

A Report to the Legislature from the Interagency Obesity Council

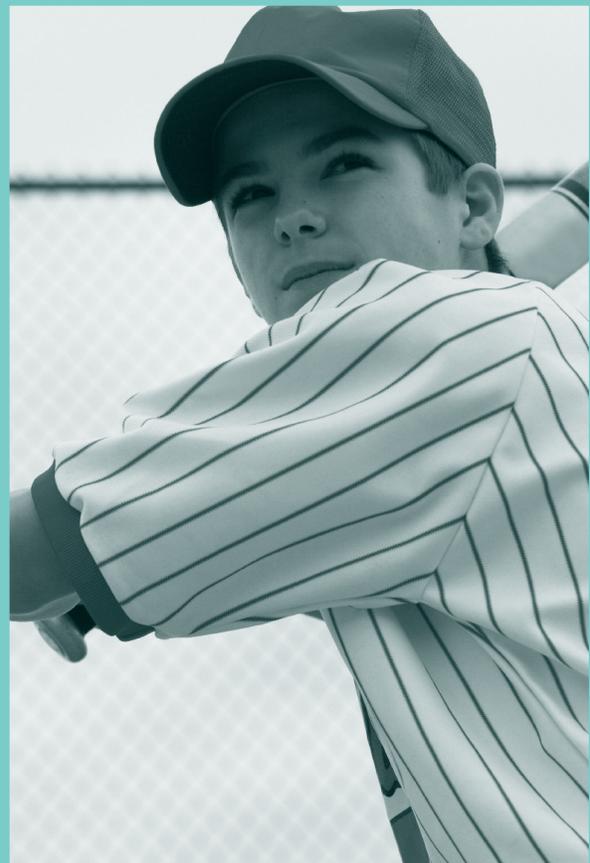


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Introduction

Obesity is a critical health problem in Texas. According to a survey of Texas schoolchildren's weight status conducted in 2004 and 2005, 42 percent of fourth-graders, 39 percent of eighth-graders and 36 percent of 11th graders were either overweight or obese.¹ An estimated 61 percent of obese children and adolescents have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.² In addition, obese children are at greater risk than healthy-weight children for bone and joint problems, asthma, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.^{3,4,5} They are also more likely to become overweight or obese adults, and therefore are at higher risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.⁴

The evidence is clear that obese children and adolescents are likely to remain obese as adults. Although many variables can affect weight status over the lifecycle, retrospective studies show that 50 to 80 percent of overweight children remain overweight as adults, and that if children are overweight before the age of 8, obesity in adulthood is likely to be more severe.^{6,7,8}

Physically fit children typically have lower rates of obesity. During the 2007-2008 school year the Texas Education Agency (TEA) implemented the Physical Fitness Assessment Initiative, as mandated by Texas Education Code, Chapter 38.101, which requires one annual physical fitness assessment of all students in grades 3 through 12. During the program's first year, 2.6 million of the almost 3.4 million students in grades 3 through 12 (77 percent of eligible students) were tested. Preliminary results demonstrate that about 33 percent of third-grade girls and almost 29 percent of third-grade boys reached the "Healthy Fitness Zone." By seventh grade, only 21 percent of the girls and 17 percent of the boys still met this achievement level. By 12th grade, just 8 percent of the girls and only 9 percent of the boys met the health standards in all six tests.

Healthy eating and physical activity can lower the risk of children becoming obese and therefore reduce their risk of developing related diseases. Unless bold measures



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In 2007, an estimated 11.4 million adult Texans (66 percent) were either overweight or obese.⁹ If current trends continue, an estimated 20 million (75 percent) adult Texans will be either overweight or obese by 2040. In 2001, the economic burden of obesity in Texas was estimated at \$10.5 billion. It is estimated that this cost will reach \$39 billion by 2040 if current trends persist.¹⁰ Nationally, it is estimated that almost one-quarter of all healthcare charges are related to physical inactivity and the conditions of overweight and obesity.¹¹

Obese adults, like obese children, have a much higher risk than healthy-weight adults of developing high cholesterol, high blood pressure, heart disease,

stroke, type 2 diabetes, pulmonary disease, arthritis, and many other chronic conditions that reduce quality of life and cause premature disability and death.

According to the March 2007 report, *Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers*, published by Susan Combs, Texas Comptroller of Public Accounts:

- “Obesity cost Texas businesses an estimated \$3.3 billion in 2005. This figure includes the cost of healthcare, absenteeism, decreased productivity and disability.”
- “Most of the cost of private health insurance is borne by employers. Since 2001, their health insurance premiums have risen by an average of 68.2 percent. The national epidemic of obesity is a major factor in rising health care costs and skyrocketing health insurance premiums, as well as lost productivity and absenteeism among Texas’s workforce.”

- “By 2025, many of the overweight children in Texas will be entering the workforce as overweight or obese adults, at a considerable cost to their employers. If the prevalence of obesity continues rising at the current pace, obesity could cost Texas businesses \$15.8 billion annually by 2025.”

In 2007, the percent overweight and obese adults in Texas was higher among African-Americans (75 percent) and Latinos (71 percent) than among Anglos (63 percent); and persons of low socio-economic status were particularly affected (69 percent when annual income was less than \$25,000).¹⁰ According to the Office of the State Demographer, the population of Texas is increasing at almost twice the rate of the national population, and the fastest growth is among populations with the highest rates of obesity.

Clearly, Texas is facing an unprecedented and expensive healthcare crisis if nothing is done to reverse the obesity epidemic.

The Interagency Obesity Council (IOC) was codified in [Health and Safety Code, Chapter 114](#), during the 80th Legislative Session (2007) to address nutrition and obesity prevention among children and adults. It is comprised of the commissioners of the Texas Department of Agriculture, the Texas Department of State Health Services (DSHS), and the Texas Education Agency, or their designees. The IOC is required to meet at least once a year to:

- Discuss the status of each agency’s programs that promote better health and nutrition and prevent obesity among children and adults in this state, and
- Consider the feasibility of tax incentives for employers who promote activities designed to reduce obesity in the workforce.

Additionally, the IOC must submit a report by January 15 of each odd-numbered year to the governor, the lieutenant governor, and the speaker of the house of representatives on activities of the council during the preceding two calendar years.

The primary focus of this initial report will be a description of the IOC’s meetings and activities since September 2007, as well as requirements defined in [Health and Safety Code, Chapter 114](#):

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

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Interagency Obesity Council Activities During Fiscal Year 2008

Council Meetings

During fiscal year 2008, the Interagency Obesity Council (Council) held two meetings – on September 19, 2007, and on June 4, 2008. Summaries of the two Council meetings are provided in Appendix A.

A Study of the Feasibility of Tax Incentives for Employers Who Promote Activities Designed to Reduce Obesity in the Workforce

Health and Safety Code, Chapter 114, directs the Interagency Obesity Council to “consider the feasibility of tax incentives for employers who promote activities designed to reduce obesity in the workforce.” To study this issue, DSHS staff:

- Interviewed key business stakeholders in Texas.
- Interviewed a representative of the Indiana State Health Department about the “certified wellness program” that small Indiana businesses may use to qualify for a tax credit.
- Reviewed legislation from other states that is pending or has been enacted.

