address obesity-related issues are: Identifying and Treating Children with Diabetes; Identifying and Treating Young People with High Risk Behaviors; and Behavioral Health: Screening and Intervention.

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

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

A representative sample of school children in grades 4, 8, and 11 were assessed as part of the third SPAN survey in Texas. Schools were selected with a probability-based sample that was represented at grade

level, health service region, and Texas-Mexico border/non-border region. The most recent iteration included a matched 4<sup>th</sup> grade parent survey to assess parental perceptions, attitudes and knowledge of factors associated with childhood obesity.

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

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

## **COORDINATED SCHOOL HEALTH**

Studies have shown that healthy students are better learners. Addressing childhood obesity is a key step in creating healthier, more successful students in Texas. The [Texas Education Code \(TEC\), §38.013](#), requires the TEA to make available to each school district one or more coordinated health programs designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes in elementary, middle, and junior high schools. House Bill (HB) 2483, 83<sup>rd</sup> Texas Legislature, Regular Session 2013, amended TEC §38.013 by adding oral diseases to the list of diseases to be addressed by coordinated health programs and to add oral health education to the health education component of coordinated school health programs.

The [TEC §38.014](#) requires that all school districts implement coordinated school health programs in elementary, middle, and junior high schools. They do so following the Centers for Disease Control and Prevention (CDC) Coordinated School Health Model. The TEA assists school district implementation of effective coordinated school health programs by providing technical assistance and facilitating the review and approval of the required programs. The four components of the programs--health education, physical education and physical activity, nutrition services, and parental involvement support the reduction of obesity in Texas youth.

A review of coordinated school health programs was conducted in October 2013 and August 2014. Programs approved by the review committee are approved for the 2014-2015, 2015-2016, 2016-2017 academic years. For more information about programs that are approved please visit the [Approved Coordinated School Health Programs](#) web page.

## **SCHOOL HEALTH ADVISORY COUNCILS**

The [TEC, §28.004](#), requires the board of trustees of each school district to establish a local school health advisory council (SHAC) to assist the school district in ensuring that local community values are reflected

in the district's health education instruction. A SHAC is a group of individuals, primarily parents of students in the school district, appointed by school district officials to represent the community. The members of the SHAC provide advice on coordinated school health programming and its impact on student health and learning. SHACs provide an efficient, effective structure for creating and implementing age-appropriate, sequential health education programs and early intervention and prevention strategies that can be supported by local families and community stakeholders. The benefits of SHACs include:

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

To further strengthen the development of SHACs at the local level, the TEA facilitates quarterly videoconferences and webinars focusing on improving the health and educational outcomes of young people throughout Texas. These videoconferences and webinars provide school staff, parents, community members, and school health organizations with helpful resources, tools, data, ideas, and strategies.

Legislation passed by the 83<sup>rd</sup> Texas Legislature, impacted SHACs in the 2014-2015 biennium. House Bill (HB) 1018 amended TEC §28.004 by requiring each local SHAC to establish a physical activity and fitness planning subcommittee. The subcommittee is charged with considering issues related to student physical activity and fitness and making policy recommendations to increase physical activity and improve fitness among students. HB 1018 also requires each local SHAC to include in its annual written report to the local board of trustees any recommendations made by the physical activity and fitness planning subcommittee.

## **PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

Physical activity programs can improve the health of children and help motivate them to make healthy decisions throughout life. [TEC §28.002\(1\)](#) requires students enrolled in full-day prekindergarten or kindergarten to grade 5 to participate in moderate or vigorous daily physical activity for at least 30 minutes throughout the school year as part of the district's physical education curriculum or through structured activity during a campus's daily recess. If a school district determines, for any particular grade level below grade six, that requiring moderate or vigorous daily physical activity is impractical due to scheduling concerns or other factors, the district may as an alternative require a student in that grade level to participate in moderate or vigorous physical activity for at least 135 minutes during each school week. The law further requires students enrolled in grades six to eight to participate in at least 30 minutes of moderate or vigorous daily physical activity for at least four semesters during those grade levels as part of the district's physical education curriculum., As an alternative, a school district may require a student enrolled in a grade level for which the district uses block scheduling to participate in moderate or vigorous physical activity for at least 225 minutes during each period of two school weeks.

It is essential that children in Texas receive quality programming in each required grade level. The [Texas Essential Knowledge and Skills \(TEKS\) for physical education](#) strengthen the quality of physical activity provided in physical education. The TEKS provide the standards for what students must know and be able to do by the end of each grade level and course in order to exhibit a physically-active lifestyle and understand the relationship between physical activity and health.

Additional information related to [obesity prevention](#) and health programs is available on the TEA website.

## PHYSICAL FITNESS ASSESSMENT INITIATIVE

The Texas Education Code ([TEC](#)), [§38.101](#), requires all students, in grades three or higher who are enrolled in a course that satisfies the curriculum requirements for physical education to be assessed once a year using a fitness assessment instrument identified by the commissioner of education. A request for offer (RFO) process was conducted in 2007, and FITNESSGRAM<sup>®</sup>, created by The Cooper Institute of Dallas, was selected as the state fitness assessment instrument.

