

# Report to the Legislature from the Interagency Obesity Council

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As Required by Texas Health and Safety Code,  
Chapter 114

Texas Department of Agriculture

**1/15/2019**

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## **Executive Summary**

The following is an update of the 2017 Report to the Legislature from the Interagency Obesity Council, as mandated by [Texas Health and Safety Code, Section 114.007](#).

The report provides information on the programs and initiatives conducted by the Texas Department of Agriculture (TDA), the Texas Education Agency (TEA), and the Texas Health and Human Services Commission (HHSC) to prevent, reduce and/or treat obesity. The report also contains recommendations for continuing obesity prevention efforts, as required by Texas Health and Safety Code, Section 114.007. Member agencies agree on the following key recommendations.

Continue the collaboration among 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. unhealthy diet, sedentary lifestyle, smoking, lack of routine health screening, stress, substance abuse, etc.).

Encourage and support the creation of locally developed interventions to address obesity at the community level and to improve opportunities for physical activity and healthful eating across entire communities.

Identify effective referral mechanisms and communication models for connecting people who are obese or at risk for obesity with programs and services in community organizations that address underlying health issues in lieu of treating them in clinical settings.

## **Introduction**

The commissioners of TDA, HHSC, and TEA remain committed to reversing rising rates of obesity while continuing to ensure obesity prevention is a priority for each agency. The Interagency Obesity Council (IOC) was codified in [Health and Safety Code, Chapter 114](#), during the 80th Legislative Session in 2009 to address nutrition and obesity prevention among children and adults. The IOC charge was then updated in Senate Bill 870, 81st Regular Legislative Session, 2011. The IOC is required to meet at least once a year to do the following:

Discuss the status of each agency's programs that promote better health and nutrition and prevent obesity among children and adults in this state.

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 and its member agencies during the preceding two calendar years.

## **Background**

Obesity is a critical health problem in Texas. According to the Centers for Disease Control and Prevention's (CDC) 2016 Behavioral Risk Factor Surveillance System, 68.5 percent of Texas adults had overweight or obesity.<sup>1</sup> The problem of overweight and obesity is not limited to the adult population. The CDC's 2017 Youth Risk Behavior Survey found that approximately 36.6 percent of Texas adolescents in grades 9 through 12 were overweight or obese.<sup>2</sup> This chart from the 2015-2016 School Physical Activity and Nutrition (SPAN) Survey reveals the prevalence of obesity and severe obesity in Texas students in grades 2, 4, 8 and 11.

**Chart 1**

<b>Grade</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>11</b>
<b>Obesity Percentage</b>	22.3%	26.7%	24.2%	20.2%
<b>Severe Obesity Percentage</b>	8.2%	8.8%	9.0%	6.7%
<b>Total</b>	30.5%	35.5%	33.2%	26.9%

Adults and children with obesity have a much higher risk of developing high cholesterol, hypertension, heart disease, type 2 diabetes, pulmonary disease, arthritis, and many other chronic conditions that reduce quality of life and cause premature disability and death. Although many variables can affect weight status, research shows that 50 to 80 percent of

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<sup>1</sup> Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence/>

<sup>2</sup> Youth Risk Behavior Survey, Centers for Disease Control and Prevention, Texas 2017 Results. <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX>

overweight children remain overweight as adults. If children are overweight before the age of eight, obesity in adulthood is likely to be more severe.<sup>3, 4, 5</sup>

Trust for America's Health estimates that 57 percent of Texans will have obesity by the year 2030.<sup>6</sup> According to the 2011 Texas Comptroller's Report, obesity-related costs for Texas businesses are \$11.1 billion per year. If obesity rates continue rising as expected, obesity could cost employers \$32.1 billion annually by 2030.<sup>7</sup>

The obesity prevention initiatives in this report will continue through funding from both state and federal sources. The Texas Department of State Health Services (DSHS) Health Promotion and Chronic Disease Prevention Section was awarded funds through CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Grant from 2013 to 2018. TDA received funds to start the Nutrition Education Grant Program to increase and expand the nutrition education provided in schools. Since 2012, TDA has awarded more than \$2 million in Nutrition Education Grant Program funds to 453 public/and or private school campuses that participate in the National School Lunch Program in Texas.

The following sections describe programmatic activities that address obesity within the three member agencies. Additionally, conclusions and recommendations for continued activities are provided, as required by Texas Health and Safety Code, Chapter 114.

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<sup>3</sup> Mossberg, H.O.: 40-year follow-up of overweight children. *Lancet*, 2, 491-493 (1989).

<sup>4</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>5</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>6</sup> Trust for America's Health, *F as in Fat: How Obesity Threatens America's Future*, 2012

<sup>7</sup> Susan Combs, State Comptroller of Public Accounts, *The Hefty Price Tag of Obesity in Texas*, 2014

## **Texas Department of Agriculture**

The mission of TDA is to partner with all Texans to make Texas the nation's leader in agriculture, fortify our economy, empower rural communities, promote healthy lifestyles, and cultivate winning strategies for rural, suburban and urban Texas through exceptional service and the common threads of agriculture in our daily lives. Within TDA, several program areas contribute to the agency's efforts to promote healthy lifestyles. The Rural Health Division of TDA works with local health care providers, county leaders and state partners to support access to quality health care for rural Texans. Rural health providers are supported through a variety of programs including information and referral, assistance with medical license applications, grants and educational awards that are available to individual clinicians, health care institutions and other organizations. The TDA Food and Nutrition Division works to achieve the agency's mission by connecting partner organizations with federal funding to serve nutritious meals to Texans in need and provide nutritional education to a significant portion of the state's residents. Since taking office in January 2015, Agriculture Commissioner, Sid Miller, has worked to enhance the agency's mission and strengthen the nutrition programs administered by the state while promoting local engagement and decision making. For example, Commissioner Miller established the Farm Fresh initiative to connect Texans to agricultural products available from local farmers and ranchers to enhance the connection between healthy food grown in Texas and students. TDA assists schools through the administration of multiple federal nutrition programs as well as through unique state and federal grant programs, focused training, community and student engagement initiatives all centered around the 3 E's of healthy living: education, exercise and eating right. The goal is to increase community collaborations and promote healthy lifestyles while boosting the Texas economy.

### **FEDERAL NUTRITION PROGRAMS**

TDA administers 12 federally funded U.S. Department of Agriculture (USDA) nutrition programs in Texas. Each of TDA Food and Nutrition's partner organizations is a contracting entity (CE) that receives federal reimbursement through TDA to offset the administrative and operating costs of preparing and serving meals to eligible participants at one or more feeding sites. In its administration of federal meal programs, TDA ensures contracting entities are compliant with federal and state regulations.

A complete report of program impact is available as Appendix B.

TDA has administered the USDA child nutrition programs for Texas since 2003 when the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) were transferred to the agency from the Texas Education Agency (TEA). TDA also assumed the administration of the other USDA school nutrition programs, Special Milk Program (SMP) and the Fresh Fruit and Vegetable Program (FFVP).

In 2007, TDA became the administering agency for additional special nutrition programs when the Texas Legislature transferred the programs to TDA from HHSC. These programs

include the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), Commodity Supplemental Food Program (CSFP), the Emergency Food Assistance Program (TEFAP), the Food Distribution Program for Child Nutrition (FDP) and Food Assistance for Disaster Relief. In 2012, administration of the Senior Farmers Market Nutrition Program (SFMNP) and the Farmers Market Nutrition Program (FMNP) also were transferred to TDA from HHSC.

In addition to administering the funds and monitoring compliance, TDA Food and Nutrition ensures all CE staff members have the training and technical assistance needed to prepare healthy meals, meet all regulations and assist in improving the health and well-being of Texans. TDA Food and Nutrition also has a contractual agreement with regional education service centers (ESCs) in Texas that facilitates additional training and assistance at the local level.

The following list provides an overview of each of the USDA Child Nutrition programs TDA oversees in Texas.

**NSLP:** Nutritious, low-cost or no-cost lunches are served to students in public school districts, charter schools and nonprofit private schools in Texas through NSLP. Lunches must meet federal nutrition guidelines and are reimbursable to schools based on the number of meals served. For program year 2017, 1,255 contracting entities, including 9,195 schools, provided more than 894 million meals to Texas students.

**SBP:** Nutritious, low-cost or no-cost breakfasts are served to students in public school districts, charter schools and nonprofit private schools in Texas through SBP. This program operates in a similar manner to NSLP. Texas state law requires that all schools districts must participate in SBP or operate a locally funded breakfast program if at least 10 percent of the school's students are eligible to receive free or reduced-price meals and must provide all students breakfast at no charge through participation in SBP or operation of a locally funded breakfast program if 80% or more of the school's students are eligible for free or reduced-price meals or seek a waiver opting out of the requirement. Participation in the School Breakfast Program increased by 15% from 2016 to 2017 impacting a total of 1,227 contracting entities, including 9,158 schools providing more than 319 million breakfasts.