Below are the results of this study as well as recommendations about the feasibility of tax incentives for Texas employers who promote employee wellness activities.

WHAT KEY BUSINESS STAKEHOLDERS IN TEXAS HAD TO SAY¹

When asked about the trends in employee wellness programs in Texas, key business stakeholders reported that:

- Businesses are just beginning to look at employee wellness programs as a way to control the ever-increasing costs of healthcare benefits, but it is a slow-growing trend.
- Large companies have more resources to devote to wellness programs and therefore have been the early adopters.

- Some small employers are beginning to offer employee wellness programs because they have such a visible impact on productivity, but this approach does not appear to be common among medium to small companies.

Key stakeholders were also asked about the **barriers to employee wellness programs in large, medium, and small businesses**. They reported the following:

- Many businesses do not realize that employee wellness programs are an investment strategy. Many of those that do realize it do not know how to go about implementing such programs.
- The cost of a wellness program can be a barrier for a small business in the same way that cost can be a barrier to healthcare benefits for a small business.
- Worksite wellness is a long-term investment, but in businesses with a high turnover, it is not viewed as a good investment because the owners are not sure they will see a return on their investment.
- Executive managers do not always “buy into it” because they do not view themselves as being in the business of making people healthy.
- Businesses often do not have information about the employee wellness strategies and methods that are most effective.
- Incentives are an extremely effective means to improve employees’ health behaviors and fitness levels, but businesses may not be able to afford them.

Stakeholders were also asked about the **pros and cons of state legislation that would provide tax incentives** for businesses that provide qualified wellness programs, and were given examples of such legislation that has been proposed or enacted in other states. For example, several states have introduced legislation that would create, for example, a sales tax exemption for membership in a gym or fitness facility; a tax credit for a business that pays all or part of the price of membership in a gym or fitness facility; or a tax credit equal to 50 percent of the costs incurred by the business/taxpayer for providing a “qualified” wellness program for employees. Key stakeholders reported the following:

- It would be difficult to write a bill broad enough and/or detailed enough to cover all businesses, yet be in alignment with IRS tax requirements.
- It would be difficult to define a “qualified” wellness program that would be

eligible for a tax exemption. There may be pressure to include activities that have not been proven to be effective.

- A tax exemption for membership to an exercise or fitness club cannot be applied equally across all employees – it would discriminate against people with certain disabilities.
- A tax exemption for exercise or fitness clubs would give the wrong message. It would say that joining these types of clubs is necessary to achieve health, when it is not. Wellness is so much broader than just physical fitness – it should include nutrition, stress reduction, tobacco cessation, and many other wellness components that have a tremendous impact on health. People can easily get physical activity for free without going to a gym.
- Tax exemptions for membership in a fitness club would not be helpful for people who live in rural areas or inner-city areas where clubs either do not exist or are not convenient. Respondents stated that the only people that would potentially benefit from this are the fitness clubs who might see an increase in business.
- A tax credit equal to 50 percent of the costs a business incurs to provide a comprehensive wellness program would be better than a tax credit for gym membership because it is broader and fairer and would allow employers to address the overall wellness needs – not just the fitness needs – of all employees, including those that have disabilities that preclude gym activities.
- Gym membership does not mean gym participation – the very people that need it the most will most likely not use it.
- To be effective, employers need to cover gym membership for the entire family, not just the employee. This would increase the cost to the business but the business would only get a tax break on the employee's membership.
- Perhaps a tax exemption should be considered for businesses that cover membership in Weight Watchers or other proven programs for people who are in need of weight loss.

Stakeholders were also asked: *Are there other non-tax incentives to promote health and wellness that should be considered for businesses and/or individuals?*

- One respondent indicated a desire for a statewide smoking ban because it would save businesses the time and effort it takes them to individually

- develop and implement their own no-smoking policies.
- Other respondents suggested incentives such as deductions for the cost of smoking cessation, days off, reduced cost co-pays, and bonuses.

NOTE: The Interagency Obesity Council would like to thank the following individuals who graciously agreed to complete a survey or participate in a phone interview to collect input on worksite wellness and tax incentives: Jennifer Conroy, Dr.P.H., M.P.H., Community and Public Health Strategist, Austin Fitness Council, Austin; Marianne Fazen, Ph.D., Executive Director, DFW Business Group on Health & Texas Coalition for Worksite Wellness, Dallas; Kathy Durbin, Director of Benefits, H.E.B., San Antonio; Stephanie Hawkins, Wellness Coordinator, 3M, Austin.

A REVIEW OF WORKSITE WELLNESS TAX INCENTIVE LEGISLATION IN OTHER STATES

According to the National Conference of State Legislatures, between 2006 and 2008 fifteen states had proposed legislation to award tax credits to businesses that provide worksite or employee wellness programs or activities. To date, Indiana is the only state that has enacted such legislation.² (See Appendix B for a review of this proposed tax-credit legislation.)

Indiana's Certified Wellness Program

In 2007, Indiana passed HB 1678 (Ind. Public Law 218 [2007]), which created a “small employer wellness tax credit program.” This program, referred to as the Certified Wellness Program, allows employers with two to 100 full-time employees to receive a tax credit for 50 percent of the costs incurred in a given year for providing qualified wellness programs to their employees. A qualified wellness program is one that meets criteria set by the state and that has been certified by the Indiana State Department of Health (ISDH).

There are two ways that a small business in Indiana can qualify for the tax credit.³

- 1) A small business can design its own worksite wellness program and electronically submit a simple, five-page application to ISDH describing how

the program meets the Certified Wellness Program criteria. This application must be re-submitted annually because certification expires at the end of each calendar year.

- 2) A small business can work with a wellness vendor if the wellness vendor has been certified by ISDH through a similar application process using the same program criteria. At the request of a small business using the services of a certified wellness vendor, the vendor must submit the name of that small business to the ISDH for certification. As of September 2008, seventeen wellness vendors had been certified.

The minimum standards for certification are defined by Indiana Public Law, per HB 1678. They include: 1) appropriate weight loss, 2) smoking cessation, and 3) pursuit of preventive healthcare services. Rules have been promulgated to define the application process and to describe the requisite program components and criteria, for example, educational materials, assessments of health status, incentive programs to motivate employees, and evaluation tools.³

Indiana's Certified Wellness Program was first implemented in October 2007. By the end of 2007, 51 businesses had been certified (either on their own or through a wellness vendor), but only eight of them took advantage of the 2007 tax credit. The total combined 2007 tax credit for these eight small businesses was approximately \$20,000. In September 2008 – eleven months into the program – about 70 businesses had been certified and applications were pending for about 20 others. The administration of the program, which up to this point had required one full-time employee, consists of processing applications and providing technical assistance to businesses about the program. To date, the program has not been actively marketed, but with any marketing ISDH staff predicts that the staffing needs would increase accordingly. At this point, the certified businesses are not monitored or audited for program compliance. If monitoring and auditing were to be required, staffing needs would increase significantly.⁴

As with all new ground-breaking programs, ISDH has many lessons-learned and is therefore making plans to amend program rules to:

- Clearly delineate wellness expenses that can and cannot be counted towards

a tax credit, including approved motivational incentives or rewards for employees that participate in the program.

