

Report to the Texas Legislature

Early Childhood Health and Nutrition Interagency Council



Senate Bill 395

This report was ordered by Senate Bill 395 of the 81st Regular Session of the Texas Legislature and represents a collaboration of these State Agencies



Child Care
Licensing



TEXAS
Health and Human
Services

Contents

Early Childhood Health and Nutrition Interagency Council Members..... 3

Executive Summary..... 5

Actions Taken in Furtherance of the Six-Year Plan and Programs and Practices that Address
Nutrition and Physical Activity in Early Childhood Settings in the State.....

 Action A: Increase Breast Milk Consumption and Breastfeeding..... 8

 Action B: Increase Consumption of Fruits and Vegetables 17

 Action C: Raise Nutrition Standards.....25

 Action B and C: Increase Physical Activity for Pre-School Children in Child Care

 Actions Taken in Furtherance of Six-Year Plan26

Decreasing Malnutrition and Undernourishment for Children Under the Age of Six.....30

Sources36

Early Childhood Health and Nutrition Interagency Council Members

Cecilia Berrios, MA, CTCM

Manager, Policy and Support
Early Childhood Intervention
Health and Human Services Commission

Lindsay Hill

Texas Rising Star
Texas Workforce Commission

Tracy Erickson, RD, IBCLC, RLC

Infant Feeding Branch Manager
Texas Department of Health and Human Services Commission

Howard Morrison

Statewide Coordinator, Early Childhood Education
Texas Education Agency

Linda Simmons, MSHP, RD, LD (Presiding Officer)

Nutrition Specialist, Child and Adult Care Food Program
Texas Department of Agriculture

Christina Thi, MPH, RD, LD

Obesity Prevention Coordinator, Obesity Prevention Program
Health Promotion and Chronic Disease Prevention Section
Texas Department of State Health Services

Jeannie Young

Program Specialist V, Minimum Standards
Child Care Licensing Division
Texas Department of Health and Human Services Commission

Texas A&M AgriLife Extension Service
(Vacant Council Member)

Early Childhood Health and Nutrition Interagency Council Stakeholders

Margaret Briley, PhD, RD, LD

Professor of Nutritional Sciences

The University of Texas at Austin

Expertise: Community health education and outreach

Deanna M. Hoelscher, PhD, RD, LD, CNS

Director, Michael & Susan Dell Center for Advancement of Healthy Living

Expertise: Community health education and outreach

Arthi Krishnan, MD, FAAP

Texas Pediatric Society Obesity Committee

Expertise: Pediatric health

Stephen Pont, MD, MPH, FAAP

Medical Director, Dell Children's Texas Center for the Prevention and Treatment of Childhood Obesity

Expertise: Pediatric and early childhood health

Blake Stanford

President Southwest Human Development

Expertise: Managing child care facilities operated in a private residence

Kim Updegrave, RN, CNM, MSN, MPH

Executive Director, Mothers Milk Bank of Austin

Expertise: Advance practice nurse

Jamie Yarrell

Expertise: Managing of Head Start child care facilities

Executive Summary

Background

Senate Bill 395, passed during the 81st Regular Session of the Texas Legislature, created the Early Childhood Health and Nutrition Interagency Council (ECHNIC) (the 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.

Issues

Teaching the youngest Texans how to eat right and exercise, and addressing barriers that prevent them from doing so will benefit the state far into the future. Children and adolescents who are obese or overweight can carry poor health and nutrition habits into adulthood. The future implications for physical inaction include a wide range of economic, social and political consequences. Today, forming healthy habits at an early age requires giving parents and child care providers the tools they need to feed children healthy meals and to incorporate exercise into their daily routines. Improving infant health also means encouraging parents to make breast milk available to their children.

A wide range of environmental factors can influence a child's risk for obesity in the first years of life. While important steps have been taken to reduce the incidence of obesity in the general population, many national efforts to prevent obesity overlook infants, toddlers and preschool children. Understanding the implications of that oversight and preventing its continuation is imperative.¹

Texas has made great strides in educating parents and child care providers about the steps needed to improve health and nutrition for children under the age of six. Statewide initiatives, education efforts and research endeavors have improved nutrition and increased physical activity for many young Texans. Despite considerable progress, barriers to realizing the Council's charge remain.

To review the Council's recommendations for advancing Texas efforts in improving early childhood health and nutrition, refer to the Council's 2012, 2014 and 2016 legislative reports.

Introduction

Texas Senate Bill 395, introduced by Senator Eddie Lucio Jr. and Representative Eddie Lucio III during the 81st Texas Legislature called for the creation of a council to improve the health of Texas infants and children under the age of six by addressing the nutrition and physical activity practices in early childhood care settings.

The Council has been tasked with using its findings to provide the legislature with 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.

As mandated by SB 395, a council was formed with representatives from seven state agencies:

- Texas Department of Agriculture (TDA)
- Texas Department of State Health Services (DSHS): The Supplemental Nutrition Program for Women, Infants and Children (WIC)* and Health Promotion and Chronic Disease Prevention Section (HPCDPS)
- Texas A&M AgriLife Extension Service
- Texas Workforce Commission (TWC)
- Texas Department of Family and Protective Services (DFPS)**
- Texas Health and Human Services Commission (HHSC)
- Texas Education Agency (TEA)

*The WIC Program moved from DSHS to HHSC September 1, 2017 as a result of reorganization spurred by 2014 Texas Sunset Advisory Commission recommendations.

** Child Care Licensing Regulatory Division moved from DFPS to HHSC September 1, 2017 as a result of reorganization spurred by 2014 Texas Sunset Advisory Commission recommendations.

These agencies have authority and expertise in the areas of infant and early childhood nutrition, physical activity and health. Each agency's commissioner or director appointed the corresponding representative.

SB 395 required the Council to ask for input and participation from stakeholders in at least two Council meetings each year. The Council was required to invite at least six stakeholders with expertise in areas such as early childhood nutrition, child care, physical activity, community health and pediatric medicine. Stakeholders contributed outcomes specific to their programs and/or profession through surveys, data collection and evaluations which are noted in the report.

Early Childhood Nutrition and Physical Activity Six-Year Plan

The Council's six-year plan calls for creating an evidence-based approach to promoting best practices for improving early childhood health through good nutrition and physical activity for children under the age of six. The Council was tasked with improving the health of young children in the state of Texas by centralizing efforts among Texas state agencies to combat childhood obesity, address malnutrition and undernourishment through the involvement children, parents, families, caretakers and communities. The Council reviewed existing standards for early childhood care settings and examined state programs that promote good nutrition and physical activity in early childhood. The Council and stakeholders used the information to prepare the six-year Early Childhood Nutrition and Physical Activity Plan. The six-year plan included numerous objectives, strategies and action steps for each council member and stakeholder to research and pursue. The plan was developed and approved by majority vote of the Council's members in July 2010 and submitted to the Texas Legislature and Governor November 2010.

As mandated by SB 395, the six-year plan included recommendations to:

- Facilitate the consumption of breast milk in early childhood care settings
- Increase awareness among parents of the benefits of breastfeeding, healthy eating and appropriate activity in children under the age of six
- Increase fruit and vegetable consumption among children under the age of six
- Increase daily structured and unstructured physical activity in early childhood care settings
- Decrease malnutrition and undernourishment among children under the age of six

- Engage existing community and state resources and service providers to educate and increase the awareness of parents and caretakers regarding the need for proper nutrition

Sec. 115.011 of SB 395 requires the Council to submit a written report to both houses of the Texas Legislature and the Governor on or before November 1 of each even-numbered year beginning in 2012. This report satisfies the 2018 requirement and includes:

- The actions taken in furtherance of the six-year plan
- The areas that need improvement in implementing the six-year plan
- The programs and practices that address nutrition and physical activity in early childhood care settings in the state

Data gathered in the past eight years from outcomes in the six-year plan were used to prepare the following report. These outcomes highlight the successes and opportunities the state agencies and stakeholders have promoted to:

- Increase access to breast milk, whether direct-fed, expressed, or donor milk
- Increase consumption of fruits and vegetables
- Increase physical activity for infants and children under the age of six
- Increase awareness of nutrition assistance programs

The Council members and stakeholders gathered information from current data, surveys of existing programs, previous studies and held collaborative public meetings in 2012, 2013, 2014, 2015, 2016 and 2017 to discuss and compile the information contained in this report. Background material and meeting minutes for the preparation of this report may be obtained by contacting TDA at (877) TEX-MEAL.

Organization of the Report

This report summarizes the Council's work in furtherance of the approved Early Childhood Nutrition and Physical Activity Six-Year Plan by listing the action steps found in the plan followed by research/information related to the action step and the Council's body of work since the inception of the ACT, 2009. The responses include information submitted by state agency representatives and stakeholders that show successes, relevant data and other detailed information. For this report, each piece of the six-year plan will be organized in the following way:

- Action step from the approved Early Childhood Nutrition and Physical Activity Six-Year Plan followed by the description as it appears in the plan
- Summary of research, information and accomplishments/actions in furtherance of the six-year plan 2010 - 2017

In the nine years since the Council's creation, the state agencies and stakeholders participating on the Council have taken numerous steps to combat obesity and reduce food insecurity through outreach efforts that increase awareness of and access to nutrition-assistance programs for infants and children under the age of six.

The six-year plan divides the approach into action steps that address ways to increase breastfeeding; raise nutrition standards and increase physical activity in licensed child care facilities; increase consumption of fruits and vegetables for children under the age of six; and increase structured and unstructured moderate to vigorous physical activity requirements that

simultaneously reduce screen time for infants and children under the age of six at licensed day care centers and homes. Following are the action steps, research/ information and The Council’s actions in furtherance of the six-year plan.

Action A: Increase Breast Milk Consumption and Breastfeeding

Increase the health and well-being of infants by promoting awareness among parents, families, caretakers and communities about the benefits of breastfeeding and facilitate the consumption of breast milk in early childhood care settings.