### Summer Feeding Programs

**SFSP:** Nutritious, no-cost meals for children 18 years old and younger are made available through SFSP during the summer months. School districts, charter schools, nonprofit private schools and other sponsors, such as nonprofit summer camps, governmental entities and other nonprofit organizations such as churches may serve meals at summer feeding program sites. School districts are currently required to operate a Summer Meals Program if 50% or more of their students are eligible for free or reduced-priced meals. If they choose not to serve the meals they must seek a waiver from TDA.

**SSO:** Public and/or Private Schools are able to serve summer meals and continue the same meal service rules and claiming procedures used during the regular school year using SSO. Although the traditional SFSP is still available to schools, the SSO offers a streamlined approach to feeding hungry children.

**FFVP:** Through this federally assisted, invitation-only program, Public and or Private Schools can provide free, fresh fruits and vegetables to students in participating elementary schools during the school day. FFVP helps schools create healthier environments by providing healthier food choices, expanding the variety of fruits and vegetables children experience, and increasing children's fruit and vegetable consumption.

**SMP:** This program provides reimbursable milk to preschool and school-aged children who do not participate in a federal child nutrition meal program.

**CACFP:** Reimbursable meals and snacks are made available to participants at day care centers, day care homes and adult day care centers through CACFP. Program participation continues to increase for providers and participants. During program year 2017, 1,304 contracting entities provided more than 219 million meals and snacks.

**At-Risk Afterschool Meals in CACFP:** The federally funded CACFP At-Risk Afterschool Program provides reimbursements to public or private nonprofit organizations, or eligible for-profit organizations operating an afterschool program. Approved CEs are reimbursed for meals served during the school year after the school day ends or during a weekend, holiday, or school break other than summer. To be reimbursed, the snack and/or supper must be served in combination with an educational or enrichment activity. There are no age limits for children with disabilities. In program year 2017, 228 contracting entities operated the program and served more than 36 million meals to students.

**CSFP:** Through CSFP, USDA Foods are provided to low-income Texans 60 years old and older in nutritionally balanced packages of various foods for home consumption. Local nonprofit food banks and their partner organizations distribute the food packages and provide nutrition education to about 60,000 eligible participants. Participants must be income-eligible and reside within a CSFP contractor's service area.

USDA has replaced regular canned vegetables with low-sodium canned vegetables, and is offering more whole grains and low-fat choices. 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.

**TEFAP:** TDA partners with Texas food banks through TEFAP to distribute healthy USDA products to qualifying low-income Texans across the state at food pantries. Eligibility is based on income and residential location. The food is initially ordered, received and stored by CEs that are food banks and is then distributed to the local agencies. Similar to CSFP, USDA has replaced regular canned vegetables with low-sodium canned vegetables, and is offering more whole grains and low-fat choices.

**USDA Foods:** Public and private nonprofit schools, public and private nonprofit residential child care institutions and nonprofit organizations can access USDA Foods directly from USDA by partnering with TDA to order agricultural commodities. TDA contracts with commercial distributors to receive, store and distribute USDA Foods. CEs may choose to use commercial food processors to convert USDA Foods into more usable end products. This and other USDA Food programs support the US agriculture market.

**Emergency Food Distribution:** During a disaster, USDA Foods may also be used to provide food in response to those with an identified need. During Hurricane Harvey, USDA Foods worth an estimated value of over \$450,000 were distributed to individuals in the disaster area.

**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 farmers markets to purchase fresh fruits and vegetables, increasing their access to healthier, locally grown foods.

**FMNP:** The program provides fresh, unprepared, locally grown fruits and vegetables to participants in the Women, Infants, and Children (WIC) program, and expands awareness of, and sales activity 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.

## **POLICY IMPLEMENTATION**

It is TDA's responsibility to ensure CEs are in compliance with federal mandates and program requirements. The most significant policy change for federal child nutrition programs in recent years is the Healthy Hunger-Free Kids Act of 2010 (HHFKA). The legislation set new meal patterns for NSLP, SBP and CACFP and are based on the Dietary Guidelines for Americans, recommendations from the National Academy of Medicine, the American Academy of Pediatrics, and public comments. TDA has supported CEs in NSLP, SBP and CACFP as they have worked to meet the nutrition standards outlined in HHFKA. The standards were required for NSLP and SBP beginning in School Year 2012-2013 and CACFP in Program Year 2017.

### **CACFP UPDATE ON HHFKA**

As of October 1, 2017, day care centers for infants, children and adults as well as day care homes that participate in CACFP are required to follow the federally mandated CACFP meal patterns in HHFKA. Key changes in the nutrition, meals and snacks for CACFP participants include the following:

- Increasing the amount of whole-grain rich foods
- Requiring a greater variety of fruits and vegetables
- Reducing the amount of added sugars and solid fats in foods
- Supporting breastfeeding mothers

- Supporting the increased consumption of vegetables and fruits

TDA offers training and technical assistance to child and adult care contracting entities to assist with the new federal requirements.

## GRANTS

TDA administers numerous state and federal grants, loans and cooperative agreements available to farmers, ranchers, schools, rural health care facilities, nonprofits and private entities across the Lone Star State. The following grant programs directly promote better health and nutrition programs and assist to reduce obesity among Texans.

**Texans Feeding Texans — Home-Delivered Meals Grant Program:** The Texans Feeding Texans Home-Delivered Meal Grant Program was created by the 80th Texas Legislative Session (Texas Administrative Code (TAC) §12.042, HB 407). It established a statewide grant program to help supplement and extend the applicants' current home-delivered healthy meal program for seniors and/or disabled Texans. Governmental and nonprofit agencies are eligible for this grant program.

**Texans Feeding Texans— Agricultural Surplus Grant Program:** The Agricultural Surplus Grant Program was established to provide surplus agricultural products to food banks and other charitable organizations that serve needy or low-income individuals. TDA awards grant funding to help offset the costs of harvesting, gathering and transporting Texas products to Texas food banks.

**3E's Grant Programs:** The 3E's Grant Program was established to promote better health and nutrition programs and prevent obesity among children in Texas. The objective of the program is to increase awareness of the importance of good nutrition, especially for children, and to encourage children's health and well-being through the 3E's of Healthy Living — Education, Exercise and Eating right.

**Urban Schools Agricultural Grant Program:** The Urban Schools Agricultural Grant Program is an agriculture-related program for urban elementary and middle school students enrolled in public school 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 the importance of water conservation and nutrition.

**Surplus Agriculture Serving Students Program:** The purpose of the program is to provide surplus agricultural products to low income students and their families and offer corresponding educational activities.<sup>8</sup>

**Rural Communities Healthcare Investment Program (RCHIP):** This program is designed to attract and retain healthcare professionals in rural communities by providing

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<sup>8</sup> Surplus Agriculture Serving Students transferred to Texas A&M AgriLife Extension in Fiscal Year 2018.

incentives such as stipends or loan repayment assistance to non-physician healthcare professionals who agree to practice in rural medically underserved areas.

**Rural Health Facility Capital Improvement Program (CIP):** This program provides grants or loans to hospitals in rural counties to make capital improvements to existing health facilities, construct new health facilities, or purchase capital equipment. Hospitals eligible to apply for these funds are public and nonprofit facilities.

**Small Rural Hospital Improvement Program (SHIP):** This program provides funding to small rural hospitals to help implement prospective payment systems or implement delivery system changes.

## **SPECIAL PROJECTS**

TDA currently has the following special projects underway for school-aged children. These projects are designed to complement the child nutrition programs and increase the quality of meals served in nutrition programs.

**Healthier US School Challenge (HUSSC):** TDA actively promoted the USDA voluntary school initiative that encouraged commitment to re-shaping school environments to promote healthy nutrition, physical education and activity. HUSSC criteria reflected NSLP meal pattern requirements, while encouraging schools to offer a variety of vegetables, fruits and whole grain-rich grains. Schools that have achieved the Healthier US School Challenge Award demonstrated strong efforts to produce an environment in which the healthy choice is the easy choice. TDA has provided multiple state-wide training sessions and offered technical assistance with the application process. For detailed information on the initiative visit: [www.teamnutrition.usda.gov/](http://www.teamnutrition.usda.gov/).<sup>9</sup>

**Healthier CACFP Recognition Award (HCACFPRA):** Since 2015, TDA has supported child care centers with this unique opportunity as they work to incorporate best practices in providing nutrient rich foods, age-appropriate physical activity, nutrition education and a supportive child care environment. Contracting entities must apply and be awarded an Establishing the 3E's (Establish3E) grant to participate in HCACFPRA. TDA provides training and technical assistance on completing an application for the Establish3E grant.