- Delete the provision for certification of wellness vendors. Small businesses will still be able to qualify for a tax credit if they purchase the services of a wellness vendor, but the small business – not the wellness vendor as is the case under current rules – would be responsible for submitting the application describing those services.

In addition to amending program rules, it is likely that legislation will be introduced during Indiana’s next legislative session to put a cap on the total tax incentive that one small business can claim per year.⁴

ISSUES TO CONSIDER: THE FEASIBILITY OF TAX CREDITS FOR TEXAS EMPLOYERS WHO PROMOTE ACTIVITIES DESIGNED TO REDUCE OBESITY:

- 1) To have the greatest impact on health, productivity and healthcare costs, it is recommended that employee-wellness programs address the most common and costly health problems, not just obesity. While obesity does have a tremendous impact on employee health and productivity and healthcare costs, other modifiable behaviors and treatable conditions, for example – tobacco use, alcohol abuse, depression, and sleep problems – also have a tremendous impact on healthcare costs and productivity.
- 2) Any implementation of tax incentives for Texas employers who promote health improvement activities should take into consideration a number of issues:
 - Will all businesses be eligible for the tax incentives?
 - Should an annual cap be placed on the amount that can be claimed per employee and/or per business?
 - What costs associated with the wellness program will be in scope for the tax incentive/credit?
 - What percent of eligible employers would be interested in participating?
- 3) Infrastructure to support the administration of the proposed tax incentive program will depend on a number of items:
 - An estimate of the number of businesses that would participate in the tax-incentive program.

- The type and extent of documentation that businesses should be asked to submit to the state to qualify for the tax incentives, and the frequency with which this documentation should be submitted.
 - The state agency (or agencies) that will be asked to administer and/or provide oversight for the program. These agencies will more than likely require new appropriations to cover the additional workload.
 - The degree to which compliance is verified, and the verification method.
 - The degree to which the program is marketed.
- 4) If a tax incentive program is codified, it should be evaluated for effectiveness. A multi-disciplinary team should be convened prior to implementation of the program to design an evaluation that is not burdensome to participating businesses and to ensure that evaluation data are readily available. It would be critical to evaluate such an incentive program to determine the return on investment.

References

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Agency Programs and Activities Designed to Promote Better Health and Nutrition

Texas Department of Agriculture

EDUCATION AND AWARENESS PROGRAMS

Since taking office in January 2007, Agriculture Commissioner Todd Staples has made nutrition education and awareness a top priority for all Texas Department of Agriculture (TDA) nutrition programs. Commissioner Staples established the “Three E’s of Healthy Living: Education, Exercise, and Eating Right,” and promotes this strategy to school, community, business, and government forums. For the 2009 legislative session, TDA has requested \$50 million in legislative appropriations to support nutrition education at the early childhood, school, after-school, and community program levels. Commissioner Staples is convinced that sound nutrition education, physical activity, and access to healthy foods are the necessary components to win the war on obesity.

CHILD NUTRITION PROGRAMS

TDA has administered the United States Department of Agriculture (USDA) child nutrition programs for Texas since 2003. These programs include the National School Lunch Program, the School Breakfast Program, and the Summer Food Service Program. The Texas Public School Nutrition Policy (TPSNP), which directs schools that participate in the National School Lunch and School Breakfast programs, represents some of the strongest state nutrition guidelines in the nation. Many requirements of the TPSNP exceed federal regulations, with more restrictive provisions on portion sizes, nutrient content, and deep-fat frying.

- National School Lunch Program: Serves nutritious, low-cost or free lunches to students in public and non-profit private schools in Texas. Lunches must meet federal nutrition guidelines, and are reimbursable to schools based on number of meals served.
- School Breakfast Program: Serves nutritious, low-cost or free breakfasts to students in public and non-profit private schools in Texas. This program

operates in a similar manner to the National School Lunch Program.

Texas state law requires that a school district must participate in the School Breakfast Program if at least ten percent of its students are eligible to receive free or reduced-price meals.

- Summer Food Service Program: Provides nutritious and free meals to children under 18 during the summer months. School districts and other sponsors (non-profit youth programs such as Boys and Girls Clubs, YMCAs, summer camps, etc.) may serve as a summer feeding program site.

Between 2006 and 2008, daily participation in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) increased in Texas school districts by five percent and nine percent, respectively. Approximately 4.6 million children have access to nutritious meals under these programs. During the 2007-08 school year, over 514 million lunches and over 234 million breakfasts were served to Texas schoolchildren. Additionally, the TPSNP is in year three of its four-year implementation schedule. Each successive year represents more restrictive guidelines on access to foods of minimal nutritional value and methods of food preparation, as well as stronger mandates for the provision of fruits and vegetables and the reduction of trans-fat content in purchased foods. The TDA provides education and promotion of the school meal programs through its Square Meals Web site (www.squaremeals.org) and materials.

By increased daily participation in the NSLP and SBP, more children have access to nutritionally sound meals. The Square Meals Education and Outreach Program Second Assessment Report was released in December 2007 and can be found at: http://www.squaremeals.org/fn/render/channel/items/0,1249,2348_15606_0_0,00.html. According to this report, more than 70 percent of program stakeholders rated the Square Meals program as either effective or highly effective in encouraging healthy eating behaviors, such as “promoting fruit and vegetable consumption and portion control.” Program stakeholders also gave the program high marks for increasing the awareness of the importance of good nutrition and physical activity.

School districts are required to operate a Summer Food Service Program (SFSP) if 60 percent or more of their children are eligible for free or reduced-price meals. During June 2008, TDA organized a SFSP kick-off event and released a public service

announcement designed to increase participation in the SFSP. This promotion helped increase the number of SFSP meals served by more than 100 percent.

The demand for this program outweighs the access to it. Many sponsors operate the program for only a month due to lack of funding available to cover utility and staffing costs for the entire summer. TDA will work with current sponsors to help identify partnership opportunities so that sites can remain open for a longer period during the summer. TDA will also continue to provide outreach to potential sponsors to increase the number of feeding sites.

SPECIAL NUTRITION PROGRAMS

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

- Child and Adult Care Food Program (CACFP): Provides reimbursable meals and snacks to daycare centers, daycare homes, and adult daycare centers (elderly or disabled).