Research and Information

Regulations addressing supports for breastfeeding were examined as part of a nationwide analysis in 2012. The analysis of supports for breastfeeding focused on the following four national health and safety performance standards developed by the American Academy of Pediatrics (APP), American Public Health Association and the National Resource Center for Health and Safety in Child Care and Early Education: 1) facilities should encourage and support breastfeeding; 2) facilities should have a designated place for mothers to breastfeed; 3) solid foods should not be introduced before infants are 4 months of age, but preferably 6 months; and 4) infant formula should not be fed to a breastfed infant without parental permission.²

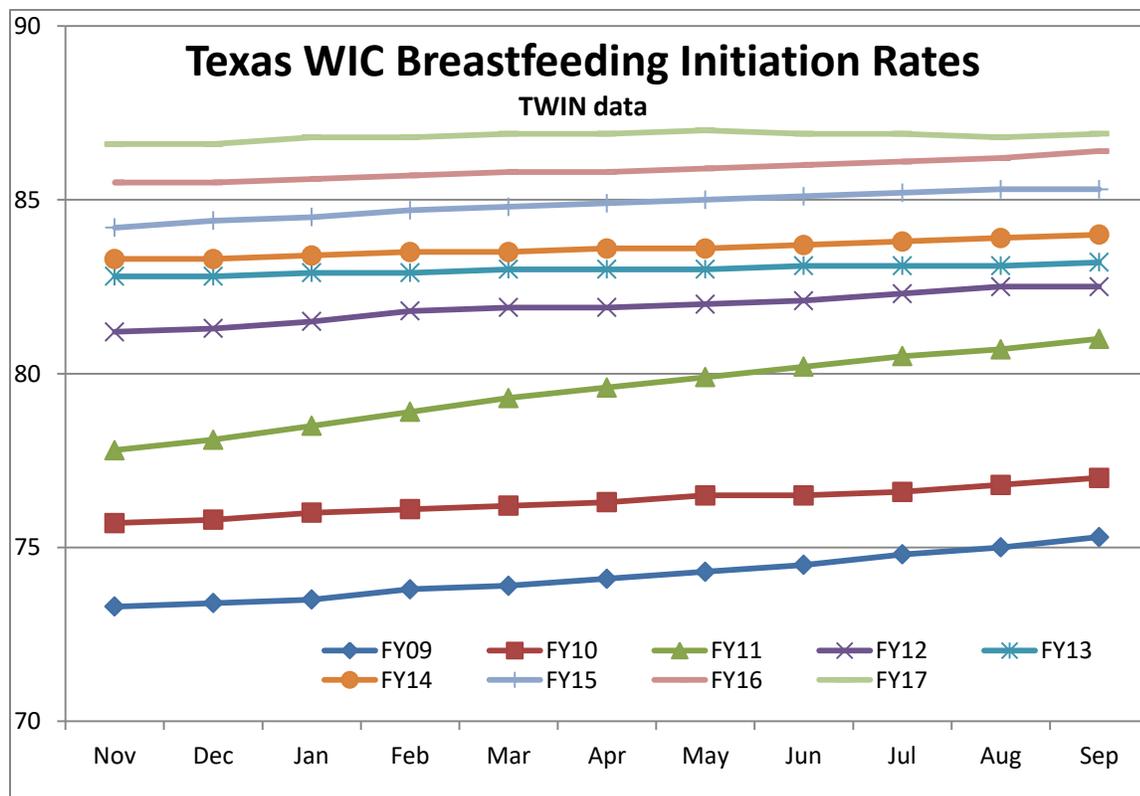
Department of State Health Services (DSHS) WIC

Texas WIC began a new breastfeeding awareness media campaign in 2009 and repeated it in 2010, 2011, 2012, 2014, and 2016. Significant improvements in knowledge around key *Breastmilk: Every Ounce Counts* campaign messages were measured through the Texas WIC Infant Feeding Practices Survey.

Texas WIC Infant Feeding Practices Survey, 2009, 2011, 2013, 2016 DSHS

Campaign knowledge questions	% who answered “True”			
	2009	2011	2013	2016
Breastfed babies are less likely to become obese children and adults	47.3%	56.7%	52.5%	NA
Breastfed babies are less likely to develop diabetes	46.4%	56.1%	53.6%	NA
Breastfed babies are less likely to die from sudden infant death syndrome (SIDS)	38.8%	44.0%	45.3%	48.7%
Breastfeeding benefits children even after they stop nursing (higher IQ, better health, etc.)	67.2%	74.3%	73.9%	78.2%
Mothers who breastfeed are less likely to get breast or ovarian cancer	48.9%	63.5%	60.9%	64.3%
Breastfeeding mothers burn more calories making it easier to lose pregnancy weight	77.5%	95%	86.2%	NA
In Texas, there is a law that gives women the right to breastfeed their babies in public	47.5%	56.8%	59.1%	67.1%

Texas WIC breastfeeding initiation rates also increased from 73 to 87 percent over the same period with the biggest increases occurring during campaign years with the greatest spend on TV, radio, outdoor, and internet ads.



Texas also saw substantial increases in breastfeeding rates reflected by Texas WIC Integrated Network (TWIN) data and the Centers for Disease Control and Prevention’s National Immunization Survey. While Texas is closer to meeting Healthy People 2020 targets for breastfeeding, rates still fall short of medical recommendations to exclusively breastfeed for six months and continue breastfeeding through at least the first year of life.

HP 2020 Objective		Texas*			
Increase the proportion of women who breastfeed.					
Targets		2014 births	2013 births	2012 births	2011 births
Ever Breastfed	81.9%	83.1%	81.9%	83.3%	78.4%
Breastfed@ 6mo.	60.6%	52.0%	46.5%	52.1%	42.9%
Breastfed@ 12mo	34.1%	30.0%	26.8%	26.9%	20.9%
Exclusive @ 3mo.	46.2%	46.1%	41.4%	43.7%	38.9%
Exclusive @ 6 mo.	25.5%	24.6%	21.0%	21.3%	16.8%

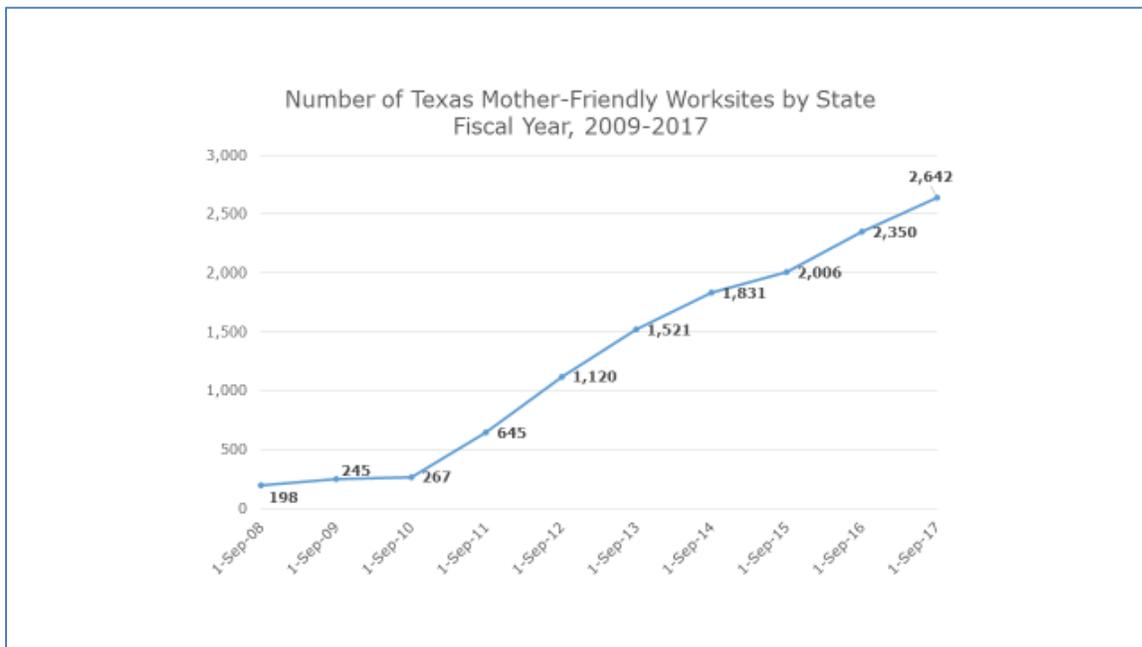
*Centers for Disease Control and Prevention, National Immunization Survey

For more information: www.cdc.gov/breastfeeding

Mother-Friendly Worksite

DSHS promotes awareness in the community about the benefits of breastfeeding through the Texas Mother-Friendly Worksite (TMFW) designation. This is a recognition program that provides businesses with a written policy of support of breastfeeding for employees. To earn the designation, businesses must also provide suitable accommodations and flexible scheduling for breastfeeding or milk expression. The designation was developed to fulfill requirements of Texas Health and Safety Code 165.003, Breastfeeding. DSHS was directed to establish recommendations supporting the practice of worksite breastfeeding and to maintain a registry of worksites that have a written breastfeeding policy addressing the recommendations, including provision of: work schedule flexibility for expression of milk; accessible locations allowing privacy; access to clean running water; and access to hygienic storage alternatives for storage of mother's breast milk. The TMFW Technical Assistance and Support Program (TMFW-TASP) was launched in the fall of 2015 to expand capacity for outreach and assistance to employers for development and implementation of Mother-Friendly policies. House Bill 786 was passed in the 84th Regular Session (2015) of the Texas Legislature to add Government Code 619 relating to the right of a public employee to breastfeed or express breast milk for the employee's child in the workplace. Public employers are required to develop a written policy providing accommodations to express breast milk during the work day including break time and private space for women who want to continue breastfeeding after returning to work from maternity leave. Additionally, public employers may not discriminate, suspend, or terminate employment based on the employee's right to breastfeed or express breast milk in the workplace. The number of Texas Mother-Friendly Worksites increased from 249 in September 2009 to 2,642 in September of 2017.

For more information: www.texasmotherfriendly.org



Baby Friendly Hospital Initiative

The HHSC WIC Program and the DSHS Maternal and Child Health Programs are also collaboratively engaging more hospitals in efforts to move facilities along the continuum of support for quality improvement in infant nutrition and care. These efforts help birthing facilities achieve Baby-

Friendly designation, which recognizes full adoption of the Ten Steps to Successful Breastfeeding, and improve exclusive breastfeeding rates at discharge.