**Turnip the Beet Award:** In 2016, USDA launched a recognition award program for SFSP and SSO program sponsors. TDA supports recognition of sponsors that provide high quality meals and demonstrate best practices for increased program participation. Nominations for Turnip the Beet award recognition include sponsors' ability to describe how meals served are age appropriate and meet the needs of the community served. In 2018, six contracting entities in Texas received Turnip the Beet Awards.

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<sup>9</sup> Healthier US School Challenge Program will end December of 2018.

**Farm Fresh Initiative:** Commissioner Miller created the Farm Fresh initiative to connect Texans all across the Lone Star State to agriculture and local farmers and ranchers. The goal is to increase community collaborations, promote healthy lifestyles and improve the Texas economy. In addition to serving local products to meal participation, Farm Fresh includes activities, such as, site gardens, farm field trips, taste tastes and cooking lessons. Key initiative activities include marketing Farm Fresh opportunities to producers, schools, childcare centers, and summer sites, connecting farmers to interested sites, providing technical assistance, providing customized trainings, promoting grant opportunities, and assisting with coordination of special events.

**Menu Enhancement and Nutrition (MENU) Module System:** In 2017 TDA began providing the MENU Module menu planning and nutrient analysis software system at no-cost to all CEs that operate NSLP/SBP in Texas. MENU Module provides schools with tools to better plan and analyze menus for nutrient content, ensure compliance with federal meal pattern requirements, conduct cost analysis on menus, and promote menus to parents and students through a mobile application. TDA has provided multiple regional training sessions and offered technical assistance and support for the ongoing growth of MENU Module implementation by CEs in Texas.

**Meal Appeal Initiative:** In response to the NSLP meal pattern changes that took effect in School Year 2012-2013, TDA developed resources to assist CEs in their efforts to provide skillfully cooked and visually appealing meals in Child Nutrition Programs. As part of the initiative, TDA implemented Meal Appeal University (MAU) beginning in School Year 2015-2016, to provide hands on trainings across the state to NSLP operators. The overall goal of the initiative is to provide tools, resources, and training, as well as build strong partnerships that enhance the appeal and quality of meals served, thereby increasing consumption, reducing waste, and ensuring healthy, balanced nutritional intake.

## **PILOT PROGRAMS**

TDA partners with state agencies, CEs and nonprofit organizations to implement innovative pilot programs designed to explore new efficiencies for the administration of nutrition programs and connect children in need to healthy meals.

**Medicaid Direct Certification Demonstration Project:** Through direct certification, school districts that participate in the National School Lunch Program match the names of children living in households that receive Supplemental Nutrition Assistance (SNAP) or Temporary Assistance for Needy Families (TANF) assistance with school enrollment records. This match is then used to certify students for free school meals without the need for families to complete a school meals application. In 2017, TDA was selected to participate in a USDA demonstration project to identify children participating in Medicaid and directly certify them for free and reduced price meals at school. As a result of this project, more than 550,000 children were certified for free and reduced price meals in school year 2018-2019.

**WIC Summer Meals Pilot:** TDA, HHSC, Texas WIC and contracting entities have collaboratively implemented a pilot Summer Meals Program in WIC Clinics as a component of SFSP. Initial implementation occurred in 2015 with 20 sites and participation grew to 62 sites in 2018. In 2018, over 41,000 meals were served to eligible students across Texas at WIC clinics.

**Summer Electronic Benefits Transfer for Children (SEBTC):** In Texas, TDA administers a pilot program in partnership with USDA, HHSC and Texas WIC to connect Texas students in need with healthy food during the summer months when school is not in session. In 2018, Elgin Independent School District (ISD) and Georgetown ISD participated in the pilot. The SEBTC pilot provides families with cards that are loaded with a stipend once monthly during the summer months. Participating families may use the card at certified WIC retailer locations including convenience stores, grocery stores and discount stores to purchase healthy food.

## **TRAINING**

TDA provides a range of training for CEs participating in its child nutrition programs. Training is designed to ensure compliance with all federal, state and local regulations, and to enhance the nutritional quality of foods served

TDA currently oversees more than 100 training classes for agency staff and CEs in CACFP, NSLP, SBP and SFSP. Training is primarily provided by TDA trainers or through contracted training services at 20 regional Education Service Centers (ESCs). This training is provided to TDA staff, CEs, and other partner organizations using instructor-led classes, webinars, online training and more.

TDA also holds annual program conferences for SFSP and CACFP operators, child nutrition directors and, school business officials. The conferences cover all aspects of program compliance and customer service for experienced operators as well as those new to programs. Trainings also facilitate networking, improved communications and best practices between peers, ESCs, TDA and USDA.

### **2016-2018 Conferences\***

Summer Food Service Program Conference  
Child and Adult Care Food Program Conference  
Business of Nutrition and Numbers

## **HEALTH INITIATIVES FOR CHILDREN**

In recent years TDA has launched several new initiatives that provide resources schools can use to increase meal program participation and enhance their efforts to engage students in learning about healthy lifestyles.

**Jump with Jill:** TDA created the *Texas Farm Fresh Jump with Jill Live Tour* that has brought nationally known *Jump with Jill* live-action nutrition education assemblies to schools across Texas since 2015. The assemblies increase children's understanding of healthy eating and physical activity and promote Texas agriculture.

**Taste Testing:** TDA provides resources that encourage schools to offer taste testing of fresh foods and related education to students across Texas.

**Farm Fresh Challenge:** Every October TDA encourages Texas schools to serve more local products in the cafeteria through the Farm Fresh Challenge. Schools participating in the Farm Fresh Challenge reach more than 2.8 million students. TDA expanded the challenge to include participation by SFSP and CACFP CEs in 2018. Challenge participants are provided resources such as recipes, activities and tools to connect with agricultural producers to help them participate in the challenge and promote it to students. Schools that complete the challenge also earn TDA recognition for their efforts.

**You Art What You Eat Statewide Student Art Contest:** TDA's art contest engages K-12 students in learning about good nutrition by encouraging them to illustrate healthy school meals for celebrations of National School Lunch Week and School Breakfast Week. The winning entries inspire professional designs for posters, social media ads, flyers and other resources that schools across Texas use for celebrating National School Lunch Week and School Breakfast Week.

**National School Lunch Week:** In partnership with TDA, every school day, Texas schools serve approximately 3 million healthy meals through NSLP. During National School Lunch Week, school nutrition professionals across the Lone Star State use TDA resources to remind students that eating nutritious meals in the school cafeteria fuels academic success. TDA resources help schools promote their National School Lunch Week events. TDA also provides schools with menus featuring recipes using Texas agricultural products. Various other resources such as suggested posters and other displays along with morning announcements also are provided to support school efforts.

**School Breakfast Week:** School Breakfast Week makes eating breakfast at school a special occasion for Texas students. Every school day, approximately 1.7 million young Texans enjoy breakfast through SBP. TDA resources help schools promote their School Breakfast Week events. TDA also provides schools with School Breakfast Week menus featuring recipes using Texas agricultural products. Various other resources such as suggested posters and other displays along with morning announcements are provided to school nutrition teams to energize students' appreciation for the nutritious and appealing breakfasts served in Texas schools.

## **STATEWIDE COMMUNICATION**

TDA strives to provide consistent communications to keep all Texans informed about the availability of food and nutrition programs, and the eligibility requirements for participation. These messages include reminders that the nutrition and education available

through these programs are intended to help people achieve individual success and self-sufficiency.

Since 2016, outreach efforts focused on the following:

- Collaborating with leaders and stakeholders statewide to promote participation in child nutrition programs.
- Providing informational resources for distribution to child nutrition staff to assist them in increasing program awareness.
- Partnering with schools to provide information and resources needed to increase students' acceptance of balanced, nutritious meals and their engagement in learning about healthy lifestyles.
- Partnering with childcare facilities to raise awareness among participants about healthy lifestyles and the benefits of new meal patterns from USDA.
- Providing CACFP videos and materials to child care providers working to improve nutrition and increase physical activity in early childhood.
- Increase awareness of the role Texas agriculture plays in good health using exhibits, public service announcements, social media and more.
- Promoting the availability of summer meals through digital and static platforms of CEs, state agencies, and partnering organizations promote awareness of meal access during the summer months.

## **EXHIBITS AND CONFERENCES**

TDA Food and Nutrition sponsors exhibits and booths at a range of conferences to provide program information to communities, CEs, partners, children and parents. Exhibits provide TDA the opportunity to distribute program information, provide nutrition education and answer questions about policy changes in nutrition programs. TDA Food and Nutrition has provided speakers, exhibits or training sessions for the following organizations:

- Texas Academy of Nutrition and Dietetics
- Family and Consumer Science Teachers Association of Texas
- Texas Licensed Child Care
- Professional Home Child Care Association
- School Nutrition Association
- Texas Association for School Nutrition
- Texas Association of School Boards
- Texas Association of School Business Officials
- Texas Association of School Administrators
- Parent Teacher Association
- Texas Association of Health, PE, Recreation and Dance
- Farm to Cafeteria Conference
- Vocational Agriculture Teachers Association of Texas
- Texas Organic Farmers and Gardener's Association
- Texas Municipal League
- Texas Association for the Education of Young Children

- State Fair of Texas

## COMMUNITY ENGAGEMENT

TDA Food and Nutrition has developed structured relationships with stakeholders in communities across Texas through targeted initiatives. These collaborations enable TDA Food and Nutrition to provide resources for increasing stakeholder involvement in nutrition programs and gather valuable feedback regarding the effectiveness of programs and learn about other healthy community efforts.