The SUMA/Orchard Social Marketing firm (SOSM) conducted an evaluation of food service practices for children in CACFP childcare centers and daycare homes on behalf of the State Nutrition Action Plan (SNAP) collaborative. The goal of the SNAP is to collaborate across USDA-funded food and nutrition programs and with community groups to communicate consistent nutrition messages through multiple channels in order to reduce the risk of overweight and obesity. The SOSM evaluation focused on the incorporation of recommended fruit and vegetable servings when providing meals for children.

The purpose of this evaluation was to determine the attitudes and current practices of childcare center contractors and daycare sponsors/providers when it comes to incorporating fruits and vegetables into the menu at their facilities and to provide direction regarding potential policies that could be implemented in the future.

SOSM conducted six focus groups (ten to twelve people each) with CACFP childcare-center contractors and daycare sponsors/providers. The six focus groups took place in Austin, El Paso, Ft. Worth, Houston, Midland, and San Antonio. The goal of these focus groups was to ascertain the following:

- Level of awareness of the health benefits of eating recommended portions of fruits and vegetables and whole-grain products daily.
- Level of knowledge about proper storage and preparation of fruits and vegetables.
- Perceptions about the cost of purchasing fruits and vegetables and whole-grain products.
- Cultural norms and practices around preparing and serving fruits and vegetables.
- Perceived barriers to increasing purchases and/or preparation of more fruits and vegetables and whole-grain products in the CACFP program.
- Preferred ways of learning about food preparation.
- “Best Practices” for teaching children about the importance and health benefits of eating fruits and vegetables and whole-grain products.
- “Best Practices” for teaching parents about the importance and health benefits of their children eating fruits and vegetables and whole-grain products.

SOSM also conducted a baseline telephone survey between July 24, 2008, and August 9, 2008, with 270 CACFP childcare-center contractors and 444 daycare sponsors/providers. The goal of this survey was to inform TDA about policies that would improve the nutritional quality of snacks to young children in daycare centers and homes.

The SOSM evaluation identified several areas that needed improvement. TDA therefore has developed a CACFP Initiative, “Promoting Healthy Eating and Physical Activity for a Healthier Lifestyle.” This initiative promotes environments and educational opportunities that foster good health, targeting not only the children (two through five years of age) served by the CACFP, but also their families and staff in participating childcare centers and day homes.

The desired results are to improve CACFP participants’ dietary habits (i.e., increased

consumption of fruits, vegetables, low-fat dairy products, and whole-grains; and decreased consumption of fat, saturated fat, and trans fat), as well as their levels of physical activity.

- **Commodity Supplemental Food Program (CSFP):** Provides commodities for food packages that may be used for home consumption. Local organizations distribute food packages and provide nutrition education to 12,750 eligible participants. Eligible participants include pregnant, postpartum or breast-feeding women, infants, children ages five years and under, and persons 60 and over. Priority is given to women, infants and children. Participants must be income-eligible (185 percent of the federal poverty level for women, infants and children and 130 percent of the federal poverty level for the elderly) and reside within a CSFP contractor's service area.

The CSFP provides nutritionally balanced food packages consisting of USDA-donated commodities. USDA is replacing regular canned vegetables with low-sodium canned vegetables. This change will reach all participating organizations. At the time of distribution, CSFP contractors provide information on nutrition and healthy lifestyle choices as well as recipes for wholesome meals using the contents of the package.

- **Texas Commodity Assistance Program:** Eligible participants consume meals prepared with commodities, distributed and served at selected sites (usually soup kitchens and food pantries), or receive food packages that contain commodities for home consumption. Eligibility is based on income and residential location. A household's gross income may not exceed 185 percent of the federal poverty level. If undergoing a crisis, a household with income exceeding the poverty level may be eligible for emergency food assistance for a maximum of six months. Additional eligible participants include homeless people and low-income senior citizens.

The Emergency Food Assistance Program (TEFAP)/Texas Commodity Assistance Program (TEXCAP) — TEFAP contractors (food banks) promote better health and

nutrition through nutritional outreach. They strive to purchase commodities low in sodium and low fat or fat free. Most have dietitians on staff to educate clients about healthy lifestyles. Unfortunately, food banks also face a challenge when receiving donated items that are unhealthy, such as sodas or snack foods. This runs counter to the healthy lifestyles they promote.

Other programs include:

- Special Milk Program: Provides reimbursable milk to preschool and school aged children who do not participate in a federal child nutrition meal program.
- Food Distribution Program (FDP): Provides federal commodity foods to public and private nonprofit schools, public and private nonprofit residential childcare institutions, and nonprofit organizations (receiving agencies or RAs). Commodities are allocated based on the number of meals an RA provides to program participants. RAs that can receive, store and distribute commodities in truckload quantities, e.g., large, independent school districts or school cooperatives, may receive direct delivery from USDA. TDA contracts with commercial distributors to receive, store, and distribute commodities on behalf of RAs that do not have this capacity. Contracts are awarded through a competitive procurement process and TDA negotiates the distribution rates paid by RAs. RAs may use commercial food processors to convert commodities into more usable end products. The FDP enters into agreements with processors and facilitates the ordering and delivery of the RAs' commodities to processors' plants.

TDA has applied to participate in the Senior Farmer's Market Nutrition Program for 2009. Upon approval by USDA, TDA will administer this program in select areas of the state for low-income seniors 60 years of age or older. Seniors will receive vouchers to use at farmer's markets to purchase fresh fruits and vegetables, increasing their access to healthier, locally-grown foods.

TDA WELLNESS PROGRAM

The TDA Wellness Program has been in place since 2003. On June 15, 2007, Christy Davis was hired as the TDA Wellness Program Coordinator. A TDA Wellness Team was created on June 26, 2008, with representatives from each division and field office. Also, Christy Davis is the TDA wellness liaison and she serves on the Worksite Wellness Advisory Board, which held its first meeting on June 12, 2008. Christy served on the State Agency Wellness Conference Planning Committee and served as a moderator at the conference on October 22, 2008. The official kick-off of the newly formed TDA Wellness Program was held on September 16, 2008.

The TDA Wellness Program, also called “**Take Daily Action**,” includes:

- Approval of program mission, goals and eight hours additional leave per year if an employee completes a Health Risk Assessment and gets a physical examination.
- Employee challenges, such as the 2008 Texas Round-Up. (Four hours administrative leave are granted to employees who complete the program and/or participate on race day.)
- Wellness Program email - wellnessprogram@tda.state.tx.us
- Employee Health Interest Survey
- **Take Daily Action** t-shirt sale
- Massage Days
- Yoga, Weight Watchers, Fitness Center Discounts
- Employee Training: CPR/AED/First Aid, Defensive Driving, Safety
- Lunch ‘n’ Learns
- Detailed wellness program intranet page with announcements, calendar of events, insurance carrier wellness information, employee achievements, walking trails, helpful links, recipes, policy, forms, training, etc.
- Partnership with other Capitol Complex wellness liaisons
- Monthly TDA Wellness Team meetings and periodic Sub Activity Team meetings in these specific areas: Group Exercises, Weight Management/Nutrition, Stress Management, Disease Management
- Participation in the Farm to Work Program

Texas Department of State Health Services

The mission of the Texas Department of State Health Services (DSHS), an agency of the Texas Health and Human Services System, is to improve health and well-being in Texas. Because obesity is eroding the health and quality of life of the Texas population and is also placing an enormous burden on the state's healthcare resources, David L. Lakey, M.D., Commissioner of DSHS, has made obesity prevention a high priority for the agency.