- **The Right from the Start (RFTS) campaign** aims to increase awareness among key decision-makers in Texas birthing facilities about their roles in improving breastfeeding outcomes. Materials illustrate the impacts that hospital policies and practices have on breastfeeding outcomes. The campaign encourages hospitals to assess their current practices and consider opportunities for improvement. DSHS distributed the first RFTS hospital brief to Texas facilities in 2012 and distributed a new brief in 2016.
For more information visit: <http://texastenstep.org/why-texas-ten-step/policies-shape-outcomes/>.
- **The Texas Ten Step (TTS) Program**, administered by WIC, recognizes hospitals that have adopted policies that address 85 percent of the Ten Steps to Successful Breastfeeding (Ten Steps). Currently there are currently 144 TTS facilities. The designation, developed in 1999 by DSHS and the Texas Hospital Association and endorsed by the Texas Medical Association, is entirely voluntary and self-reported. The TTS Coordinator provides on-going guidance on areas for improvement to continue to integrate the Ten Steps in order to achieve Baby-Friendly designation. Texas Ten Step hospitals increased from 77 in 2009 to 141 in 2017.
For more information: visit www.texastenstep.org
- **The TTS Star Achiever Initiative** assists Texas birthing facilities in accelerating full integration of the Ten Steps. The initiative includes the Texas Breastfeeding Learning Collaborative (TBLC), which provides technical assistance, training, collaborative opportunities, and tools to assist participating facilities in implementing rapid-cycle quality improvement processes to assure delivery of recommended care for lactating mothers and infants. Supporting activities include communication with local community partners to encourage systems development for continuity of care throughout the prenatal to postpartum continuum. DSHS engaged 74 hospitals in the TBLC between late 2012 and January 2017.
For more information visit: <https://www.nichq.org/project/texas-ten-step-star-achiever-breastfeeding-learning-collaborative>
- **Baby Friendly designation** – as a result of the continuum described above, Baby Friendly designated hospitals increased from 3 in 2009 to 24 in 2017.

In addition, DSHS encouraged Texas facilities to apply to participate in other quality improvement initiatives designed to accelerate adoption of the Ten Steps. The other initiatives include:

- *Communities and Hospitals Advancing Maternity Care Practices (CHAMPS)*— funded by the W.K. Kellogg foundation, focuses on hospitals in select states, including five facilities in Texas, with a goal to help at least 10 facilities obtain Baby-Friendly (BFUSA) designation. Additional goal includes assisting hospitals to establish community-based breastfeeding support groups.
- *Enhancing Maternity Practices (EMPower)* —funded by the Centers for Disease Control and Prevention, aims to assist 95 hospitals across the nation to achieve BFUSA designation. Six Texas facilities are currently engaged in this initiative.

Currently, 78% of all Texas births are occurring in hospitals that are either: designated as Baby Friendly; or officially working towards the designation through the Baby Friendly 4D pathway, Texas Ten Step program, or one of the quality improvement collaboratives.

WIC offers a variety of breastfeeding trainings and courses with continuing education (CE) credits to prepare WIC staff and health-care providers to support breastfeeding women and their infants. WIC offers multiple on-site courses and an online training platform with self-paced breastfeeding courses. From October 2009 through September 2017, WIC trained 36,210 providers at on-site trainings. Providers included WIC staff, nurses, physicians, and dietitians; 27% were WIC-staff and 73% were non-WIC providers. WIC launched an online WIC Partner Training site in 2017 that can be accessed by anyone. The site, which replaced some of the on-site trainings, offers a variety of free, on-demand infant-feeding trainings with CEs. The new site launched one training in April 2017, by December 10, 2017, five additional trainings had been added and 1,702 training modules had been completed by a variety of WIC partners.

WIC continues to provide the Prenatal Breastfeeding Education bags to all pregnant participants, regardless of their infant-feeding intent. WIC provided nearly 2 million prenatal bags to pregnant WIC participants from October 2009 – September 2017.

WIC conducted 2014 Cumulative Research on Breastfeeding Disparities Impacting African American & Hispanic Women in the summer of 2014. Researchers asked focus group participants to recall the breastfeeding education they received from WIC in the prenatal period and what challenges they faced after initiating breastfeeding. There was high recall of the benefits of breastfeeding and the contents of Prenatal Breastfeeding Education bag but focus group conversations revealed important aspects of breastfeeding that present challenges for both Hispanic and African American women, including:

- A lack of knowledge about the size of an infant's stomach
- A lack of understanding about how much milk the baby needs
- Uncertainty about the amount of colostrum that is produced immediately after birth; and the amount of milk produced in the first few days and as time goes by
- Limited knowledge about the "supply and demand" concept of milk production
- Lack of understanding of the impact of introducing formula to their milk supply
- Unaware of the benefits of exclusive breastfeeding in the first month
- WIC has implemented new clinic strategies and materials to address the challenges and is continuing to fund programs and efforts to move hospitals towards Baby Friendly designation as all of these challenges can be addressed through hospital implementation of the Ten Steps to Successful Breastfeeding.

The Texas Lactation Support Hotline is available 24 hours a day, seven days a week. WIC operates numerous Lactation Support Centers across Texas, along with the Peer Dad program made available with Title V funding. Three of 66 Texas WIC Agencies now have active Peer Dad programs. Peer Dads counsel other fathers on the importance of supporting breastfeeding and their roles in breastfeeding support.

For more information, visit: www.breastmilkcounts.com/breastfeeding-101/need-help/

Ten Steps to Successful Breastfeeding Online Training

The DSHS Obesity Prevention Program launched the Ten Steps to Successful Breastfeeding online training, hosted on the Texas Health Steps site, in the fall of 2015. The module helps to fulfill Step 2 of UNICEF and Baby-Friendly USA's Ten Steps to Successful Breastfeeding, providing Texas hospitals with an accessible tool to work toward Baby-Friendly or Texas Ten Step designation. The module was developed in coordination with subject matter experts from the DSHS Maternal and Child Health Section (formerly the Office of Title V and Family Health), DSHS WIC, and the Texas

Ten Step Program. The free training module provides comprehensive, professional, continuing education in a self-paced format and is available in three courses:

Course	Enrolled	Completions
Ten Steps to Successful Breastfeeding: Breastfeeding Overview	1,961	1,578
Ten Steps to Successful Breastfeeding: Birth Practices that Support Breastfeeding	2,521	1,898
Ten Steps to Successful Breastfeeding: Prenatal and Postnatal Practices that Support Breastfeeding	2,615	1,984

Work Well Texas

The DSHS Obesity Prevention Program (OPP) redesigned and rebranded the state worksite wellness resource page. [Work Well Texas](#) site makes the business case for a wellness program, provides steps to help organizations launch a wellness program, and features information and a link to the Texas Mother-Friendly Worksite web page. The Work Well Texas breastfeeding resources page is at: <http://www.wellness.state.tx.us/Breastfeeding.htm>.

Worksite Wellness Survey

DSHS Obesity Prevention Program engaged private worksites in Texas during 2015, collecting data on wellness programs and policies, including mother-friendly practices. Results were disseminated in a summary report and highlighted in a session at the 2016 Texas Business Group on Health conference. Technical assistance with enhancing mother-friendly programming as well as other wellness program components remains available to survey respondents.

Texas Healthy Communities Program

The Texas Healthy Communities Program, administered by the DSHS Cardiovascular Disease and Stroke Program, assists communities in assessing their environments and to implement local environmental, policy, and systems changes to promote public health practices proven to reduce risk factors for chronic disease. The assessment consists of eight priority indicators that are crucial to reducing the burden of chronic disease. One of the eight assessment indicators is support for breastfeeding, which encourages communities to participate in the Mother-Friendly Worksite Program and the Texas Ten Step Program. After completing the assessment, communities developed work plans and implemented initiatives.

Texas Healthy Communities Mother-Friendly Worksite Policies and Texas Ten Step Designations, 2012 - 2018

	County	Number
Texas Mother-Friendly Worksite Policies	Jasper/Newton	9
	Parker	2
	Victoria	7
	McLennan	1
	Angelina	3
	Lamar	1
	Wichita	1
	Wood	3
	Smith	5
Texas Ten Step Designations	Tom Green	2

<http://www.dshs.state.tx.us/txhc/Texas-Healthy-Communities.aspx>

Interagency Obesity Council

The Texas Interagency Obesity Council consists of the Commissioners of DSHS, TDA, and TEA and works to submit a report of activities to the Legislature by January 15 of every odd-numbered year. The Interagency Obesity Council report can be found at <http://www.squaremeals.org/Publications/Reports.aspx>.

Growing Community Video Series

DSHS's The Growing Community communications campaign and DSHS OPP highlight community-based change strategies in Texas using video clips that are six to eight minutes long, one of which is a segment on breastfeeding. The videos are available in English and Spanish. The video series can be found at: <https://www.dshs.texas.gov/Obesity/GrowingCommunitySeries/>

Views, July 2014 - February 2018 Video	# Views
Overview of the Growing Community Video Series	301
Increasing Physical Activity	598
Incrementando la actividad física	48
Increasing Breastfeeding	831
Incrementando la alimentación con leche maternal	109
Increasing Fruits and Vegetables	274
Incrementando el consumo de frutas y verduras	59
Decreasing Sugar-Sweetened Beverages	348
Reduciendo el consumo de bebidas endulzadas con azúcar	117
Decreasing High-Energy-Dense Foods	203
Reduciendo el consumo de alimentos altos en calorías	64
Decreasing Television Viewing	201
Reduciendo el mirar television	48

Mothers' Milk Bank at Austin

The Mothers' Milk Bank at Austin (MMBA) is a community-based non-profit organization whose mission is to accept, pasteurize and dispense donor human milk by physician prescription, primarily to premature and ill infants. This non-profit organization reviews scientific literature regarding the benefits of human milk in preventing obesity and improving other health outcomes communicates these data via social media, print media, and presentations to health care providers and the public. Weekly Breastfeeding Facts distributed via www.milkbank.org, and daily Facebook posts help to inform mothers about breast milk benefits.

MMBA research regarding nutritional composition of human milk and its relationship to infant growth is presented to appropriate conferences (research conferences of the American Academy of Pediatrics and the annual conference of the American College of Nurse Midwives) and published in appropriate scientific journals. Also, scientific evidence of human milk benefits is presented on a regular, rotational basis at many of the 60 hospitals served by the milk bank in and around Texas.

MMBA promotes breastfeeding using a variety of methods including, but not limited to, outreach and educational brochures, fliers and newsletters for families of childbearing ages and their health care providers (especially pediatricians and obstetricians). MMBA speaks with local and national press outlets about the benefits of breastfeeding at least bimonthly, and offers monthly breastfeeding classes free to the public in both English and Spanish. The MMBA website and Facebook are sources of educational materials about breastfeeding that are updated on a weekly basis.