**The Farm Fresh Network:** Launched 2015, this online database enables CEs to find local agricultural producers that are interested in direct-to-consumer sales to schools, child care centers, and summer feeding programs. Network members are invited to join at no cost and receive technical assistance, access to regional and state level networking events, and regular updates from TDA.

**Healthy Community Network (HCN):** TDA Food and Nutrition developed HCN to unite local elected officials who are committed to advancing health initiatives in communities across the Lone Star State. These leaders have joined together to reduce hunger, prevent obesity, and promote wellness by ensuring all Texans can embrace the 3E's of Healthy Living – Education, Exercise and Eating Right. HCN members are encouraged to join the network at no-cost and complete challenges that support healthy eating in their schools and community. The goal of the challenges is to promote healthy living programs and initiatives as a strategy to create community awareness and increase participation on the local level.

**The Local Wellness Policy Committee:** Partners from state agencies, private nonprofit organizations and local education agencies (LEA are invited to join the TDA Local Wellness Policy Committee). The committee partners review and develop resources to support LEAs in the creation and implementation of impactful and sustainable local wellness policies. Schools that participate in federal child nutrition programs are required to have a wellness policy. The committee provides LEAs with local wellness policy development resources, strategies to implement school based activities, and best practices from schools that have successful wellness programs and initiatives.

## TDA WELLNESS PROMOTION AND OUTREACH

TDA strives to improve the health, well-being, and productivity of its employees by working to build a workplace environment that promotes and maintains individual fitness through voluntary participation in program activities including the following:

- Employee challenges, such as the Annual Get Fit Texas Physical Activity Challenge
- Organized wellness activities such as yoga and Weight Watchers offered at nearby agencies
- Discounts for fitness centers
- Farm to Work Program

## LEGISLATIVELY ESTABLISHED COMMITTEES

TDA Food and Nutrition participates in several initiatives established by the Texas Legislature to reduce the prevalence of obesity in Texas and improve the overall health of Texans. This section outlines the status of the reports required by the Legislature.

**Farm-to-School Task Force Report:** SB 1027 (81st Legislative Session) authorized an interagency farm-to-school coordination task force. TDA took the lead in facilitating this committee. The Task Force 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 the following:

- Marketing the farm-to-school program to producers and schools
- Connecting farmers and schools seeking 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:** SB 395 (81<sup>st</sup> Legislative Session) authorized TDA to establish the Early Childhood Health and Nutrition Interagency Council to improve the health of Texas infants and children under the age of six. The Council was tasked with reviewing current research and making recommendations for improving the health of Texas children under the age of six. The council centralizes the efforts of Texas state agencies to combat childhood obesity and address malnutrition and undernourishment by involving children, parents, families, caretakers and communities.

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 toward the following:  
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 child care 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 Texas Department of Family and Protective Services Child Care Licensing Minimum Standards.

The Council is required to submit a written report to the Texas Legislature and the governor on or before November 1 of each even-numbered year beginning in 2012. The report(s) provide recommendations for removing barriers to improving nutrition and physical activity standards in early childhood care settings to lower the incidence of childhood obesity and food insecurity.

**Plan to Increase Outcomes in Summer Food Service Program:** HB 749 (83<sup>rd</sup> Legislative Session) required TDA to establish a five-year plan in collaboration with Baylor University's Texas Hunger Initiative and implement no-cost provisions to increase participation in SFSP. The plan was submitted to the Legislature in November 2014 and is scheduled to be completed on December 31, 2018.

## **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](#) (SBOE) 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 Standards and Student Support Division. This 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.

Additionally, [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 (CSH) approach. The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the CSH approach developed by the CDC. TEA assists LEAs with implementation of effective CSH programs by providing technical assistance and facilitating the review and approval of the required programs. The four components of the programs—health education, including oral health education; physical education and physical activity; nutrition services; and parental involvement—support the reduction of obesity in Texas youth.

A review of CSH 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, and 2017-2018 academic years. The next program review will be conducted after the state curriculum standards, known as the Texas Essential Knowledge and Skills (TEKS), for health and physical education have been revised. The health and physical education TEKS are scheduled to undergo the SBOE's process for review and revision during the 2018-2019 school year. For more information about approved programs, 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 public 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 guidance 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, TEA, in coordination with the Texas Department of State Health Services School Health Program, Texas Department of Agriculture, and the Texas Action for Healthy Kids provides technical assistance and resources focusing on improving the health and educational outcomes of young people throughout Texas public school districts. This collaboration provides school staff, parents, community members, and school health organizations with helpful tools, data, ideas, and strategies.

The TEC §28.004, requires each local SHAC, in addition to other responsibilities, 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. Each local SHAC is also required 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. The [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 6 to 8 to participate in at least 30 minutes of moderate or vigorous daily physical activity for at least 4 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 2 school weeks.

It is essential that children in Texas receive quality programming in each required grade level. The [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.

## **HEALTH EDUCATION**

In preparation for the review and revision of the health education TEKS, the SBOE in September 2017 requested that the commissioner of education prepare a study of current health education research and state standards. The report will be used as a guide for the SBOE to begin revisions to the health TEKS. In 2018 TEA convened a group of experts related to health education to make recommendations to the commissioner for a framework for the strands in the kindergarten–grade 12 health education TEKS, distinctions regarding grade levels and/or grade bands at which health concepts are most appropriately taught, a summary of all statutory requirements related to health education, and suggestions regarding the most appropriate way to integrate those statutory requirements into the framework.

## **PHYSICAL FITNESS ASSESSMENT INITIATIVE**

The [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. In 2007 TEA conducted a request for offer (RFO) process and selected FitnessGram®, created by The Cooper Institute of Dallas, as the state fitness assessment instrument.

FitnessGram® uses criterion-referenced standards called the Healthy Fitness Zones (HFZ), 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 six measures: aerobic capacity, muscular strength (upper body and abdominal), muscular endurance, flexibility, and body composition. Scores from these assessments are compared to HFZ 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 2015, the 84<sup>th</sup> Texas Legislature appropriated \$2,000,000 for the 2016-2017 biennium for the physical fitness assessment and related analysis. TEA entered into agreements with The Cooper Institute and its vendor, Human Kinetics, to provide a statewide license for FitnessGram<sup>®</sup> software at no cost to Texas public schools. The software provides a web-based data collection system and mobile applications that allow teachers to upload physical fitness assessment data directly to FitnessGram<sup>®</sup> servers. In 2017, the 85<sup>th</sup> Texas Legislature appropriated an additional \$2,000,000 for the physical fitness assessment and analysis for the 2018-2019 biennium. The TEA renewed the agreements with The Cooper Institute and its new vendor, BSN Sports, to provide site licenses for the FitnessGram<sup>®</sup> software for the 2017-2018 and 2018-2019 school years. TEA continues to maintain the Physical Fitness Assessment Initiative (PFAI) application for districts and charters that do not register for the FitnessGram<sup>®</sup> site license.

The [TEC §38.103](#), requires schools to report their physical fitness assessment results to TEA. Aggregated physical fitness assessment information can be accessed by district, grade level, and gender for the entire state for the 2007-2008, 2008-2009, and 2009-2010 school years. Beginning with the 2010-2011 school year, the physical fitness assessment information is also aggregated at the campus level. This data is currently available through the 2015-2016 school year. To view, please visit the [Fitness Data](#) web page.

Each year, TEA reports the FitnessGram<sup>®</sup> results to the Texas School Health Advisory Committee (TSHAC) 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. During the 2014-2015 and 2015-2016 school years, approximately 90 percent of Texas schools consistently submitted FitnessGram<sup>®</sup> scores. The number of students tested on the aerobic capacity measure was substantially lower than the other five FitnessGram<sup>®</sup> measures in both years. The majority of both male and female students met the HFZ threshold for the trunk extensor strength (85 to 88 percent), abdominal strength (79 to 81 percent), upper body strength (73 to 75 percent), and flexibility (73 to 79 percent) measures. However, a lower proportion of male students were in the HFZ for aerobic capacity (64.4 percent in 2014–2015 and 61.9 percent in 2015–2016). This represents a 2.5 percentage point drop between the two school years. Similarly, 55.9 percent of female students were in the HFZ for aerobic capacity in 2014–2015 and 53.3 percent met the threshold in 2015–2016 (i.e., a 2.6 percentage point drop between years). The percentage of male and female students in the HFZ for body composition, measured most commonly by body mass index (BMI), ranged from 59 to 64 percent for male and female students.