DSHS' response to the obesity epidemic is based on sound science and is coordinated across the agency's programs as well as with external partners at the national, state, and community levels. Within DSHS, the Nutrition, Physical Activity and Obesity Prevention Program is responsible for coordinating the obesity prevention activities with the Texas Title V Program, WIC (the Special Supplemental Nutrition Program for Women, Infants and Children), worksite wellness, school health, and chronic disease programs that address diabetes, heart disease and stroke, kidney disease, and others. The agency firmly believes that no one program, agency, or organization can reverse the obesity epidemic by itself – but that collectively they can make a difference.

NUTRITION, PHYSICAL ACTIVITY AND OBESITY PREVENTION PROGRAM (NPAOP)

This program supports and promotes projects that focus on increasing physical activity, increasing consumption of fruits and vegetables, decreasing consumption of sugar-sweetened beverages, reducing consumption of high-calorie foods, increasing breastfeeding initiation and duration, and decreasing television viewing. The program targets large segments of the population by promoting: (1) strategies to reduce environmental barriers to healthy living and (2) policies that facilitate healthy choices. For example,

- Grocery stores in low-income neighborhoods often carry a less-than-optimal selection of fresh produce. This is an environmental barrier for families that want to eat healthy foods but do not have or cannot afford transportation to another area of town to buy them. One successful strategy that helps

eliminate this barrier is the creation of farmers' markets in low-income neighborhoods.

- A business policy that promotes increased physical activity (and therefore healthier, more productive employees) might allow flexible work hours so employees can participate in the physical activity of their choice at a time that is most convenient to individual employees.

NPAOP is comprised of four central office staff and eight public health nutritionists (one nutritionist is located in each of the eight Health Service Region headquarters). In FY 2008 staff coordinated state and local partnerships; provided technical assistance and training at the state and community levels; and supported statewide surveillance and monitoring of obesity, physical activity and nutrition, including the development of assessment tools that are now available to communities.

During FY 2008, NPAOP supported the Texas Active Living Network's survey of active-living partners across the state to identify their capacity for and experience in conducting active-living assessments at the community level. An active-living community is one that has adequate resources and infrastructure to allow its residents to have a lifestyle in which physical activity is valued and integrated into daily living, for example, accessible parks in all neighborhoods, walking or jogging trails, and safe sidewalks and bike lanes. The partners that were surveyed included city planners, parks and recreation departments, public health agencies, transportation, and other disciplines. Preliminary results of the survey indicate that two-thirds of the respondents need additional information on community assessment tools. In FY 2009, DSHS will work with the network to provide training and technical assistance on such tools, but more importantly, these tools will help communities identify the changes they need to make to become active-living communities so that their residents become more physically active.

In FY 2008, the program successfully competed for a 5-year obesity prevention grant from the Centers for Disease Control and Prevention (CDC). Only 23 states and territories received this grant. The funding from this grant is small in relation to the size and needs of a state whose obesity rate is 15th highest in the nation, but the annual award is now almost twice as large as it was in previous years. Using these

CDC funds, the program competitively awarded three-year grants to six communities last summer. Three of the grants will help increase access to fresh produce through the start-up of farmer's markets and community gardens, and the other three will target policy and environmental changes to support breastfeeding in hospitals, worksites and at a community center.

Working with key partners across the state this past year, NPAOP completed an update of the Strategic Plan for the Prevention of Obesity in Texas. Based on feedback from the partners, the update includes a narrower, more focused list of objectives (referred to as targets) as well as an evaluation plan so that DSHS will be able to track progress towards the targets. The strategic plan can be found online at: <http://www.dshs.state.tx.us/obesity/default.shtm>

While the accomplishments of NPAOP in FY 2008 were numerous, one of its nutrition projects – Farm to Work – is receiving national attention. In Farm to Work, a farmer delivers pre-ordered fruits and vegetables directly to worksites at a set time on a set day each week. Pre-ordering takes only a few minutes via a secure Web site. For busy employees, this program means fewer trips to the grocery store, yet they have a constant supply of farm-fresh produce – in other words, this program has made it easier for employees to eat healthy foods because barriers have been removed. Currently, three central Texas farmers are delivering produce to seven area worksites. The demand for this program is high among worksites, and farmers are just now learning about this innovative service and beginning to assess their capacity to participate in it. NPAOP will therefore continue promoting this project during FY 2009.

Although NPAOP received more federal funding during FY 2008, the program was only able to award small three-year grants to six communities. Without additional funding it is clear that most communities will not be able to take the bold steps necessary to address the obesity epidemic. The acquisition of funding for communities will continue to be a goal for the program, as will communications about the relevance of evidence-based strategies and the relationship between obesity and the development of chronic diseases.

SCHOOL HEALTH PROGRAM

The DSHS School Health Program contracts with each of the 20 Education Service Centers (ESCs) to provide partial funding for the ESC School Health Specialists. Each of the 20 ESCs in Texas is staffed with a School Health Specialist who provides in-service training, workshops, and technical assistance to school districts. These 20 School Health Specialists are referred to as the Texas School Health Network, and they assist schools in locating and promoting resources and materials on a wide variety of health topics, including nutrition, physical activity and obesity prevention as a part of the coordinated school health program. They serve as a central coordinating point for numerous health education initiatives and they assist school districts in developing an integrated and coordinated approach to implementing health promotion programming. During the 2007-2008 school year, the School Health Specialists were instrumental in training school districts on the proper implementation of FITNESSGRAM.

The ESC School Health Network is a key point of coordination for DSHS, TEA, and TDA. The three agencies work closely to ensure they are consistent in their technical assistance to schools on coordinated school health program issues. This was a very successful approach in FY 2008, and will continue to be so in FY 2009 and beyond.

TEXAS TITLE V PROGRAM

The Texas Title V Program is a block grant program funded by the Maternal and Child Health Bureau, Health Resources Services Administration, U.S. Department of Health and Human Services. Its purpose is to improve the health of all mothers, women of childbearing age, infants, children, adolescents and children with special health care needs. The reduction of childhood obesity is a high priority for this program, and in FY 2008 Texas Title V engaged in the following obesity-reduction initiatives.

Breastfeeding Promotion: Breastfeeding rates drop sharply when infants are about 6-weeks old – the point at which many women begin returning to their jobs. Even the most dedicated breastfeeding moms who fully understand the benefits of

breastfeeding (including obesity prevention for their child), may lose their milk supply or give up on breastfeeding when they face barriers at the workplace trying to express and store breast-milk for later feedings.