For additional information: Refer to ECHNIC legislative reports 2012, 2014 and 2016

Texas Department of Family and Protective Services (DFPS) Child Care Licensing (CCL)

Currently, DFPS CCL minimum standards for child care centers states a comfortable room other than a restroom must be established for breastfeeding. Providing a mother with a place to sit and breastfeed her child helps to support this practice. Use of an adult-size chair in the classroom meets the intent of this requirement. A place where mothers feel they are welcome to breastfeed or pump breast milk can create a positive environment when offered in a supportive way. Day cares should ensure that all staff receive training in breastfeeding support and promotions and are trained in the proper handling and feeding of each milk product, including human milk. Regarding breastfeeding policy, Standard 746.501(25) is in Subchapter B, Administration.

Other suggestions to provide additional support include providing:

- Pillow to support her infant in her lap
- Stepstool for her to prop her feet and prevent back strain
- Water or other liquid to help her stay hydrated

Prenatal Breastfeeding Promotion Project

Dates of project: February 2012 to ongoing (though there has not been any new activity since January 2017). There are 5 members on the project team and 2 clinical practice sites that participated in the project.

Introduction: The American Academy of Pediatrics (AAP) recommends infants be exclusively breastfed for at least 6 months. In Texas, only 50% of infants are breastfeeding at 6 months of age, and less than 15% exclusively. Because support from the healthcare team predicts mothers' breastfeeding practices, and breastfeeding reduces children's risk of obesity, the DFW Prenatal Breastfeeding Promotion Project aims to help obstetrics/gynecology (ob/gyn) practices promote breastfeeding education during the prenatal period and encourage expectant mothers to choose breastfeeding in an effort to reduce childhood obesity rates.

Methods: The project team has trained physicians and staff at four ob/gyn practices to encourage proper breastfeeding preparation, initiation, and maintenance. Community resources such as support groups and breastfeeding classes were provided. Patients completed a first trimester survey prior to initial consultation with their physician and a third trimester survey. The surveys assessed knowledge, comfort, and plans regarding breastfeeding to assess the impact of the intervention on mothers' intentions to breastfeed.

Results: 95% of first trimester mothers and 85% of third trimester mothers reported they intended to breastfeed. 72% of first trimester mothers desired more information about breastfeeding, while those desiring more information decreased dramatically to 17% in the third trimester. Two-thirds of mothers felt they had adequate breastfeeding knowledge in the first trimester, while mothers who felt they had access to breastfeeding information increased to 81% in the third trimester. Over half of participants reported they would be more likely to breastfeed if their doctor recommended it. Of those whose doctor's recommendation would not make them more likely to breastfeed, the overwhelming majority (94%) said it was because they were already planning to breastfeed.

Conclusions: Although the vast majority of study participants intended to breastfeed, they desired more information about how to do it successfully. The intervention has been successful in providing that information. Responses indicate that physicians' recommendations impact mothers' decision-making regarding breastfeeding. Future endeavors include elucidating the reason for the unexpected first-to-third trimester decrease in breastfeeding intention and assessing the specific informational needs of our study population.

Texas Department of Agriculture (TDA)

TDA administers the federal Child and Adult Care Food Program (CACFP) in Texas. Recent changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruits without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics (AAP) and stakeholder input. The new regulations and best practices support breastfeeding and breast milk by doing the following:

- Allow and encourage parents/guardians to exclusively feed infants breastmilk, iron fortified infant formula or a combination of both and delay the introduction of solid complementary foods until around six months of age.
- Encourage centers to support breastfeeding on site by allowing the center to claim meal provided by a breast feeding mother. .
- Best Practice: Create a space for mothers to directly breastfeed their infants in a quiet, private, sanitary and comfortable location within the site.

TDA offered all CACFP contracting entities (CE) the complimentary training “Feeding Infants: The First Year of Life.” The training covers benefits, handling and storage of breastmilk. The CACFP Infant Meal Pattern allows breastmilk as a creditable food item toward a reimbursable meal. From 2010 – 2017, 86 face-to-face trainings were conducted with 413 attendees, in addition to web based trainings offered.

TDA was awarded a USDA Child Care Wellness Grant from 2011 – 2013 for Breastfeeding Supportive Childcare Practices. The following is a summary of the sub-grants awarded:

17 grants
158 sites
3,500 children reached
5,600 parent volunteers
91 community outreach projects
\$290,310

Texas Pediatric Society (TPS) Committee on Obesity Survey

The Texas Pediatric Society (TPS), the Texas chapter of the American Academy of Pediatrics (AAP), supports the AAP’s policy statement “Breastfeeding and the Use of Human Milk.”⁴ The TPS supports the AAP’s recommendation of exclusive breastfeeding for the first 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. The AAP policy statement outlines the importance of breastfeeding to the physical and emotional health of both the mother and baby. The numerous health benefits of breastfeeding for the baby set a solid foundation for good health early in life.

Some of the many benefits for the baby as outlined in the policy statement include (but are not limited to):

- 72% reduced risk of hospitalization for lower respiratory tract infection (for example pneumonia) in the first year if exclusively breastfed for greater than 4 months.
- 23% reduction in incidence of otitis ear infections with any amount of breastfeeding in infancy.

- 64% reduction in gastrointestinal tract infections (like stomach viruses and diarrhea) with effects lasting up to 2 months after cessation of breastfeeding with any amount of breastfeeding in infancy.
- 15-30% reduction in adolescent and adult obesity with any amount of breastfeeding in infancy.
- Breastfeeding is associated with a 36% reduced risk of SIDS (Sudden Infant Death Syndrome).

The TPS supports the AAP's recommendation for hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding. The TPS encourages hospitals in Texas to achieve the Baby Friendly Hospital designation³

The TPS has surveyed the membership of the committee on Childhood Obesity every few years to gather information about Pediatric breastfeeding practices across the state of Texas. The results show that pediatricians in Texas recognize the importance of initiating breastfeeding shortly after birth and providing support for breastfeeding when needed. Also, pediatricians recognize and appreciate the increase in the number of Baby Friendly Hospitals in the state, which has helped support initiation of breastfeeding.

[For survey outcomes, refer to ECHNIC legislative reports, 2012, 2014 and 2016.](#)

Action B: Increase Consumption of Fruits and Vegetables

Increase consumption of fruits and vegetables by promoting educational, recreational and hands-on opportunities that encourage healthy eating for children under the age of six and raise nutrition standards in licensed day care facilities for children under the age of six by promoting recommendations and policies to improve the child care minimum standards.

Research and Information

Studies suggest that infrequent intake of fruits and vegetables during late infancy are associated with infrequent intake of these foods at 6 years of age. These findings highlight the importance of infant feeding guidance that encourages intake of fruits and vegetables and the need to examine barriers to fruit and vegetable intake during infancy.⁴ The recommendation is to serve a variety of fruits and vegetables daily, while limiting juice intake. Each meal should contain at least 1 fruit or vegetable. Children's recommended fruit intake is 1 cup a day, for ages 1 to 3. Recommended vegetable intake ranges from $\frac{3}{4}$ cup a day at age 1 to 1 cup for ages 2 to 3; limit juice to only a half-cup per day at most and only serve 100 percent juice, not juice drinks with added sugar; 2 to 3 years old need about 1 cup of raw or cooked vegetables per day.⁵

Texas Department of Family and Protective Services (DFPS) Child Care Licensing (CCL)

Aligning nutrition standards and meal patterns between CACFP and CCL for consistency and improved nutrient quality across all child care facilities preparing foods for infants and children under the age of six will be a topic of discussion in the upcoming minimum standards workgroup. CCL continues to partner with Texas A&M AgriLife Extension and offers a variety of online courses aimed at improving the child-health options available to child care providers and parents. Along with developing the online trainings, AgriLife and CCL have worked together to produce valuable written technical assistance (TA) on nutrition and physical activity (all available in English, Spanish and Vietnamese) that can be shared with providers at inspections, trainings and as requested.

Texas Workforce Commission (TWC)

The Texas Rising Star (TRS) program is “a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission’s subsidized child care program.” TRS Certification is available to Licensed Centers and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level. TRS providers offer quality care that exceeds the State’s Minimum Child Care Licensing Standards for the following five categories: director and staff qualifications, caregiver-child interactions, age-appropriate curricula and activities, nutrition and indoor/outdoor activities, and parent involvement and education.

The TRS program was established June 1991 and revised, as required by House Bill 376 enacted by the 83rd Texas Legislature, from 2013 – 2015. A workgroup was established to recommend revisions, requested participation from various stakeholders and encouraged public comment. These proposed changes were approved and all pre-existing TRS providers were recertified under the new program effective September 2015.

The following graph depicts the total number of TRS providers since 2009.

Star Level	Oct. 2009	Oct. 2010	Oct. 2011	Oct. 2012	Oct. 2013	Oct. 2014	Oct. 2015*	Oct. 2016	Oct. 2017
2 Star	53	52	25	8	0	4	439	300	327
3 Star	289	301	168	131	116	117	230	293	355
4 Star	852	858	1022	1122	994	1011	332	520	635
Total	1194	1211	1215	1261	1110	1132	1001	1113	1317

(*) 2015 TRS numbers depicted are after the implementation of the 2015 revision of the TRS guidelines and mandated recertification of all current providers.

Monthly updates of TRS provider totals can be found here:

<http://www.twc.state.tx.us/files/partners/trs-providers-data-twc.pdf>

The following graph depicts the percentage of TRS facilities per licensed/registered child care facilities and per Child Care Subsidy facilities in November 2017.

Type of Texas Child Care Facilities	Total Number	% of Total Licensed/Registered Facilities	% of Child Care Subsidy Facilities
Licensed/Registered Facilities	15,177	N/A	N/A
Child Care Subsidy Facilities	7,681	50.6%	N/A
Texas Rising Star Facilities	1,258	8.3%	16.4%

The TRS program is composed of points based and required measures with specific nutrition and physical activity measures in Categories 3 and 4.