Approximately two-thirds of all tested male students in 2014–2015 (66.3 percent) and 2015–2016 (66.2 percent) achieved HFZ status in at least four of the six categories; however, a larger proportion of male students achieved HFZ status on all six FitnessGram<sup>®</sup> metrics in 2015–2016 (18.2 percent) than did in 2014–2015 (11.8 percent). Less than two

percent of male students across the state failed to meet HFZ thresholds for all six measures. Comparable results were observed for female students.

When results were disaggregated by school level (i.e., elementary, middle, and high school), the following patterns related to the percentage of students in the HFZ emerged for some of the FitnessGram® measures. In both 2014–2015 and 2015–2016, a substantially lower percentage of male and female high school students were in the HFZ for aerobic capacity than their younger middle school and elementary school peers. For male students, there is little variation in the proportion of students in the HFZ for body composition between 2014–2015 and 2015–2016. However, for female students in 2014-2015 the percentage of students in the body composition HFZ fluctuated from 62 percent in elementary school, to 52.8 percent in middle school, to 69.7 percent in high school. The 2015–2016 results for female students again showed a higher proportion of high school students in the body composition HFZ than elementary and middle school female students.

During the 2016-2017 school year, TEA collected physical fitness assessment data from 993 school districts and charter schools for 2,265,736 students in grades 3-12. Both the number of participating districts and charter schools and the number of students assessed slightly decreased from the previous year when 2,760,146 students were assessed in 1,204 districts and charter schools. TEA is conducting an analysis of the physical fitness assessment data for 2016-2017 and 2017-2018 to identify any relationships between student fitness and academic achievement, school attendance, obesity, disciplinary problems, and school meal programs (TEC §38.104). The results of that analysis will be published on the TEA [Fitness Data](#) web page.

With continued focus at the local level on the implementation of evidence-based physical activity and nutrition programs, schools should aim 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 school districts and communities.

Senate Bill (SB) 1873, 85<sup>th</sup> Texas Legislature, amended TEC §38.0141, by requiring TEA to complete a report on physical education provided by each school district and publish the

report on the agency's website no later than one year after the agency receives the information. Data collections from the Texas Student Data System (YSDS) Public Education Information Management System (PEIMS), including new collections added to obtain information required by SB 1873, will be available for the 2017-2018 school year in spring 2019. The report is required to include the following:

- The number of physical education (P.E.) classes offered at each campus in the district and detail the number of days, classes, and minutes offered each week by each campus
- The ratio of students enrolled in P.E. classes in the district compared to the overall enrollment
- The average P.E. class size at each campus in the district
- The number of P.E. teachers in the district who are licensed, certified, or endorsed by an accredited teacher preparation program to teach P.E.
- Whether each campus in the district has the appropriate equipment and adequate facilities for students to engage in the amount and intensity of physical activity required under TEC, §28.002
- Whether the district allows modification or accommodations that allow physical education courses to meet the needs of students with disabilities
- Whether the district has a policy that allows teachers or administrators in the district to withhold physical activity from a student as punishment

## **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:

- 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).

## **Health and Human Services**

In September 2016, the state began the process of transforming how health and human services are delivered. As a result, two Health and Human Services (HHS) agencies are covered in this report: the Department of State Health Services, which focuses on public health functions and programs, and the Health and Human Services Commission, which delivers client benefits and services. Both DSHS and HHSC contribute resources to prevent and reduce obesity.

### **Department of State Health Services**

The mission of the Texas Department of State Health Services (DSHS) is to improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions. Obesity severely affects the health and well-being of Texans and burdens the state's health care resources. Significant resources within DSHS have been dedicated to preventing and reducing obesity and its impact on Texas.

DSHS' obesity prevention efforts are evidence-based and coordinated across agency programs and with external partners at the national, state, and community levels. DSHS' Obesity Prevention Program (OPP) is responsible for coordinating obesity prevention activities with the Maternal and Child Health Section, School Health, and other Health Promotion and Chronic Disease programs that address diabetes, heart disease and stroke, and other related health conditions. DSHS' Obesity Prevention Program also collaborates with Women Infants and Children program (WIC, the Special Supplemental Nutrition Program) on obesity related activities. Priority initiatives over the past two years are described below.

### **CENTERS FOR DISEASE CONTROL AND PREVENTION: STATE PUBLIC HEALTH ACTIONS TO PREVENT AND CONTROL DIABETES, HEART DISEASE, OBESITY AND ASSOCIATED RISK FACTORS AND PROMOTE SCHOOL HEALTH (1305) GRANT**

Four programs discussed in this report (Diabetes Prevention and Control, Heart Disease and Stroke, Obesity Prevention and School Health) received federal funds through a five-year cooperative grant with the Centers for Disease Control and Prevention (CDC). Fiscal Year 2018 was the fifth year of the grant. Through this grant, all 50 states and the District of Columbia received funds to help prevent and reduce risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. The four DSHS programs work together to support obesity and chronic disease prevention initiatives.

The funding award has four short-term goals:

- Improve environments in worksites, schools, early childhood education services, state and local government agencies, and community settings to promote healthy behaviors.

- Expand access to healthy choices for people of all ages related to diabetes, cardiovascular health, physical activity, healthy foods and beverages, and obesity.
- Enhance the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

Long-term goals include healthier people living in healthier communities and improved prevention and control of diabetes, heart disease, obesity, and promotion of health in schools.

## **OBESITY PREVENTION PROGRAM**

The Obesity Prevention Program (OPP) 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:

- strategies to reduce environmental barriers to healthy living, and
- administrative policies that facilitate healthy choices.

OPP houses DSHS subject matter experts on obesity and worksite wellness and coordinates with agency and system partners on addressing obesity prevention. OPP, in its attempt to reduce the burden of disease related to obesity, oversaw the implementation of the following projects.

### **Early Care Obesity Prevention Committee**

The Early Care Obesity Prevention Committee consists of 15 organizations representing various stakeholders with interest in nutrition and physical activity in early care. The committee's objective is to facilitate improvement and implementation of nutrition and physical activity standards and practices in early care settings. DSHS facilitates the committee using a collective impact model. This model tracks independent and collaborative activities of each participating organization and the impact those activities have on common goals or outcomes (improved nutrition and physical activity standards). The committee first convened in August 2017. Early successes of the committee include projects to expand training opportunities for early care professionals and planning a pilot project to facilitate implementation of new foodservice guidelines in childcare centers.

### **Outdoor Learning Environments (OLE!) Texas**

OLE! Texas is a statewide initiative for increasing childhood physical activity and food awareness in children age 0-5 years by improving childcare outdoor environments. Design elements, called best practice indicators, help children be active, learn in nature, and develop motor skills by supporting gross motor activities. OLE! Texas applies the Preventing Obesity by Design (POD) model: an evidence-based outdoor learning environment design strategy for childcare centers. Developed by the Natural Learning

Initiative (NLI) in North Carolina, POD is associated with a 22 percent increase in child physical activity.<sup>10</sup>

DSHS coordinates the OLE! Texas Statewide Leadership Team. This team provides stakeholder input, subject matter expertise, and guidance from the numerous sectors that impact policies, practices, and environments in early education settings. Membership includes designers, landscape architects, licensing and regulatory staff, early education experts, academics, and state agency staff. Members of the Leadership Team are actively involved in the implementation of OLE! Texas and share the goals of the initiative.

Since 2017, DSHS has been contracting with Texas Parks and Wildlife and NLI to train outdoor design professionals and early education professionals. These professionals provide evidence-based design assistance, teacher training, and information strategies for early childcare centers to local teams in Lubbock, Harris County, and Austin to support integration of OLE! Texas design elements in participating centers. The OLE! Texas Statewide Leadership Team recommends continued action to advance local implementation, expand into other regions, and to involve preschools operated by the Texas Education Agency.

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

DSHS partnered with the Texas A&M Health Science Center School of Public Health to develop an online professional continuing educational training for community health workers (CHWs). This training, called the Healthy Communities Food Systems module, seeks to help CHWs better educate consumers on how food purchases, marketing, and selection impact obesity and its prevention. The module highlights changes needed in communities to increase access and availability of fruits and vegetables and to support the local food system.

The module is hosted by the National Community Health Worker Training Center, which is part of the Texas A&M Health Science Center School of Public Health, Center for Community Health Development. Fifty-eight individuals have completed the module and passed the post-test, and 28 CHW certificates have been awarded. More information on the module can be found at [sustainablefoodcenter.org/healthy-community-food-systems-module](https://sustainablefoodcenter.org/healthy-community-food-systems-module).