In order to reduce these barriers and increase the number of businesses that support breastfeeding women, the Title V Program collaborated with the Texas Breastfeeding Coalition to promote the Mother-Friendly Worksite Program. They also assisted with two trainer-trainings and one training course for state business stakeholders to promote a new national resource kit – The Business Case for Breastfeeding. The Mother-Friendly Worksite Program, which is codified in Health and Safety Code, Chapter 165, and administered by the Texas Title V Program, allows businesses to use the designation “mother-friendly” if they develop a policy that addresses: 1) work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk; 2) the provision of accessible locations allowing privacy; 3) access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and 4) access to hygienic storage alternatives for the mother’s breast milk.

Upon submission of a complete policy to DSHS, a business can use the “mother-friendly” designation. As a result of Title V’s successful partnership and outreach efforts, 37 new businesses became mother-friendly in FY 2008, bringing the total up to 216.

Title V, along with WIC, worked with the Texas Medical Association and the Texas Hospital Association (THA) to promote the Texas Ten Step Program and the evidence-based practices recommended in the World Health Organization’s Baby-Friendly Hospital Initiative to hospitals. The goal of these programs is to promote exclusive breastfeeding in hospitals by ensuring the implementation of practices that promote breastfeeding and the discontinuation of practices that interfere with breastfeeding. As an initial step toward this end, THA will publish a newsletter recommending that Texas hospitals actively work to become Texas Ten Step with the goal of moving toward Baby-Friendly Hospital designation.

Additionally, Title V continued monitoring breastfeeding rates using two national

surveillance systems – the Pregnancy Risk Assessment Monitoring System and the Texas Behavioral Risk Factor Surveillance System – as well as the 2007 WIC Infant Feeding Practices Survey. Surveillance provides valuable information about the percentage of Texas moms that initiate breastfeeding after birth, breastfeeding duration (number of months an infant is breastfed) and exclusivity (number of months an infant receives only breast-milk). In addition, surveillance informs us about knowledge, attitudes, practices, and personal breastfeeding experiences so that DSHS can more effectively target its activities and initiatives.

While breastfeeding rates in Texas are increasing, breastfeeding duration and exclusivity fall well below Healthy People 2010 objectives, and we continue to see disparately low rates of breastfeeding among low-income and minority women. During FY 2009, the Texas Title V Program will continue working with current partners and will seek new partnerships to help promote and strengthen its breastfeeding initiatives, including the Mother-Friendly Worksite Program and surveillance activities. It will also work collaboratively with WIC and NPAOP on ongoing and new breastfeeding activities, including the development of online trainings for healthcare professionals throughout Texas.

Childhood Obesity Services: In 2008, the Texas Title V Program posted a competitive solicitation for proposals to implement an obesity treatment program developed by the Philadelphia Department of Public Health. The program targets children, two to twelve years of age, with a Body Mass Index (BMI) at or above the 85th percentile, or who meet a specified weight-gain criterion. Eight community-based providers (e.g., local health departments, community health centers, etc.) successfully competed for this grant and were awarded funds for a five-year grant period, which started on September 1, 2008.

During FY 2009, these eight contractors will begin providing services by a health educator and nutritionist with a goal of reducing BMI, as well as reducing high blood pressure and/or abnormal blood lipids among those children who experienced these problems at the initial visit. Motivational interviewing techniques will be used as the primary intervention to achieve program outcomes. DSHS will be collecting data to evaluate the success of this program and to determine success and sustainability of

this intervention.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

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

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

To help WIC employees in local WIC agencies throughout the state become better role models for the families they serve, WIC has an ongoing employee wellness program called WIC Wellness Works (WWW) that focuses on nutrition, physical activity, and stress reduction. WWW materials are not limited to WIC employees – they are also being used to successfully educate and motivate women enrolled in WIC. Breastfeeding is another obesity-prevention strategy extensively promoted by WIC. Most people are familiar with the immediate health benefits of breastfeeding for the infant – improved immunity; lower rates of ear infections, gastrointestinal disturbances, and atopic dermatitis; as well as reduced risk of sudden infant death syndrome. But few people realize that the long-term benefits include reduced obesity and type 2 diabetes. In fact, the longer an infant breastfeeds, the less likely he or she

is to be overweight, and exclusive breastfeeding appears to have a stronger protective effect than when breastfeeding is combined with formula-feeding.

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

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

- Breastfeeding education for pregnant women in WIC as well as incentives in the form of breastfeeding education bags.
- Support for new moms who experience breastfeeding problems or need assistance after they return to work.
- High-quality breast pumps for women in WIC who are separated from their infants and need to establish their milk supply or maintain their milk supply.
- A lactation support and training center where WIC moms receive personal breastfeeding assistance, healthcare professionals receive advanced lactation training, and a hotline provides statewide assistance and referral.
- Peer-training for WIC mothers who have successfully breastfed their infants and are willing to offer encouragement and support to other WIC moms.
- Numerous breastfeeding courses designed to train medical, hospital and WIC staff.
- The Texas Ten Step Program which encourages hospital and birthing facilities to adopt policies and protocols that improve maternity care practices affecting breastfeeding.

Texas WIC had numerous accomplishments in FY08. Approximately 950,000 women, infants and children received nutrition and health education. More than 1,700 WIC employees in 47 of the 76 local WIC agencies participated in the WWW activities.

More than 3,600 hospital staff, physicians, and WIC staff attended a breastfeeding course, 100 new peer counselors were trained, 36 WIC staff attended the clinical lactation practicum, and 137,500 breastfeeding education bags were delivered to WIC clinics. Six hospitals were certified as Texas Ten Step facilities.

In FY09, Texas WIC will continue its outreach efforts to enroll eligible women, infants and children and will continue providing high quality nutrition education and obesity-prevention education. A new physical activity program will be disseminated to local WIC agencies for all postpartum women that will include education lessons, take-home DVDs and collateral materials. WIC Wellness Works will recruit more WIC staff into the program, and its materials will continue to be adapted for use with WIC participants. WIC will continue to focus on improving the breastfeeding duration rates of WIC moms at six-months and twelve-months postpartum. In the summer of 2009, WIC will be launching a breastfeeding awareness campaign that includes television, radio and outdoor public service announcements as well as marketing materials for peer counselors and the Texas Ten Step program.

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

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

WORKSITE WELLNESS

In FY 2008, DSHS began implementing the requirements of HB 1297, which was passed in the 80th Legislative Session (2007) and amended the State Employees Health Fitness and Education Act of 1983, Chapter 664, Health and Safety Code.

Accomplishments to date include:

- The designation of a statewide wellness coordinator to oversee the development of a model worksite wellness programs for state agencies.
- The appointment of the 13-member Worksite Wellness Advisory Board (WWAB) by Executive Commissioner Hawkins, Health and Human Services Commission. The WWAB met on June 12, September 20, and November 20, and has drafted recommendations for DSHS.
- A team of experts from DSHS and other state agencies have completed the development of Phase I of the model worksite wellness program.
- A baseline survey of state agency wellness activities was completed.
- A worksite wellness conference for state agencies was successfully held on October 22, 2008.
- The development of a worksite wellness Web site to provide guidance and information for state agencies in the development of their wellness programs.