The following measures relate to nutrition and physical activity and show the number of classrooms within TRS providers that are meeting the measure or scoring at the highest level as of October 2017:

Measure	Total Number of classrooms scored	Total that scored a 3	
P-LPC-15 Infants	1670	587	
P-LPC-15 Toddlers	2211	673	
P-LPC-15 Preschool	2436	629	
P-N-01 (All Ages)	7,761	4,766	
P-N-02 (Toddler, Preschool and School Age)	6,103	2,560	
P-N-03 (Infant)	1,826	757	
P-N-04 (Infant)	1,826	981	
P-N-05 (Toddler, Preschool and School Age)	6,103	2,510	
P-N-06 (Preschool)	3,823	1206	
P-OLE-01 (All Ages)	7,760	2,491	
P-OLE-02 (All Ages)	5,711	1,570	
P-OLE-03 (All Ages)	5,711	2,566	
P-OLE-04 (All Ages)	5,711	2,875	
P-OLE-05 (Infants)	1,331	460	
Measure	Total Number of classrooms scored	Total that Met	Measure was N/A for provider type
S-N-01 (All Facilities)	7,793	4,232	3,525
S-N-02 (All Facilities)	7,630	3,852	3,745
S-N-03 (All Facilities)	7,793	4,267	3,516
S-N-04 (Facilities serving Infants)	4,140	2,216	1,901

For additional information on the Texas Rising Star Program visit: www.texasrisingstar.org

Department of State Health Services (DSHS)

In 2013-2014, DSHS Obesity Prevention Program (OPP) contributed to the revision of the Texas Rising Star (TRS) Guidelines. DSHS OPP participated in TRS workgroup discussions, provided public comment, and participated on the Nutrition, Curriculum, and Indoor/Outdoor Environment subcommittee. DSHS OPP also informed stakeholders of the opportunity to provide public comment on the Guidelines. Guidelines most related to nutrition, physical activity, and breastfeeding are found in the following categories:

- Category 3: Curriculum;
- Category 4: Nutrition and Indoor/Outdoor Activities; and
- Category 5: Parent Involvement and Education.

Notable changes include introducing foodservice guidelines into menu planning and incorporating natural elements into the outdoor learning environment to motivate children to be physically active.

For more information review the 2016 ECHNIC Legislative Report

Healthy Community Food Systems Module

The DSHS OPP Program collaborated with Sustainable Food Center (SFC) to develop and launch the Healthy Community Food Systems module, an online professional continuing education video module, in July 2015. The module is hosted by the National Community Health Worker (CHW) Training Center, part of the Texas A&M Health Science Center School of Public Health, Center for Community Health Development. The aim of this project is to educate consumers on the concept of sustainable agriculture and to increase awareness of the food system's role in the prevention of obesity. The module highlights changes needed in communities to increase access and availability of fruits and vegetables and to support the local food system. A link to the module can be found at the Sustainable Food Center landing page at: <http://sustainablefoodcenter.org/healthy-community-food-systems-module>.

Since the module launched, 338 participants have started the module, 54 have completed the module, and 29 CHW CEUS have been awarded.

Texas Department of Agriculture

TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) provides connections between agriculture producers, fresh produce and children in early child care settings. These types of initiative partnerships have the potential to create a sustainable system change that encourage CACFP sites to purchase directly from Texas farmers, support the creation of long-term healthy habits for the children and strengthens local communities and economies. TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) makes including fresh Texas proteins and produce in menus and lesson plans at childcare centers more practical for staff and preferred by the children. Preschool children learn the nutritional value of fruits and veggies and how it supports healthy growth and learning. TDA offers resources and recognition for providers and sponsors to:

- Provide staff training.
- Organize field trips to local farms and urban gardens.
- Purchase materials and develop a plan to grow and sustain a vegetable garden.
- Provide fruits and vegetables for taste testing.
- Stage cooking demonstrations.
- Provide information for parents on local food.
- Improve the outdoor learning environment.
- Locate local producers and use program funds to make local purchases.

TDA is working to increase awareness of TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) through the creation of Farm to CACFP web pages on SquareMeals.org, increased training at CACFP conferences and facilitated sharing between child care centers about implementing TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) . TDA continues to develop and distribute informational brochures on TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) as well as information on procurement guidelines and training specific to buying local. TDA created a database of TDA's Farm to Child Care (F2CC) (Farm Fresh initiative) farm to childcare activities in the state. The database

provides a deeper understanding of program success and barriers to inform the agency and the CACFP community.

<http://www.squaremeals.org/Search.aspx?q=farm+fresh+friday>

<http://www.squaremeals.org/Search.aspx?q=farm+to+child+care>

TDA was awarded a USDA Child Care Wellness Grant from 2011 – 2013 for F2CC. Below is a summary of the sub-grants awarded:

32 grants
292 sites
14,000 children reached
6,800 parent volunteers
141 outreach events
\$451,075

TDA launched the Healthier CACFP Recognition Award (HCACFPRA) in 2015. The Healthier CACFP Recognition Award (HCACFPRA) is a recognition system that supports the wellness efforts of child care centers participating in CACFP. Child care centers are recognized for taking steps to improve the nutritional quality of meals and snacks, increase physical activity, establish nutrition education opportunities and improve the child care environment. CACFP centers must make application for an E3E (Establishing the 3 E's — Education, Exercise, and Eating Right) grant through TDA to obtain the award. The E3E grants are State funded competitive grants to assist in implementing long-term changes to their child care centers. Those awarded a grant have one year to complete the criteria for the selected award level. This program is focused on outcomes for 3-5 year old children and allows not only children, but their parents, to learn that proper nutrition at an early age is pertinent to developing healthy eating habits and promoting proper growth and development.

In 2015 and 2016 a total of 21 grants (50 child care sites) were awarded an E3E grant for HCACFPRA totaling \$272,726 grant dollars.

- Number of children reached 5,213
- Number of families, staff and community partners reached: 2846

For more information visit: <http://www.squaremeals.org/FandNResources/HealthierCACFP.aspx>

USDA recently revised the CACFP meal patterns ensuring children and adults have access to healthy, balanced meals throughout the day. Under the new child meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations for the National Academy of Medicine, and stakeholder input. Overall the meal patterns stipulate the following:

- A greater variety of vegetables and fruits
- More whole grains
- More protein options
- Age appropriate meals
- Less added sugar
- Unflavored whole milk for 1 year olds
- Unflavored low-fat or fat-free milk must be served to children 2 through 5
- Unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older

TDA offered all contracting entities in the CACFP the complimentary trainings Menu Planning and Planning Nutritious Snacks that teach how to prepare meals and snacks lower in sugar, saturated fat; increase lean meats, fruits, vegetables, and whole grains.

From 2010 – 2017 the following face-to-face trainings were conducted, in addition to web based trainings offered:

- Menu Planning
98 Trainings
1012 participants
- Planning Nutritious Snacks
148 Trainings
968 participants

Trainings and resources will continue to be made available on these topics. For more information visit: <http://www.squaremeals.org>

Health and Human Services Commission (HHSC)

Early Childhood Intervention Program

Early Childhood Intervention (ECI) program provides services and support to families of children with developmental delays or disabilities from birth to 36 months of age. In fiscal year 2017, 55,412 infants and toddlers received comprehensive services. These services are designed not only to enhance the child's development, but also enhance the capacity of families to meet their child's needs. ECI is authorized through the Individuals with Disabilities Education Act (IDEA) Part C program, and administered by the U.S. Department of Education, Office of Special Education Programs (OSEP).

The interdisciplinary team must complete a review of the child's nutrition status no later than 28 days after the Individualized Family Service Plan (IFSP) is developed through a review of the child's medical records, a review of the child's nutrition evaluation, among others. The service coordinator must refer the child to a registered dietician if nutritional needs are identified. Nutrition services may include conducting individual assessments, reviewing nutritional history/dietary intake, feeding skills and feeding problems, food habits and food preferences, and making referrals to community resources to meet nutrition goals.

ECI contractors and WIC local offices work in partnership to facilitate coordination among programs and ensure referrals are made to eligible children and families. Service Coordinators are familiar with the benefits available through WIC and provide this information to ECI families as appropriate. ECI promotes WIC to the public by providing information about WIC and their services along with other resources on the HHSC-ECI web-page. In addition, stakeholders and ECI programs ordering ECI publications also have direct access to all WIC publications through the HHSC-ECI online ordering system.

WIC Food Package

WIC encourages consumption of fruits and vegetables by promoting educational, recreational and hands-on opportunities, such as web-based lessons, nutrition fairs and cooking classes that encourage healthy eating. The WIC program further encourages the consumption of fruits and vegetables by children through distribution of two physical activity/healthy eating DVDs, *The Adventures of Zobey Barnyard Dance Party* and *The Adventures of Zobey Jungle Jive*. WIC redemption rates for vegetables and fruits consistently range:

- Between 76-81% for redemption of cash value benefits for fruits and vegetables for women and children, and
- Between 61-66% for redemption of jarred fruits and vegetables for infants.

Local WIC agencies may apply for Obesity Prevention Mini Grants from the state agency each fiscal year to help fund obesity prevention activities in their communities. Objectives of the grants include promoting and supporting healthy lifestyles for WIC families and WIC staff. This is intended to encourage the family to move toward healthier eating and regular physical activity; support parents in making healthy food choices; and help parents develop the skills needed to become good role models for their children. Examples of projects include cooking classes focused on foods in the WIC package such as fruits, vegetables and whole grains; gardening activities, including community gardens and simple container gardening; grocery store tours; nutrition carnivals; and increasing physical activity.

Texas Pediatric Society (TPS) Committee on Obesity Survey

The American Academy of Pediatrics (AAP) encourages the establishment of healthy eating habits early in life. The TPS recognizes that healthy eating habits need to start at home and be maintained at child care facilities, where many Texas children receive most of their meals. The TPS supports the AAP recommendation that children should consume at least 5 servings of fruits and vegetables a day. The TPS also supports the AAP's recommendations on fruit juice consumption for children. The AAP recommends no fruit juice consumption for infants younger than 6 months of age, since it provides no nutritional value. For children between 1 and 6 years of age, fruit juice consumption should be limited to 4 to 6 ounces per day. Whole fruit should be offered in place of fruit juice where possible, as whole fruit provides fiber and other nutrients that are lacking in fruit juice. The TPS agrees with the AAP's statement that there is no need for sugar sweetened beverages in the diet of young children.

The AAP encourages pediatricians to use the body mass index (BMI) percentile in children as a measure of overweight/obesity in children ages 2 and older. A child's BMI percentile is assessed using the child's weight and height then plotted on the gender-appropriate graph based on age. A child is considered overweight if their BMI is ≥ 85 -95th% and obese if ≥ 95 th%. The AAP recommends BMI assessment yearly starting at age 2. The AAP has also endorsed the CDC/WHO infant growth charts, which allow healthcare providers to assess BMI percentile from birth through 2 years of age. Assessment of BMI percentile during infancy can provide reassurance to breastfeeding mothers that their children are growing well and for other infants, such as those who might be consuming too much formula; it can be an early signal raising concern about growth rates that might be too rapid.