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

DSHS developed the Texas Nutrition Environment Assessment in Stores (TxNEA-S) tool to assess 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. In fiscal year 2017 and fiscal year 2018, the assessment tool was accessed by 371 unique users. The survey and supporting resources, including the training, are available at [dshs.texas.gov/obesity/TXNEAS](https://dshs.texas.gov/obesity/TXNEAS).

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<sup>10</sup> Cosco, Nilda & Moore, Robin & Smith, William. (2014). Childcare Outdoor Renovation as a Built Environment Health Promotion Strategy: Evaluating the Preventing Obesity by Design Intervention. American Journal of Health Promotion: AJHP. 28. S27-S32. 10.4278/ajhp.130430-QUAN-208.

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

DSHS developed the Texas Nutrition Environment Assessment in Restaurants (TxNEA-R) tool to assess the availability of healthy foods and beverages in prepared foods setting. It is a Texas adaptation of the Nutrition Environment Measures Survey in Restaurants (NEMS-R) tool and incorporates the *Rand Corporation Performance Standards for Restaurants*. The tool and resources, which include online trainings and a manual of procedures, were launched in Fall 2016 and can be found at [dshs.texas.gov/Obesity/TXNEAR/](https://dshs.texas.gov/Obesity/TXNEAR/). In fiscal year 2017 and fiscal year 2018, the assessment tool was accessed by 374 unique users.

In fiscal year 2017, Northeast Texas Public Health District (NET Health) used the results of their TxNEA-R assessment to launch the [Fit Bite Menu Recognition Program](#), which labels healthy menu options to encourage selection. In fiscal year 2018, NET Health expanded the Fit Bite program and translated the menus and materials to Spanish. In April 2018, DSHS convened the first Healthy Dining Programs Meeting so the restaurant recognition programs could share program information and provide mutual support.

### **WORKSITE WELLNESS**

Since June 2008, DSHS has been implementing the requirements of Government Code, [Chapter 664](#), to address worksite wellness policies and programs in state agencies. The DSHS Statewide Wellness Coordinator oversees the dissemination of the Work Well Texas objectives for worksite wellness programs in state agencies.

Obesity prevention is a high priority within the program and continues to be a cornerstone of worksite wellness efforts throughout the state. Through Work Well Texas, DSHS provides state agency wellness coordinators with resources to implement the latest evidence-based worksite wellness strategies to support obesity prevention. For information about the objectives and strategies of the Work Well Texas program, visit [wellness.state.tx.us](https://wellness.state.tx.us).

The following initiatives have been implemented statewide for all state employees to support Work Well Texas.

#### **Annual Wellness Conferences**

Each year, Work Well Texas invites state agency wellness staff to attend a worksite wellness conference to provide education and resources focused on obesity prevention, key public health principles, and networking. The conferences draw wellness staff and wellness committee members from around the state.

The 2016 conference, titled *Reaching Our Clients*, was held in Austin on May 11, 2016 and featured presentations on United Healthcare's Real Appeal and Lose and Win weight management programs; worksite biometric screenings; on-site diabetes self-management classes; increasing physical activity at work; and working with cafeteria managers. About 80 wellness liaisons attended the 2016 conference.

In 2017, instead of holding a conference exclusive to state agency wellness staff, Work Well Texas promoted the Healthier Texas Summit, which was organized by the non-profit

organization It's Time Texas, on October 25-26, 2017, in Austin. The summit featured presentations on transforming health systems, making schools and worksites healthier, advancing health equity, health communication and technology, and nurturing community health. It was attended by 925 health practitioners and leaders from health care, health promotion, school wellness, worksite wellness, policy, social work, and other disciplines. Eighteen percent (166) of the summit attendees were state agency employees.

### **Stage Agency Food Service Guidelines**

DSHS staff continues to provide Business Enterprises of Texas (BET) Program staff with recommendations for state agency food service guidelines and food service managers with resources to implement the guidelines. The guidelines were integrated into trainings that are provided to food service managers through the BET Program (administered by the Texas Workforce Commission). DSHS responded to 16 requests for technical assistance from state agencies exploring guideline implementation or related policies. The Center for Disease Control and Prevention asked DSHS to present this approach to implementing food service guidelines on two separate national technical assistance calls.

### **Farm to Work**

In the Farm to Work employee wellness program, employees can order and receive a basket of fresh produce delivered from a local farm to their worksite on a weekly or biweekly basis. Since the program was launched at the DSHS main campus in 2007, it has expanded to serve 42 worksites including state agencies, universities, and private companies in Austin, San Antonio, and Houston. Worksites interested in learning more about Farm to Work can request the [Sustainable Food Center's Program Replication](#) resources.

Since the program launched, 21,979 employees have participated in the program and 95,604 baskets have been sold for a total revenue of over \$1.8 million for local farmers. From June 1, 2016 through May 31, 2018, the program gained 5,547 participants, sold 17,642 baskets, and generated over \$325,000 in revenue.

For more information on Farm to Work, visit [dshs.texas.gov/Obesity/F2W/](https://dshs.texas.gov/Obesity/F2W/) and [sustainablefoodcenter.org/programs/farm-direct/farm-to-work](https://sustainablefoodcenter.org/programs/farm-direct/farm-to-work).

### **Get Fit Texas**

From January through March of each year, DSHS leads a physical activity challenge to encourage state employees to engage in at least 150 minutes of physical activity per week. In 2017—2018, DSHS transitioned to a new software platform for hosting the challenge to better meet the needs of the organizing staff. As a result, participation and satisfaction increased both years, from 16,062 employees in 2016 to over 21,000 in 2018.

## **SCHOOL HEALTH PROGRAM**

The DSHS School Health Program coordinates with Texas Education Agency (TEA) and Texas Department of Agriculture (TDA) on several school health initiatives. All three

agencies serve 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. These recommendations are made on a wide variety of topics, including recess, physical activity, and healthy nutritional environments. In addition, the three agencies work closely each year to ensure consistency in their training and to provide technical assistance to schools on coordinated school health program issues.

The DSHS School Health Program serves as a resource to local school districts in the following ways:

- providing training and technical assistance;
- developing resources such as the *School Health Advisory Council Guide* and the *Coordinated School Health Guide*;
- providing updates on school health tools, resources, grants, and research through various list serves as well as the *Friday Beat*, e-newsletter; and
- coordinating school health efforts with a variety of partnerships, including Texas Action for Healthy Kids, Texas Association for Health, Physical Education, Recreation and Dance, Texas School Nurse Organization, Texans Care for Children, and others.

Since 2016, the DSHS School Health Program has served on the Texas Department of Agriculture's Local School Wellness Policy Advisory Committee to support local School Food Authorities implement local wellness policies. Other organizations that support school health, such as Texas Action for Healthy Kids, Texas Association of School Boards, and the Texas Hunger Initiative, contributed to this work.

The DSHS School Health Program also assists the Texas Department of Agriculture by promoting and serving as scorers for the 3 E's Grant program (Education, Exercise and Eating Right).

The School Health Program received funding through the Centers for Disease Control and Prevention's State Public Health Actions to Prevent and Control Diabetes, Heart Disease and Associated Risk Factors and Promote School Health grant, which ended in 2018. Through this grant, the School Health Program created staff development education for school districts on:

- healthy school nutrition environments and support for physical activity;
- recess and quality physical education, which included a webinar series on recess and quality physical education;
- workshops on recess; and
- technical assistance related to wellness policies.

In 2017 and 2018, the School Health Program contracted with the Education Service Center-Region 2 to provide training and technical assistance to nine priority school districts and support a summer Healthy School Environment Conference that addressed both nutrition and physical activity.

More information on the School Health Program can be found at [dshs.texas.gov/schoolhealth/](https://dshs.texas.gov/schoolhealth/).

## **TEXAS HEALTHY COMMUNITIES PROGRAM**

The Texas Healthy Communities (TXHC) Program recognizes communities with policies and environments that promote health and reduce risk factors for chronic diseases. Participating communities complete a self-assessment on nine health indicators that impact chronic disease, including: physical activity, healthy food access, healthy schools, healthy worksites, mother-friendly environments, tobacco control and prevention, cardiac and stroke care, health care quality, and healthy aging. 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 systemic and environmental changes to support healthy behaviors.

Since the program began in Fall 2014, 28 cities have earned gold, silver, or bronze level recognition, or honorable mentions.

## **MATERNAL AND CHILD HEALTH**

The Federal Title V Maternal and Child Health Services Block Grant Program is one of the nation's largest and oldest federal block grant programs. Title V Funds are distributed to states and other jurisdictions to support efforts to improve the health of mothers, children, and children with special needs and their families. In Texas, the Maternal and Child Health Section (MCH) within DSHS applies for and administers the grant. The grant addresses obesity prevention through National and State Performance Measures that include well-woman care, breastfeeding, developmental screening for children, adolescent well visits, and obesity prevention throughout the life course.

MCH administers the following initiatives.