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

Additionally, DSHS has operated a worksite wellness program for DSHS employees for more than twenty years. In September 2006 the agency hired a fulltime employee to run the DSHS worksite wellness program, which includes fitness classes, an intranet wellness Web site for DSHS employees that includes healthy lifestyle information and a wellness forum, and a successful Farm to Work program at three DSHS campuses in Austin. Farm to Work improves access to fresh fruits and vegetables. This program was described under the activities of the Nutrition, Physical Activity and Obesity Prevention Program, as it is a collaborative effort between the two programs. Obesity prevention has been and will continue to be a cornerstone of the DSHS worksite wellness program.

Texas Education Agency

The Texas Education Agency (TEA) is comprised of the commissioner of education and agency staff. The TEA and the State Board of Education guide and monitor activities and programs related to public education in Texas. The mission of TEA is

to provide leadership, guidance, and resources to help schools meet the educational needs of all students.

As a part of the agency's overarching mission, the Division of Health and Safety provides oversight for implementing health initiatives within all 1,200 school districts and for over 4.6 million students. Coordination, administrative leadership, and policy development for specific state and federal requirements and programs whose emphasis is on providing opportunities for students to achieve their maximum potential by developing a safe and healthy lifestyle are made possible through this division. The Division of Health and Safety was designed to mirror the Centers for Disease Control and Prevention's Coordinated School Health Model (<http://www.cdc.gov/healthyYouth/CSHP>). It is the hoped-for model for education service centers and school districts across the state because from this design a greater level of program management and coordination relative to the "whole child" approach to education is achievable. Several programs within the division are intended to specifically reduce and prevent the incidence of childhood obesity. These programs include:

PHYSICAL FITNESS ASSESSMENT INITIATIVE

The Texas Education Code (TEC), §38.101 requires all students in grades three through 12 to be assessed once annually using the fitness assessment instrument identified by the commissioner of education. FITNESSGRAM®, created by The Cooper Institute of Dallas, was selected after a thorough request for offer process was conducted during the summer of 2007. The FITNESSGRAM Test Administration Kit, including software, was provided to all school districts through donated funds collected by the agency. Training was also provided statewide to support proper implementation. FITNESSGRAM uses criterion-referenced standards called the Healthy Fitness Zones which are based on age and gender and represent the basic levels for good health and fitness in children ages five through seventeen years of age. The assessment measures body composition, aerobic capacity, strength, endurance and flexibility. The tests include activities such as a one-mile run, curl-ups, push-ups, trunk lift, shoulder stretches and measurement of height and weight.

Additionally, the TEC §38.103 requires schools to report their results to TEA, and the agency, per TEC §38.104, must analyze the results to identify any correlation between academic achievement levels, attendance rates, school meal program participation (eligibility based on economic status) and disciplinary problems. The system that collects this data from school districts, the Public Education Information Management System, will provide this data from the 2007-2008 school year and preliminary correlations will be available to the public in January 2009. The FITNESSGRAM software enables schools to access and monitor fitness levels of the student body. Six fitness tests from the FITNESSGRAM battery were selected to assess three areas of physical fitness: (1) body composition; (2) aerobic capacity; and (3) muscular strength, endurance, and flexibility. The results of these tests will be correlated with student academic achievement levels – grade-appropriate Texas Assessment of Knowledge and Skills (TAKS) scores, average daily attendance, school meal program participation, student disciplinary programs to include, but are not limited to, expellable offenses, mandatory Disciplinary Alternative Education Program (DAEP) placement, DAEP placement, in-school suspension, acts of violence, use of weapons, truancy and cases of substance use on campus. The agency seeks to identify any initial correlations between healthy fitness zones and these subtopics.

The school districts upload data to the agency via the TEA's Secured Environment. The utility aggregation system, developed specifically for this project, allowed districts to upload the results of their students' fitness assessments from the FITNESSGRAM software directly. The system aggregated the data so that student-level information would not be maintained at the agency. The aggregated information has been collected in the following categories: gender, grade-level, district, region, and state. Ethnicity was added to this data-collection system in the 2008-2009 school year.

Texas is the first state to order a comprehensive physical assessment of its students. During the program's first year, 2.6 million of the almost 3.4 million students in grades three through twelve were tested. Preliminary results show that about 33 percent of third-grade girls and almost 29 percent of third-grade boys reached the "Healthy Fitness Zone." By seventh grade, only 21 percent of the girls and 17 percent of the boys still met this achievement level. By 12th grade, just 8 percent of the girls

and about 9 percent of the boys met the health standards in all six tests. The report that correlates these outcomes with student academic, attendance and discipline levels will be available for the 81st Legislative Session.

TEXAS FITNESS NOW GRANT

The Texas Fitness Now grant was initiated in the 2007-2008 school year as a cooperative effort between the TEA and the Texas Comptroller of Public Accounts, Susan Combs. Grant funding was authorized by Rider 89 in Article III of the General Appropriations Act (House Bill 1) during the 80th Legislative Session (2007) in the amount of \$10,000,000 for the 2007-2008 school year and \$10,000,000 for the 2008-2009 school year. The program serves students in grades six, seven, and/or eight on campuses where 75 to 100 percent of the students are economically disadvantaged. The grant aims to do the following:

- Provide assistance to schools for the support of in-school physical education programs.
 - Provide funding to schools to prepare teachers of grades six, seven, and/or eight to identify specific barriers facing student adoption of fit and healthy lifestyles and to provide teachers with the tools necessary to promote such adoption.
 - Provide assistance to schools in selecting and/or developing effective instructional materials, programs, learning systems, and strategies based on the characteristics of Quality Physical Education.
 - Strengthen coordination among schools and families to improve fitness and promote healthy lifestyles for all children.
 - Increase self-esteem, decrease body fat, increase strength and endurance, and prevent exercise-related injuries. Through increased fitness, students' cognitive ability will improve.
 - Provide a foundation for a life of fitness and healthy lifestyle choices.
- Approximately 255,167 students were served utilizing all \$10,000,000 in year one. Campuses typically utilized funds for equipment, Coordinated School Health Programs, and professional development for teachers.

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

- Their physical education curriculum would adhere to the appropriate practices for physical education as identified by the National Association of Sports and Physical Education.
- Their district had or was in the process of adopting a Coordinated School Health Program and all of its components as described in TEC §38.013.
- They had a plan for combining education, fitness, and nutrition during school to promote a healthy lifestyle; the plan had to consist of functional fitness, cardiovascular and strength training benefiting coordination development, sports development and injury prevention, all of which included the use of recommended activities and equipment aligned with the Texas Essential Knowledge and Skills (TEKS).
- The district had submitted the district's wellness policy to the Texas Department of Agriculture (TDA) according to the requirement set forth in the Child Nutrition and WIC Reauthorization Act and complied with the requirements of the Texas Public School Nutrition Policy having no Coordinated Review Effort findings.
- A School Health Advisory Council had been established and would meet at least four times a year to review the implementation of the grant as provided in TEC §28.004.
- Certified physical education teacher(s) and/or the district level administrator responsible for the physical education curriculum would administer the grant through the physical education classroom with general oversight by the campus principal and provide a plan for training teachers and administrators to implement a functional fitness program.