The AAP encourages pediatricians to educate parents on the 5-2-1-0 model that reaches children and families where they live, learn, work and play with a consistent message that promotes four healthy behaviors. These behaviors are evidence-based and recommended by the medical community to promote good health:

- 5 – Servings of vegetables and fruits daily
- 2 – Hours or less of non-academic TV/video game/computer/phone screen time per day
- 1 – Hour or more of physical activity

- 0 – Sugary drinks

Quality sleep is another aspect of health that pediatricians promote and can play a role in helping children achieve and maintain a healthy weight.

The TPS has surveyed the membership of the committee on Childhood Obesity every few years to gather information about what Texas pediatricians are doing regarding measuring BMI and counseling families about lifestyle modification such as the 5-2-1-0 model. The results show that pediatricians in Texas are assessing BMI and do feel that counseling families on lifestyle modification is important.

For more information and results of surveys review ECHNIC legislative reports 2012, 2014, and 2016.

Food Brought from Home

This is treated as a separate component of Action B because it applies to increasing fruit and vegetable consumption by developing relationships between child care providers and parents instead of changing behaviors in the child care environment.

Lunch is in the Bag

Drs. Briley and Hoelscher worked on the pilot study, *Lunch is in the Bag*, evaluated effects on behavioral constructs and their predictive relationship to lunch-packing behaviors of parents of young children in child care facilities.

The study examined ways parents could be influenced to include fruits, vegetables and whole grains in children's sack lunches. The study included researching *Lunch is in the Bag*, a five-week program for parents and children who use child care centers requiring lunches sent from home. The program includes classes created to provide education for the children and prompt parents to include healthy foods in their children's lunches. The program also includes activity stations outside the class once a week when parents pick up their children.

Healthy home lunch practices are now required for all providers in the Texas Rising Star program. Outcomes of the *Lunch is in the Bag* study informed the refrigeration component.

Home Lunch Practices

- a) Include healthy home lunch practices in written policies and procedures to ensure the safety of food brought from home, including refrigeration or other means to maintain appropriate temperatures.⁸
- b) Programs have policies in place outlining strategies to educate children and their parents on nutrition.
- c) Programs provide parents with information about foods that may cause allergic reactions.
- d) Providers provide sample menus of healthful lunches for parents whose children bring food from home. Parents are encouraged to provide meals with adequate nutritional value.^{6,7}

Texas Childhood Obesity Research Demonstration Project

The Michael & Susan Dell Center for Healthy Living, part of The University of Texas Health Science Center at Houston (UT Health), and the USDA/ARS (Agriculture Research Services) Children's Nutrition Research Center at Baylor College of Medicine have been awarded a \$6.28 million grant from CDC. The Texas Childhood Obesity Research Demonstration (CORD) is a CDC funded project designed to evaluate community-based obesity prevention and treatment programs in Austin and

Houston. The project takes place in Austin and Houston with collaborators from MEND (Mind, Exercise, Nutrition, Do it), Texas Children's Hospital, the Texas Center for the Prevention and Treatment of Childhood Obesity at Dell Children's Medical Center, Texas Department of State Health Services, Duke University, University of Nebraska Medical Center, the YMCA, the Sustainable Foods Center and Coordinated Approach to Child Health (CATCH). CORD connects the dots between families, pediatricians, schools and local youth organizations to support children's healthy eating and active living. If successful, CORD will become a national model for medical and community practice.⁹

For more information: <https://sph.uth.edu/research/centers/dell/projects>.

Seton Healthcare Family and the Texas Center for the Prevention and Treatment of Childhood Obesity have been awarded 1115 Medicaid Waiver/Delivery System Reform Incentive Payment funds to dramatically expand the childhood obesity center and obesity programs at Dell Children's Medical Center. One of the programs that is being developed and implemented through this grant is a young child intervention called Healthy PIECES (Parenting Intervention for Early Childhood-Education and Skill-Building) that provides Parent-Child Interaction Therapy (parent training and counseling) so that parents can best support their children in making healthy changes. David Heckler, PhD is the lead child psychologist for this intervention. Knowledge and best practices developed through this project will be shared with other providers across Texas.

The AAP established the Institute for a Healthy Childhood Weight and the AAP Section on Obesity www.aap.org/obesity. Additional resources from the AAP include: Change Talk, an interactive training simulation to help pediatricians and other health professionals learn motivational interviewing techniques to counsel families on childhood obesity; and Healthy Active Living for Families, which developed and tested a series of positive, family-focused messages specific to obesity prevention and care for the following developmental stages: infancy, toddlerhood, and early childhood. Texas families participated in focus groups and contributed to the development of this national tool.

Action C: Raise Nutrition Standards

Raise nutrition standards in licensed child care facilities for children under the age of six by promoting recommendations and policies to improve the child care minimum standards.

Actions Taken in Furtherance of the Six-Year Plan

Texas Department of Family and Protective Services (DFPS) Child Care Licensing (CCL)

In December 2010, DFPS CCL revised the nutrition standards for child care centers in Title 40 of the Texas Administrative Code, Chapter 746, *Minimum Standards for Child Care Centers*. The revisions included the following standards:

- Caregivers must ensure a supply of drinking water is always available to each child and is served at every snack, at mealtime and after active play. It must be made available in a safe and sanitary manner;
- Caregivers must not serve beverages with added sugars, such as carbonated beverages, fruit punch or sweetened milk except for a special occasion such as a holiday or birthday celebration;
- Caregivers must serve only 100 percent fruit or vegetable juice;
- Fruit juice must be served only to children ages 12 months and older; and
- Caregivers only can serve up to 4 ounces of fruit juice for children ages 12 months through five years of age and 6 ounces for children ages 6 and older per day when using towards daily food needs.

For child care centers, CCL revised minimum standards for servings of fruits and vegetables. These standards outline the required number of meals and snacks a child needs depending on the amount of time they spend at the center. The accompanying charts make it easy to determine the various food groups that should be represented. The number of servings and serving sizes required for each meal or snack. Different charts are available for different ages.

Action B and C: Increase Physical Activity for Pre-School Children in Child Care

Increase minutes of structured and unstructured physical activity in licensed day care facilities for children (under the age of 6) by promoting recommendations and policies to improve the child care minimum standards. Increase moderate to vigorous physical activity and minutes of structured and unstructured physical activity in licensed day care facilities for infants and children under the age of 6 by promoting recommendations and policies to improve the child care minimum standards requirements.

Research and Information

With regard to physical activity and sedentary time, the most recent nationwide analysis of licensing and administrative regulations was conducted in 2013. One recent analysis focused on settings improving care for infants and the second focused on the provisions of care for toddlers and preschoolers. The following five policy-based recommendations made by the National Academy of Medicine were identified as relevant to infant physical activity patterns and were examined: 1) provide daily opportunities to move freely 2) engage with infants on the ground each day 3) provide daily tummy time; 4) use cribs, car seats, and high chairs for only their primary purpose 5) limit the use of equipment such as strollers, swings, and bouncer seats for holding infants while they are awake. Likewise, another recent analysis focused on 15 potential actions supported by four policy-based recommendations made by the National Academy of Medicine to address the prevention of obesity among toddlers and preschoolers: 1) Provide opportunities to be physically active throughout the day 2) provide a community and built environment that promotes physical activity 3) implement strategies to limit the time that toddlers and preschoolers spend sitting or standing still 4) provide training in ways to increase children's physical activity and decrease children's sedentary behavior, and in how to counsel parents about their children's physical activity. ²

Fewer than half of US states and territories had regulations consistent with recommendations to limit young children's screen time and no regulations existed that were consistent with recommendations for staff to join children in physical activity, encourage seeking expert consultation, or encourage educators to receive training in ways to promote physical activity. Most states similarly had only between one and three regulations related to the five National Academy of Medicine recommendations for promoting physical activity among infants. ²

Actions Taken in Furtherance of Six-Year Plan

Texas Department of Family and Protective Services (DFPS) Child Care Licensing (CCL)

CCL minimum standards require center and home-based child care providers to provide planned activities on a daily basis that include a variety of both child-initiated and caregiver-initiated activities. The subchapters of "Basic Care Requirements" for:

Infants, Toddlers, Preschoolers and School age children require activities that include: infant opportunities for reaching, grasping, pulling up, creeping, crawling and walking in a safe, clean,

uncluttered area and daily opportunities for outdoor play as weather permits. Children ages 18 months and older are required to have opportunities for large-muscle development; opportunities for active play both indoors and outdoors; regular meal and snack times; daily morning and afternoon opportunities for outdoor play when weather permits; morning and afternoon opportunities for outdoor play as well as opportunities for active play both indoors and outdoors on a daily basis. CCL has established standards for screen time including televisions, computers or video games in a child care center. In the requirements, screen time is prohibited for children under the age of 2. For children 2 years and older, televisions, computers or video games may be used to supplement, but not replace, activities. The standards also stipulate that any screen time must be related to the planned activities, age appropriate, and must not exceed two hours per day. Children must be able to choose an alternate activity.

Texas Education Agency (TEA)

Senate Bill 891, passed during the 81st Texas Legislative Session (2009), requires that students enrolled in full-day prekindergarten must participate in moderate to vigorous physical activity for a minimum of 30 minutes a day or 135 minutes per week. The legislation also states that to the extent practicable, a school district shall require a student enrolled in prekindergarten on less than a full-day basis to participate in the same type and amount of physical activity as a student enrolled in full-day prekindergarten. Full-day prekindergarten programs are defined in the Texas Education Code §25.082(a) as one that is at least seven hours each day including intermissions and recesses. A half-day program is a minimum of three hours.

In 2017, TEA began migrating the Prekindergarten Prepare materials in-house to be hosted on the Texas Gateway. A multitude of resources from Outreach, Family Education, Registration, Expanding Access, Community Empowerment, and other resources are now available on the [Prekindergarten Enrollment Toolkit](#).

TEA's "Texas Prekindergarten Guidelines" have been established in recognition that the learning experiences of the preschool years provide a foundation that guides children academically, socially and emotionally. These experiences can influence the rest of a child's life. The guidelines include, as one of 10 domains, physical development. Although the guidelines are voluntary, they are widely used throughout the state by public prekindergarten programs and other early childhood education providers serving 3- and 4-year-old children. The guidelines include both gross motor development and fine motor development. Descriptions are provided of the skills and abilities of typically developing children by around 48 months of age, at the end of their prekindergarten year. In addition, examples are provided of what instructors should observe in child behaviors and further examples of instructional strategies to support the child's development.