### **Texas Youth Action Network (TYAN)**

Title V funding is provided to select communities to improve the overall health and well-being of Texas adolescents and build communities with supportive and sustainable environments that promote Positive Youth Development (PYD) through increased youth connectedness. The purpose the Texas Youth Action Network (TYAN), formerly known as the Texas Healthy Adolescent Initiative (THAI), is to build a comprehensive local youth system to improve the health and well-being of adolescents. Twelve communities were funded in fiscal year 2018 and chose from two tracks for this initiative – community-based and clinic-based.

Community-based contracts focus on at least one of eight risk factors, which include physical inactivity/nutrition. Of the nine awarded community-based contracts, two (Houston and New Braunfels) focus on physical activity/nutrition.

Three TYAN clinic-based contracts focus on increasing adolescent well visits and measuring body mass index.

Both TYAN tracks aim to promote relationships with caring adults, supportive relationships with parents, peer networks, connections to school, and supportive communities. In fiscal year 2017, 4,602 individuals participated in the program, and 394 had an Adolescent Well Visit.

### **School Physical Activity and Nutrition (SPAN) Survey**

The School Physical Activity and Nutrition (SPAN) survey is a partnership between DSHS and the University of Texas Health Science Center at Houston (UTHealth) School of Public Health's Michael & Susan Dell Center for Healthy Living. The survey identifies factors that may underlie childhood obesity, such as dietary behaviors, nutrition knowledge and attitudes, physical activity, and social and environmental factors, and is used to identify geographic areas of need and populations at elevated risk for overweight and obesity.

The 2015-2016 SPAN survey included a sample of school children in grades 2, 4, 8, and 11. Schools were randomly selected by grade level, health service region, and whether they are located in a Texas-Mexico border region. SPAN data for the state and each of the health services regions can be found in fact sheets on the [project's homepage](#). Plans are also underway for an interactive website that would allow stakeholders to view SPAN data by gender and Health Service Region. SPAN will be conducted for the fifth time during the 2019–2020 academic school year. Since debuting in 2000, SPAN has supported 24 peer-reviewed publications, a childhood obesity training available in English and Spanish, and multiple community tools offering data and resources to health practitioners and community members.

### **Texas Collaborative for Healthy Mothers and Babies – One Key Question Project**

The preconception period is an opportunity for women to be screened for health conditions including obesity and to receive help in managing body weight. The One Key Question (OKQ) program, created by the Oregon Foundation for Reproductive Health, now administered by Power to Decide, promotes pregnancy intention screening by providers to 1) identify patients who intend to become pregnant and 2) identify health conditions, such as obesity, for proper management.

The State's Perinatal Quality Collaborative (PQC), the Texas Collaborative for Healthy Mothers and Babies (TCHMB), works through its subcommittees on quality improvement projects to advance health care quality and patient safety for mothers and babies. DSHS MCH contracts with the University of Texas System to facilitate TCHMB and provide program support. The TCHMB Community Health Subcommittee is implementing a OKQ pilot program, and, along with staff from three health center pilot sites, completed the Power to Decide OKQ training in July 2018.

### **Someday Starts Now and Preconception Peer Educators**

The Someday Starts Now (SSN) is a bilingual public awareness campaign to increase awareness of the modifiable risk factors, such as obesity, among women of child bearing

age that impact infant mortality and preterm birth. SSN provides resources on preconception, inter-conception, and prenatal health. Currently, DSHS MCH is in the process of evaluating the SSN campaign with the goal of improving and relaunching.

The Preconception Peer Educator Program (PPE) is a federal Office of Minority Health (OMH) initiative to reduce infant mortality in the African American community. Young men and women are trained using a peer-educator model to educate other young adults on the importance of preconception health (including nutrition, physical activity and obesity prevention), regular preventive care, having a reproductive life plan, and the impact of community-level drivers on their well-being. DSHS MCH established and maintains program infrastructure to work with Texas' nine Historically Black Colleges and Universities (HBCUs) to participate in the program. The OMH is in the process of evaluating and redesigning the program, curricula and training materials for the PPE initiative. Texas state and local PPE partners have been consulted and have provided information and data to inform this process.

### **DSHS Infant Feeding Workgroup**

Breastfeeding is consistently associated with a reduction in risk of child obesity and therefore a significant protector against child obesity.<sup>11</sup> The DSHS Infant Feeding Workgroup coordinates breastfeeding activities implemented by DSHS MCH, HHSC WIC, and across DSHS. The workgroup is guided by a five-year strategic plan to improve breastfeeding support in health services, the community, and worksites. A revision of the workgroup's strategic plan was completed in 2018. Breastfeeding promotion and support activities are addressed in more detail in the sections below.

### **Supporting Breastfeeding in Worksites and Childcare**

Lack of support for breastfeeding in the workplace is a leading barrier for breastfeeding mothers. The DSHS MCH [Texas Mother-Friendly Worksite Program](#) provides technical assistance, tools, resources, and recognition to encourage and support employers to have high-quality lactation support policies and programs for their employees who are separated from their infants during the workday. Worksites that follow DSHS breastfeeding recommendation are recognized in the Texas Mother-Friendly Worksite directory. The initiative has contributed to continued growth in the number of designated Mother-Friendly Worksites, from approximately 2,250 in September 2016 to over 3,040 in June 2018. More information about the program is available at the program website link above. DSHS MCH has also supported development of training resources for breastfeeding in the childcare setting, including Texas A&M AgriLife Extension Service [online continuing education modules](#) and a [curriculum](#) for use by local WIC agency staff and other outreach partners to educate childcare providers about breastfeeding.

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<sup>11</sup> Yan J, Zhu Y, Huang G, Wang PP. The association between breastfeeding and childhood obesity: a meta-analysis. BMC Public Health 2014, 14:1267.

## **Supporting Breastfeeding in Communities**

DSHS MCH and HHSC WIC administer the following programs focused on improving community knowledge and support of breastfeeding.

Provide funding for [Lactation Support Center Services](#) (LSCS) in four lactation support and resource centers. The centers provide lactation information, support, and resource to Texas families; information and training to health care professionals and WIC staff; and outreach and referral to community based health organizations.

Manage the [Support from Day One](#) website. The website provides public health professionals with information and resources to help them assist other interested organizations and individuals with their activities to strengthen breastfeeding support in their local communities.

In September 2017, DSHS convened four Texas Breastfeeding Community Forums and listening sessions with community stakeholders to discuss strengths, gaps, and challenges for community support of breastfeeding. Stakeholders also identified opportunities to foster community collaboration for breastfeeding support.

## **Supporting Breastfeeding in Health Care Settings**

In supporting breastfeeding in health care settings, DSHS MCH relies on an evidence-based bundle of maternity practices known as the *Ten Steps to Successful Breastfeeding* (the Ten Steps). A dose-response relationship exists between the number of the Ten Steps that women experience and the likelihood they will initiate breastfeeding, exclusively breastfeed, and breastfeed for longer.<sup>12</sup> DSHS MCH and HHSC WIC partner to provide the following programming to support Texas hospitals implementing the Ten Steps.

Manage the Right from the Start campaign to increase awareness among key decision-makers in Texas birthing facilities about their role in improving breastfeeding outcomes. Provided content for three Texas Health Steps online modules that offer provider training on breastfeeding.

Organized four 1-day Texas Hospital Leadership Meetings, *Improving Infant Feeding, Advancing Maternity Care Practice*, which were held in August 2017 with key decision makers and hospital staff from maternity care facilities across Texas to receive information on best practices and recommendations for statewide improvement of maternity care practices.

Administer the Texas Ten Step (TTS) Star Achiever Breastfeeding Learning Collaborative, supported by a contract with National Institute for Children's Health Quality. The learning collaborative was launched in December 2012 and continued through June 2017. Three consecutive cohorts of hospital improvement teams from a total of 74 birthing facilities across the state participated in the collaborative to accelerate their implementation and integration of the Ten Steps into their practice. The number of Baby-Friendly designated hospitals in the state more than tripled between September 2014 and August 2018, increasing from 7 to 26. More than 40 additional facilities have officially started the Baby-Friendly designation process.

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<sup>12</sup> Pérez-Escamilla, R., Martinez, J. L., and Segura-Pérez, S. (2016) Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Maternal & Child Nutrition*, 12: 402–417. doi: 10.1111/mcn.12294.

## **HEALTH AND HUMAN SERVICES COMMISSION**

The HHSC Transformation process conducted in 2016 and 2017 resulted in the Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Texas Health Steps Program transferring from DSHS to HHSC. As of September 2017, these programs are now administered through HHSC, however their activities are included in this report since they operated as part of DSHS during the period covered by the report.

**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 be eligible, applicants must have a household income at or below 185 percent of the federal poverty level, and they must have evidence of nutrition risk (maternal undernutrition, poverty, anemia, etc.). WIC services are provided by local health departments, community health clinics, hospitals and hospital districts, and other non-profit organizations in all Texas counties.