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 includes a variety of health-related physical fitness tests that assess aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition. Scores from these assessments are compared to Healthy Fitness Zone standards to determine a student's overall physical fitness and to suggest areas for improvement when appropriate.

In 2007-2008, private funds were used to pay for all software and training to support schools in implementing the fitness assessment. Regional education service centers (ESCs) and TEA staff provided training on the program to districts throughout the state. Additional training on software installation and use, data collection, and data reporting has been provided through webinars, professional conferences, and the Texas Education Telecommunications Network (TETN).

In 2013, the 83<sup>rd</sup> Texas Legislature appropriated \$5,000,000 for the 2014-2015 biennium for the physical fitness assessment and related analysis. The TEA entered into agreements with Human Kinetics and The Cooper Institute to provide a statewide license to FITNESSGRAM 10 at no cost to schools and to conduct an analysis of physical fitness assessment data to assess the relationship among physical fitness and student academic achievement, attendance, obesity, disciplinary problems, and school meal programs. In addition, the funds provided professional development opportunities for physical educators as well as education materials for those campuses that participated in training.

[TEC §38.103](#) requires schools to report their results to TEA. Approximately 650 districts currently use FITNESSGRAM 10, which automatically reports the required data for schools. The remainder of districts continue to report their data using the Physical Fitness Assessment Initiative (PFAI) application developed by TEA. PFAI users submit their data through the TEA's Secure Environment known as TEASE.

Aggregated physical fitness assessment information can be accessed by district, campus, grade-level, and gender for the entire state for the last six consecutive school years (2007-2008 to 2012-2013). To view this data, please visit the [Fitness Data](#) web page. The fitness assessment data for the 2013-2014 academic year are expected to be available in early 2015.

Each year, the Texas Comptroller of Public Accounts requests FITNESSGRAM data to map the results of the assessment. These maps are posted to the [Reshaping Texas](#) website. Additionally, the TEA reports the FITNESSGRAM results to the Texas School Health Advisory Committee for use by the committee in assessing the effectiveness of coordinated health programs provided by school districts and to develop recommendations for modifications to coordinated health program requirements or related curriculum. 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 33 percent of third-grade girls and 29 percent of third-grade boys reached the "Healthy Fitness Zone." By seventh grade, 21 percent of girls and 17 percent of boys still met this achievement level. By 12<sup>th</sup> grade, 8 percent of the girls and 9 percent of the boys met the health standards in all six tests. Data remained somewhat consistent in years two and three of the assessment's

implementation although significant improvements have been seen in the number of students tested and the number of school districts and campuses collecting and reporting data. In the 2009-2010 school year, 2.9 million students were tested and 92 percent of school districts submitted data. The FITNESSGRAM data has been analyzed to identify relationships between healthy fitness zones and student academic indicators and has revealed a link among cardiovascular fitness, student achievement, and attendance. Results of this analysis can be found at [Our Kids Health website](#).

During the 2011-2012 school year, the TEA collected data from 1,064 districts and charter schools, encompassing 2,296,200 students in grades 3-12. The 2012-2013 school year collection of data included 1,080 districts and charter schools on 2,253,652 students in grades 3-12.

The TEA has contracted with The Cooper Institute for an analysis of the physical fitness assessment data for 2012-2013 and 2013-2014. The study is expected to identify any relationships between student fitness and academic achievement, school attendance, obesity, disciplinary problems, and school meal programs (TEC §38.104).

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

## **SCHOOL HEALTH SURVEY**

To enhance implementation of school health requirements and improve the quality of fitness data, the TEA developed an annual survey to collect additional data from school districts on student health and physical activity programs ([TEC §38.0141](#)). Results from the survey help identify district needs and guide technical support and training related to effective implementation of coordinated school health programs and SHACs. The results also help other organizations and agencies throughout the state in efforts to improve policies and practices that affect health behavior in their districts and communities.

## **CAMPUS IMPROVEMENT PLANS**

Under TEC [§11.253\(d\)\(10\)](#), campus improvement plans (CIPs) must establish goals and objectives for the coordinated school health program on each elementary, middle, and junior high school campus. The goals and objectives must be based on the following:

- student fitness data,
- student academic performance,
- attendance rates,
- the percentage of students who are educationally disadvantaged,
- the success of any methods used to ensure that students participate in moderate to vigorous physical activity, and
- any other indicators recommended by the local school health advisory council (SHAC).

During the 2012-2013 and 2013-2014 school years, district school health personnel received information about the statutory requirements through the ESCs via TETN.



## Conclusions and Recommendations

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

- Continue the collaboration between the three agencies and other state agencies on obesity prevention efforts, including communication between program staff, management, and commissioners.
- Continue to emphasize 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 creation 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 existing state-level systems to support obesity prevention interventions in various settings at the community level through cross-systems collaboration.
- Strengthen nutrition education in kindergarten through grade 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 the availability of fresh produce for disadvantaged and low-income populations.
- Develop mechanisms or strategies to use the results of FITNESSGRAM and NUTRIGRAM data.
- Track obesity for all age groups, including preschool age children.
- 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.