In fall 2015, TEA established a 13-member review committee consisting of classroom teachers and administrators from early childhood programs in public schools, higher education faculty, and early learning experts from across the state to participate in the revision of the Texas Prekindergarten Guidelines. The revised prekindergarten guidelines are aligned with the Kindergarten Texas Essential Knowledge and Skills (TEKS), sequenced to follow child development and give teaching strategies for each of the guidelines. The new guidelines offer educators the information and support to prepare all children for success in Kindergarten. The Texas Education Agency has posted the new [Texas Prekindergarten Guidelines \(Revised 2015\)](#). The updated guidelines were implemented beginning with the 2016-2017 school year. In the summer of 2017, TEA and the Children's Learning Institute released the Texas Prekindergarten Guidelines Online Training through the [Engage Platform](#). These include all learning domains, extensive video and teachers will

be able to earn continuing professional education (CPE) credits or child care licensing clock hours for completing the training.

Department State Health Services (DSHS) Obesity Prevention Program (OPP)

The DSHS Health Promotion and Chronic Disease Prevention section continued to work with the CDC grant, DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. The grant started July 1, 2013 with a project period of five years. Short-term outcomes including improving state, community, worksite, school, and early care and education (ECE) environments to promote and reinforce healthful behaviors and practices across the life span related to the prevention of diabetes, cardiovascular disease and stroke, and obesity. DSHS Obesity Prevention Program (OPP) is working to promote the adoption of food service guidelines/nutrition standards, which include sodium, and to promote the adoption of physical activity in early care and education.

Childcare Outdoor Learning Environments

DSHS Obesity Prevention Program (OPP) is working to integrate into outdoor learning environments (OLE) of child care facilities as a proven strategy to increase physical activity. Texas Workforce Commission's Texas Rising Star Program introduced measures in 2015 related to OLE. DSHS Obesity Prevention Program conducted two Leadership Academy sessions with Texas partners to determine current practices to improve OLE in Texas. Texas partners expressed a need to identify expertise to design OLE using natural elements and best practice landscape design methods. Partners expressed their intent to work together to develop in-state resources for early care and education settings. In spring 2016 OPP began a contract with North Carolina State University to provide services to build capacity within Texas in accordance with the Natural Learning Initiative's (NLI) *Preventing Obesity by Design (POD)* and best practice landscape design indicators. Four, "OLE!" Texas pilot demonstration sites participated in trainings to serve as model sites for professionals in the area:

- Lubbock: Covenant Child Development Center
- Austin: Children's Lab School, Austin Community College
(<http://www.austincc.edu/childdev/labschool/>)
- Harris County: Pasadena Head Start
- San Antonio: Will Smith Zoo School (<http://sazooschool.com>)

Eight formal presentations have been made to a total of 630 attendees.

For more information visit: <https://www.dshs.texas.gov/Obesity/OLE/>

Your Health Matters: Growing Active and Healthy Communities

The DSHS Obesity Prevention Program supported work in the Texas Childhood Obesity Research Demonstration (CORD) project in coordination with the Michael & Susan Dell Center for Healthy Living. A key DSHS contribution to the CORD project was development of the Your Health Matters: Growing Active and Healthy Communities continuing education curricula. The Obesity Prevention Program partnered with the University of Texas School of Public Health (UTSPH), Brownsville to develop the continuing education curricula, "Your Health Matters: Growing Active Communities" and "Your Health Matters: Growing Healthy Communities" in English and Spanish. The purpose of

this project is to train *promotores*, Spanish-speaking community members who receive specialized training to provide basic health education in the community without being a professional health care worker, and community health workers (CHWs) throughout Texas to promote administrative policy, systems, and environmental approaches to physical activity and nutrition in their communities. Both Your Health Matters curricula were tested in both English and Spanish, using participatory methods that included the target audience (*promotores* or CHWs), focus groups, and expert consultation from local professional health educators and evaluators. Both curricula were developed within the core principles, goals, and competency areas of the DSHS-certified training program’s curriculum framework.

Trainings listed below (not a complete list):

Location	Language	Date	Number of Participants	Number of CHWs	Number of CHW Instructors
Brownsville	English	08/26/16	42	21	3
Kerrville	English	07/19/17	21	19	4
La Feria	English	09/29/17	21	12	-
Corpus Christi	English	11/02/17	32	-	10
Brownsville	English	12/11/17	28	-	-

For additional information: <https://www.dshs.texas.gov/Obesity/TrainingsAvailable/>.

Texas Department of Family and Protective Services (DFPS) Child Care Licensing (CCL)

CCL minimum standards states that center and home-based child care providers are required to provide planned activities on a daily basis that include a variety of both child-initiated and caregiver-initiated activities. CCL’s standards in “Basic Care Requirements for Infants” require physical activities for infants that include opportunities for reaching, grasping, pulling up, creeping, crawling and walking in a safe, clean, uncluttered area. In addition, children ages 18 months and older are required to have morning and afternoon opportunities for outdoor play as well as opportunities for active play both indoors and outdoors on a daily basis.

CCL’s “Developmental Activities and Activity Plan” includes standards that require planning for outdoor active play utilizing small and large muscles twice daily.

CCL also established minimum standards for screen time in front of televisions, computers or video games in a child care center. In the standards, screen time is prohibited for children under the age of 2. For children 2 years and older, televisions, computers or video games may be used to

supplement, but not replace, activities. The standards also stipulate that any screen time must be related to the planned activities, age appropriate and must not exceed two hours per day.

Texas Department of Agriculture (TDA) and Department of State Health Services (DSHS)

In an interagency effort to promote nutrition and exercise to 2 to 5 year olds, TDA partnered with DSHS WIC in the production and distribution of “The Adventures of Zobey Barn Dance Party/Jungle Jive” and educator DVD “The Adventures of Zobey in Preventing Childhood Obesity.” The DVDs are designed to help the children be physically active and learn about healthy foods while viewing the video. The DVDs include recipes and nutrition tips as well as video clips of fun physical activities. From 2010 to 2017 TDA has distributed over 25,000 copies to Texas child care centers and day care homes by way of trainings, exhibits, and direct mail.

Early Childhood Physical Activity Survey

A physical activity survey was developed and approved by the Council. The Department of State Health Services (DSHS) Health Promotion and Chronic Disease Prevention Section administered and analyzed the statewide survey of physical activity policies and practices in child care facilities in the State of Texas. The survey captured information related to the amount of time spent in structured and unstructured physical activity, sedentary activity, barriers to physical activity, types of physical activity equipment and resources used in outside care and physical activity training for staff. The Executive Summary and complete survey outcomes are included in the 2016 ECHNIC Legislative Report.

Decreasing Malnutrition and Undernourishment for Children under the Age of Six

Research and Information

For food insecure children, meals provided in child care centers may comprise a large fraction of food that they eat — making the provision of *healthy* food through these programs especially important. Food insecurity also triggers obesity when young children develop poor nutritional habits. Texas is among the states with the highest rates of food insecurity in the nation for children.¹⁰ National food assistance programs are invaluable in providing assistance to those in need, however additional support and increasing participation in these nutrition programs are needed.

Each day across the United States, more than 4 million children, many from low-income families receive meals and snacks through the USDA Child and Adult Care Food Program (CACFP). The program provides funding for foods, in the form of reimbursements, to a variety of child care, after-school, and adult day care institutions that serve young children, older adults, and chronically disable people. Through CACFP, the USDA aims to ensure that all of these vulnerable populations have daily access to nutritious foods to reach very young children, food assistance programs must connect with early child care providers.⁴ While approximately 15 percent of preschool children are primarily cared for by their relatives, most preschoolers who spend time in non-parental care arrangements are placed in center-based care such as child care centers, preschools, Head Start programs or family child care homes. Child care settings such as CACFP provide numerous opportunities to promote healthy eating and physical activity behaviors among preschool children.¹¹

Many low-income working parents rely on child care and afterschool programs to provide a safe and healthy place for their children while they commute and work. By providing partial reimbursement for nutritious meals and snacks for eligible children who are enrolled at participating child care centers, day care homes and Head Start programs, CACFP plays an

important role in improving the quality of those programs and in making them more affordable for low-income parents.

While CACFP has several segments, the majority of CACFP participants are preschool-aged children attending participating family child homes, child care centers or Head Start programs. Depending on the type of program, eligibility is based either on the poverty status of the area or on the income of the enrolled children.

CACFP child enrollment has risen steadily among centers but declined for homes. Below are the number of settings and average daily attendance by type, FY 2014-16:

Fiscal year	Homes		Centers	
	Number of homes	Average daily attendance	Number of centers	Average daily attendance
2016	107,832	752,737	62,769	3,414,846
2015	113,847	777,667	64,211	3,277,506
2014	117,172	776,274	58,656	2,941,355

Sources: U.S. Department of Agriculture, “Program Information Report: U.S. Summary, FY 2016-FY 2017” (October 2016), <https://www.fns.usda.gov/sites/default/files/datastatistics/keydata-october-2016.pdf>; U.S. Department of Agriculture, “Program Information Report: U.S. Summary, FY 2015-FY 2016” (December 2015), <https://www.fns.usda.gov/sites/default/files/datastatistics/keydata-december-2015.pdf>; U.S. Department of Agriculture, “Program Information Report: U.S. Summary, FY 2016-FY 2017” (October 2016), <https://www.fns.usda.gov/sites/default/files/datastatistics/keydata-october-2016.pdf>; U.S. Department of Agriculture, “Program Information Report: U.S. Summary, FY 2014-FY 2015” (October 2014), <https://www.fns.usda.gov/sites/default/files/datastatistics/Keydata-October-2014.pdf> © 2017 The Pew Charitable Trusts

Over 115,000 family child care providers working with 800 sponsors use CACFP to provide children with high-quality nutrition and learning experiences.¹²

In 2016, CACFP provided 2 billion meals and snacks to:

- 4.3 million children daily in child care centers, family care homes, and after-school programs.
- 130,000 persons in Adult Day Care.
- 64,000 child care centers

HHSC WIC Program

The Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as the WIC program, serves to safeguard the health of low-income women, infants, and children younger than 5 who are at nutritional risk. As the third largest food and nutrition assistance program, WIC served about 7.3 million participants per month in fiscal year 2017, including over half of all infants born in the United States. Federal program costs for WIC were nearly \$6.5 billion in fiscal year 2017.¹³

WIC is a public health nutrition program under the jurisdiction of the United States Department of Agriculture (USDA). It is a domestic discretionary program funded annually through the U.S. Senate and House Appropriations Committee. WIC provides certain healthy foods to supplement the dietary needs of participants to ensure good health and development.