WIC families receive nutrition education through group discussion, online education, and one-on-one counseling that emphasizes healthful eating and physical activity – key behaviors for preventing obesity and related chronic diseases. WIC devotes resources to obesity prevention through:

- breastfeeding promotion and support;
- a physical activity initiative for children that includes popular take-home DVDs to guide preschoolers through a series of fun physical activities;
- obesity prevention education for families; and
- obesity prevention grants for local WIC agencies to cover activities like grocery store tours, community gardens, food demonstrations, walking groups, and other staff programs.

In addition to the activities conducted in partnership with DSHS MCH, the Texas WIC Program has the following activities in place to address breastfeeding barriers. The Texas Lactation Support Hotline is a toll-free line (1-855-550-6667) where lactation specialists provide breastfeeding support to families and health care professionals and referral numbers of local lactation specialists.

The [Texas Ten Step \(TTS\) Program](#) provides assistance and recognition to birth facilities addressing 85 percent of the Ten Steps to Successful Breastfeeding. The program offers technical assistance and free resources to encourage full implementation of the Ten Steps to Successful Breastfeeding. Breastfeeding trainings designed to prepare WIC staff and health care providers to support breastfeeding women and their infants. Currently, seven in-person and ten online courses are available, some with continuing education credits. More information can be found at [dshs.state.tx.us/wichd/lactate/courses.shtm](https://dshs.state.tx.us/wichd/lactate/courses.shtm).

[The Breastmilk. Every Ounce Counts](#) Campaign informs and educates WIC families and their support network about the health benefits of breastfeeding and how to best breastfeed infants.

Group, in-person, and [online](#) breastfeeding education for pregnant women enrolled in WIC, including prenatal breastfeeding education bags with content for dads and grandparents.

Peer and International Board-Certified Lactation Consultant support for new moms who experience breastfeeding problems or need assistance after they return to work. High-quality breast pumps for WIC moms who need to establish or maintain their milk supply due to infant separation and are unable to obtain a pump from their health plan.

Between 2016-2018, over 800,000 women, infants, and children received nutrition and health education. Twenty-eight WIC agencies were funded through WIC Improving the Participant's Experience Grants in fiscal year 2017 and fiscal year 2018 to focus on activities related to obesity prevention and improving the participant's shopping experience. Activities included group classes, cooking demonstrations using WIC foods, community gardens, health carnivals, and walking clubs. Two collaborative hospital learning sessions and 118 health professional trainings were held in person and online, providing continuing education to more than 7,235 health professionals. Approximately 391 peer counselors were employed and 232,500 breastfeeding education bags were delivered to WIC clinics to distribute to pregnant participants. Texas WIC also improved outreach efforts to enroll additional eligible women, infants and children.

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.

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

Texas Health Steps (THSteps) provides regular, no-cost, medical and dental checkups and case management services to infants, children, teens, and young adults enrolled in Medicaid. The THSteps Online Provider Education (OPE) campaign informs and educates Texas health care providers about THSteps and Medicaid services and programs that impact the health of children from birth through age 20. OPE provides free continuing education (CE) credit to providers, including doctors, nurses, and social workers. These courses offer clinical, regulatory, and best practice guidelines for a range of health topics. Texas-licensed physicians and subject matter experts from DSHS and HHSC lend their expertise to the development of these modules. The courses are available by registering at [txhealthsteps.com](http://txhealthsteps.com).

THSteps OPE library includes three CE courses to help primary care providers promote healthy nutrition and physical activity. These courses – *Breastfeeding*, *Management of Overweight and Obesity in Children and Adolescents*, and *Nutrition* – provide current data, clinical guidelines, and culturally effective counseling tips that can be used as part of THSteps preventive medical checkups. Additional courses also provide updated information and guidance to assist providers in promoting healthy nutrition and physical activity for their patients.

Table 1 in Appendix A describes the utilization for the referenced course

## **Conclusions and Recommendations**

The Interagency Obesity 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.

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.

Continue to increase the availability of fresh produce for disadvantaged and low-income populations.

Develop mechanisms or strategies to use the results of FITNESSGRAM 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 local health departments, schools and community-based organizations to enhance the implementation of evidence-based programs to prevent obesity.

Identify effective referral mechanisms and communication models for referring people with or at risk for obesity from clinical settings to programs and services in community organizations that address nutrition, physical activity and weight.

## **Appendix A: Tables and Charts/Graphs**

**Table 1. Utilization of Texas Health Steps Modules Related to Obesity**

Course Name	Utilization 09/01/14 - 05/31/18	Cumulative Utilization through 05/31/18
Management of Overweight and Obesity in Children and Adolescents	3,352	5,938
Nutrition	4,309	10,601
Nutrition – 2013*	4	
Ten Steps to Successful Breastfeeding: Birth Practices that Support Breastfeeding	1,803	1,803
Ten Steps to Successful Breastfeeding: Breastfeeding Overview	2088	2,088
Ten Steps to Successful Breastfeeding: Prenatal and Postnatal Practices	2181	2,181
Breastfeeding	5049	9,339
Identifying and Treating Young People with High-Risk Behaviors	4631	10,346
Identifying and Treating Young People with High-Risk Behaviors – 2015*	1,384	
Behavioral Health: Screening and Intervention	4376	5,907
Behavioral Health: Screening and Intervention – 2013*	101	
*Indicates a previous version of the course was archived during the specified time period.		

**Appendix B: TDA Nutrition Program Statics**

	<b>PY18</b>	<b>PY17</b>	<b>Data Definitions</b>
<b>National School Lunch Program:</b>			
Number of contracting entities:	<b>1,234</b>	<b>1,251</b>	Number of CE's sponsoring sites that are participating in school nutrition programs, that claim >0 lunch meals for program year
Number of schools:	<b>8,287</b>	<b>8,273</b>	Number of sites participating in school nutrition programs that claim >0 lunch meals for program year
Number of meals served:	<b>540,027,430</b>	<b>554,462,485</b>	Number of lunch meals claimed by site participating in school nutrition programs for program year
<b>School Breakfast Program:</b>			
Number of contracting entities:	<b>1,220</b>	<b>1,230</b>	Number of CE's sponsoring sites that are participating in school nutrition programs, that claim >0 breakfast meals for program year
Number of schools:	<b>8,349</b>	<b>8,315</b>	Number of sites participating in school nutrition programs that claim >0 breakfast meals for program year
Number of meals served:	<b>313,054,573</b>	<b>319,880,828</b>	Number of breakfast meals claimed by site participating in school nutrition programs for program year
<b>Summer Nutrition Program:</b>			
<i>SFSP</i>			
Number of contracting entities:	<b>312</b>	<b>356</b>	Number of CE's sponsoring sites that are participating in SFSP, that claim >0 meals for program year
Number of sites:	<b>6,873</b>	<b>8,448</b>	Number of sites participating in SFSP that claim >0 meals for program year
Number of meals served:	<b>9,561,507</b>	<b>12,086,907</b>	Number of breakfast, snack, lunch, and supper meals claimed by sites participating in SFSP for program year
<i>SSO</i>			
Number of contracting entities:	<b>345</b>	<b>331</b>	Number of CE's sponsoring sites that are participating in SSO, that claim >0 meals for program year
Number of	<b>3,432</b>	<b>3,280</b>	Number of sites participating in SSO

schools:			that claim >0 meals for program year
Number of meals served:	<b>5,678,513</b>	<b>6,559,776</b>	Number of breakfast, snack, lunch, and supper meals claimed by sites participating in SSO for program year
<b>Fresh Fruit and Vegetable Program:</b>			
Number of participating schools:	<b>344</b>	<b>338</b>	Number sites approved for FFVP for program year
<b>Special Milk Program:</b>			
Number of participating schools:	<b>3</b>	<b>5</b>	Number of sites participating in SMP that claim >0 milk servings for program year
Total meals served:	<b>59,298</b>	<b>74,563</b>	Number of SMP milk servings claimed by sites participating in SMP for program year
<b>Child and Adult Food Care Program:</b>			
Number of contracting entities:	<b>1,245</b>	<b>1,312</b>	Number of CE's sponsoring sites that are participating in CACFP, that claim >0 meals for program year
Number of meals served:	<b>203,386,135</b>	<b>219,187,735</b>	Number of breakfast, snack, lunch, and supper meals claimed by sites participating in CACFP for program year
<b>At-Risk After School Meals in Schools in the CACFP:</b>			
Number of contracting entities:	<b>215</b>	<b>206</b>	Number of CE's sponsoring sites that participate as an At-Risk CACFP, that claim >0 meals for program year
Number of schools:	<b>3,985</b>	<b>4,061</b>	Number of sites participating as an At-Risk CACFP, that claim >0 meals for program year
Number of meals served:	<b>32,537,340</b>	<b>29,834,016</b>	Number of breakfast, lunch, snack and supper meals claimed by sites participating as an At-Risk CACFP for program year