WIC serves low-income pregnant and post-partum women, infants, and children up to age 5 who are at nutritional risk.

Low-income: Applicants must have income at or below 185 percent of the U.S. Poverty Income Guidelines, or be enrolled in Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Medicaid.

Nutrition risk: Applicants are screened by health professionals for 1) Medically-based risks such as anemia, underweight, smoking, maternal age, history of pregnancy complications, or poor pregnancy outcomes and 2) diet-based risks such as not consuming the U.S. Dietary Guidelines recommended amount of protein or iron in their diet.

Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.

Food Research and Action Center (FRAC)

Profile of Hunger, Poverty and Federal Nutrition Programs (FNP) in Texas 2016

Each year the Food Research and Action Center (FRAC) analyzes state-level data and provides a profile of hunger, poverty and federal nutrition programs for each state. U.S. Department of Agriculture (USDA) data is used to develop a picture of participation trends in the U.S. as a whole, each of the 50 states, and the District of Columbia.

The following charts provide the profile of hunger, poverty and FNP in Texas:

Texas

Demographics, Poverty and Food Insecurity

Population (2016)	
Total People	27,862,596
Children (Under Age 18)	7,294,476

Income and Poverty (2016)	
Median Household Income	\$56,569
Rank Among States (Best to Worst)	26
Total People Living In Poverty	4,261,337
Poverty Rate	15.6%
Rank Among States (Worst to Best)	13
Children (Under Age 18) Living In Poverty	1,619,026
Child Poverty Rate	22.4%
Rank Among States (Worst to Best)	14
Total People Living Below 185% of Federal Poverty Level	8,925,652

Food Insecurity and Food Hardship	
Number of Households that are Food Insecure (2014-2016, 3-year average)	1,433,289
Percent of Households that are Food Insecure (2014-2016, 3-year average)	14.3%
Number of Households that are Very Low Food Secure (2014-2016, 3-year average)	561,288
Percent of Households that are Very Low Food Secure (2014-2016, 3-year average)	5.6%
Percent of Households Struggling Against Food Hardship (2015)	16.7%

Federal Nutrition Programs

School Breakfast Program (School Year 2015-2016)	
Average Daily Student Participation	1,906,513
Free and Reduced-Price Students	1,619,173
Paid Students	287,339
Change in Free and Reduced-Price Participation in Last 10 Years	46.7%
Free and Reduced-Price Students Participating in School Breakfast per 100 in School Lunch	63.1
Rank Among States (Best to Worst)	8
Additional Free and Reduced-Price Students Served if Reached School Breakfast to Lunch Ratio of 70:100	175,724
Additional Federal Dollars State Would Receive if Participation Ratio Reached 70:100	\$49,979,712
Number of Schools Participating	8,457
Schools Offering School Breakfast per 100 Offering School Lunch	100.2
Federal Funding for School Breakfast	\$566,476,493
School Breakfast Mandate in State Law (Yes/No)	Yes

National School Lunch Program (School Year 2015-2016)	
Average Daily Student Participation	3,338,920
Free and Reduced-Price Students	2,564,138
Paid Students	774,781
Number of Schools Participating	8,443
Federal Funding for School Lunch	\$1,445,195,933

Summer Nutrition Participation (July 2016)	
Average Daily Summer Nutrition Participation in July	195,681
July Summer Food Service Participation	123,246
July National School Lunch Participation in Free and Reduced-Price Lunch	72,436
Change in Average Daily Summer Nutrition Participation in Last 10 Years	17.7%
Summer Nutrition Participation as a Ratio to Regular Year Free and Reduced-Price School Lunch Participation	8.1
Rank Among States (Best to Worst)	48
Additional Low-Income Children Served if Reached Ratio of 40:100	766,383
Additional Federal Dollars State Would Receive if Reached Ratio of 40:100	\$56,482,452
Number of Summer Food Service Sponsors	279
Number of Summer Food Service Sites	3,220
Federal Funding for Summer Food Service Program	\$35,301,320

Texas

SNAP / Food Stamp Program	
Average Monthly Participation (Individuals) (FY 2016)	3,768,472
Change in Participation in Last 5 Years (FY 2011 - FY 2016)	-5.2%
Average Monthly Benefit per Person (FY 2016)	\$117.39
Participation Rate of Eligible Persons (FY 2014)	73.0%
Rank Among States (Best to Worst)	45
Participation Rate of Eligible Working Poor (FY 2014)	66.0%
Program Access Index (PAI) - Ratio of SNAP Participants to Low-Income Population (FY 2015)	65.6
Annual Federal Funding for SNAP/Food Stamps (FY 2016)	\$5,308,544,560

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (FY 2016)	
Average Monthly Participation	859,819
Women	230,110
Infants	214,046
Children	415,664
Change in Average Monthly Participation in the last 10 Years (FY 2006 - FY 2016)	-3.1%
Federal Funding for WIC	\$522,151,225

Child and Adult Care Food Program (CACFP) (FY 2016)	
Number of Participating Family Child Care Homes	4,965
Family Child Care Home Average Daily Participation of Children	39,039
Change in Family Child Care Daily Participation in Last 10 Years	-78.1%
Number of Participating Child Care Centers (Includes Head Start)	6,344
Child Care Center Average Daily Participation of Children (Includes Head Start)	481,625
Change in Center Daily Participation in Last 10 Years	1172.0%
Federal Funding for CACFP	\$380,791,168

The Emergency Food Assistance Program (TEFAP) (FY 2016)	
Federal Entitlement Funding	\$22,704,400
Federal Bonus Commodity Funding	\$23,480,151
Administrative Funding	\$6,879,176

Commodity Supplemental Food Program (CSFP) (FY 2016)	
Average Monthly Participation	35,406
Federal Funding for CSFP	\$10,365,069

State Economic Security Policies

Minimum Wage (2017)	
State Minimum Wage	\$7.25

Earned Income Tax Credit (EITC) (2017)	
State EITC (Yes/No)	No
Refundable (Yes/No)	No

Temporary Assistance to Needy Families (TANF)	
Average Monthly Participation (FY 2016)	64,233
Adults	7,433
Children	56,800
Maximum TANF Benefit, Single-Parent Family of Three (FY 2016)	\$285
Federal and State Funding for Cash Assistance (FY 2015)	\$58,129,686

Texas p.1 | Updated Feb.2016 For More Information: <http://www.frac.org/research/frac.org/reports-and-resources/national-and-state-program-data-2>

Conclusion

Next Step: State agencies and stakeholders will continue to regularly facilitate collaboration to:

- Facilitate the consumption of breast milk in early childhood care settings
- Increase awareness among parents of the benefits of breastfeeding, healthy eating and appropriate activity in children under the age of six
- Increase fruit and vegetable consumption among children under the age of six
- Increase daily structured and unstructured physical activity in early childhood care settings for children under the age of six
- Decrease malnutrition and undernourishment among children under the age of six

Implication

- State agency efforts are making significant and necessary progress on improving nutrition, breastfeeding, and physical activity; without support for these efforts, Texas will face an unprecedented and public health, healthcare, and economic crisis.

Sources

¹ Report Brief June 2011, Institute of Medicine of the Nation Academies, *Early Childhood Obesity Prevention Policies*

² What Can be learned from Existing Investigations of weight-Related Practices and Policies with the Potential to Impact Disparities in US Child-Care Settings: A Narrative Review and Call for Surveillance and Evaluation Efforts; *Journal of Academy of Nutrition and Dietetics*, October 2017 Volume 117 Number 10; 1554-1576.

³ <http://pediatrics.aappublications.org/content/pediatrics/129/3/e827.full.pdf>

⁴ *Pediatrics* September 2014, VOLUME 134 / ISSUE Supplement 1; Fruit and Vegetable Intake During Infancy and Early Childhood Kirsten A. Grimm, Sonia A. Kim, Amy L. Yaroch, Kelley S. Scanlon

⁵ http://www.heart.org/HEARTORG/HealthyLiving/Dietary-Recommendations-for-Healthy-Children_UCM_303886_Article.jsp#.WhRBslWnGUk

⁶ Parent packs, child eats: Surprising results of Lunch is in the Bag's efficacy trial; *Appetite*, October 2017 Volume 121; 249-262. Cindy Roberts-Gray, Nalini Ranjit, Sara J. Sweitzer, Courtney E. Byrd-Williams, Maria Jose Romo-Palafox, Margaret E. Briley, Deanna M. Hoelscher

⁷ Efficacy of the Lunch is in the Bag intervention to increase parents' packing of healthy bag lunches for young children: a cluster-randomized trial in early care and education centers; *International Journal of Behavioral Nutrition and Physical Activity*; (2016) 13:3 DOI 10.1186/s12966-015-0326-x

⁸ Temperature of Foods Sent by Parents of Preschool-Aged Children; *Pediatrics* 2011;128;519; originally published online August 8, 2011; DOI: 10.1542/peds.2010-2885; Fawaz D. Almansour, Sara J. Sweitzer, Allison A. Magness, Eric E. Calloway, Michael R. McAllaster, Cynthia R. Roberts-Gray, Deanna M. Hoelscher and Margaret E. Briley

⁹ Efficacy of a Community- Versus Primary Care-Centered Program for Childhood Obesity: TX CORD RCT; *Obesity* (2017) 25, 1584-1593. doi:10.1002/oby.21929; Nancy F. Butte, Deanna M. Hoelscher, Sarah E. Barlow, Stephen Pont, Casey Durand, Elizabeth A. Vandewater, Yan Liu¹, Anne L. Adolph, Adriana P_erez, Theresa A. Wilson, Alejandra Gonzalez, Maurice R. Puyau, Shreela V. Sharma, Courtney Byrd-Williams, Abiodun Oluyomi, Terry Huang, Eric A. Finkelstein, Paul M. Sacher, and Steven H. Kelder

¹⁰ Map the Meal Gap Child Food Insecurity 2016. Available from <http://map.feedingamerica.org/county/2016/overall/texas>

¹¹ Healthier Nutrition Standards Benefit Kids; A report from the Pew Charitable Trusts and the Robert Wood Johnson Foundation; September 2017.

¹² <http://www.frac.org/research>

¹³ <https://www.fns.usda.gov/wic/women-infants-and-children-wic>