Preliminary review of year-one results show marked improvements in physical education opportunities for teachers and students as identified through anecdotal and empirical data. Pre- and post-test data initially showed overall improvements in

student health and in teacher buy-in of programs.

WORKSITE WELLNESS

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

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

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

Wellness Leave: Pursuant to Government Code §664.061(3), the agency will award eight hours of additional leave each 12-month period to employees who receive a physical examination and complete the Health Risk Assessment (HRA) available through the employee's health insurance carrier. Supporting documentation must be submitted to Human Resources, and include an affidavit of HRA completion and a physician's note certifying physical examination completion. Wellness leave must be scheduled in advance with the approval of the employee's supervisor. Wellness leave expires if not used within 12 months from the date it is earned, and will not be paid to the employee upon separation from employment.

Agency staff who are qualified to lead various physical activity groups, such as running, walking, Pilates and tai chi, also support the efforts of the *Fitness is Our Future* program. These opportunities are offered to agency employees at no cost. By providing and promoting opportunities for personal wellness, the TEA believes that it will benefit from reduced absenteeism, increased employee satisfaction and improved productivity. It is this culture of wellness that the *Fitness is Our Future* program seeks to develop and sustain.

SCHOOL HEALTH ADVISORY COUNCILS

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

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

Every independent school system is required by Texas law to have a SHAC of which the majority of members must be parents who are not employed by the school district. Title 2, Chapter 28, Section 28.004, of the TEC at <http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm> details the specifics of this mandate.

The agency assists in the promotion of the SHACs through the Education Service Centers' School Health Network. School Health Specialists, as a part of this statewide network, are contracted through funds provided by the Texas Department of State Health Services (DSHS) and are utilized to provide technical assistance and training to school districts related to requirements specified in the Health and Safety Code and TEC, such as SHACs. The School Health Specialists will assist the TEA in collecting statistics and data related to SHACs and other school health requirements by promoting the School Health Survey, as authorized by TEC §38.0141, starting in the 2008-2009 school year. The data collected from this survey will help answer questions from decision-makers about strategies for improving health outcomes in school districts and regions across the state. This information will be available for the 81st Legislative Session.

An additional collaboration consisting of TDA, City of Arlington, the Governor's Office, DSHS, and TEA has established an Awards of Excellence Program for SHACs in order to officially recognize those that exceed the legislative requirements and act as role models for other school districts. Thus, the purpose of the Awards of Excellence Program for SHACS is to promote and motivate effective SHACs by identifying and promoting exceptional collaboration and leadership at the district level. The Robert Wood Johnson Foundation (RWJF) - Southern Collaborative on Obesity Reduction Efforts (SCORE) project will provide grant funding for these awards for those districts in Texas that are able to meet specified criteria (as

determined by selected Texas SCORE Team members and other vital partners, such as the Texas School Health Advisory Council). The review committee will evaluate applications from school districts and provide five \$2,000 awards. Recognized schools will be able to use award funds to implement additional school health policies, programs and/or practices with a focus on further strengthening the established criteria. Additionally, schools may be recognized with a visit by Texas SCORE Team members and important Texas leaders.

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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

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

Additionally, Senate Bill 530 required the TEA to promulgate rules related to the implementation of four semesters of physical activity in grades six through eight.

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

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

Conclusions and Recommendations

The Interagency Obesity Council appreciates the opportunity to communicate with the legislature about their respective agency's obesity prevention activities. From the previous descriptions of these activities, it is clear that these three agencies are providing valuable leadership on obesity prevention to schools, communities, healthcare providers, and the public through a variety of programs and initiatives. Texas has taken many bold steps to improve the health status of its schoolchildren through policy and legislation that require better nutrition and more physical activity in schools. But the obesity epidemic persists, and there is much more to be done. The Council respectfully offers the following recommendations:

1. Continued collaboration between the three agencies on obesity prevention efforts, including communications between program staff, management, and commissioners.
2. Continued emphasis on workplace wellness programs that incorporate a broad array of interventions and activities that focus on the prevention and control of the most common and costly employee health problems (e.g. improved nutrition, increased physical activity, smoking cessation, routine health screening, stress-reduction, substance abuse, etc.). While obesity does have a tremendous impact on employee health and productivity and healthcare costs, other modifiable behaviors and treatable conditions, for example – tobacco use, alcohol abuse, depression, and sleep problems – also have a tremendous impact on healthcare costs and productivity.
3. Any implementation of tax incentives for Texas employers who promote health improvement activities should consider a number of issues:
 - a. Will all businesses be eligible for the tax incentives?
 - b. Which type of tax will be affected?
 - c. Should an annual cap be placed on the amount that can be claimed per employee and/or per business?
 - d. What costs associated with the wellness program will be in scope for the tax incentive/credit?
 - e. What percent of eligible employers would be interested in participating?
 - f. What criteria should be used to evaluate the success of the program in

terms of improved employee health and reduced healthcare costs vs. loss of tax revenue?

4. Encourage the development of locally developed interventions to address obesity at the community level and to improve opportunities for physical activity and healthful eating within the entire community. These interventions should complement the substantial progress towards healthful eating and increased physical activity made by schools.
5. Strengthen nutrition education in grades K through 12, delivered through a variety of curricula and activities.
6. Strengthen the quality of nutrition education and physical activities in early childhood and after-school programs.
7. Examine ways to increase availability of fresh produce for disadvantaged and/or low-income populations.
8. Develop mechanisms or strategies to use the results of FITNESSGRAM data.
9. Involve parents and community members in school-based and/or youth-focused physical activity and nutrition programming, especially through local School Health Advisory Councils.
10. Increase the availability of resources, technical assistance, training, and support for schools and community-based organizations to enhance the implementation of evidence-based programs to prevent obesity.
11. Identify effective programming throughout the state as a means for referrals and modeling, and establish criteria and measurement systems to identify such programs.

Appendices

Appendix A

Interagency Obesity Council Meeting Summary – September 19, 2007

The Interagency Obesity Council met on September 19, 2007, at the Texas Department of Agriculture in Austin. Those attending the meeting were:

- Todd Staples, Commissioner, Texas Department of Agriculture
- David Lakey, M.D., Commissioner, Department of State Health Services
- Jeff Kloster, Associate Commissioner for School Health and Safety, Texas Education Agency
- Kathy Golson, Governmental Liaison for Food and Nutrition, TDA
- Marissa Rathbone, Director of School Health, TEA
- Barbara Keir, Chronic Disease Prevention Branch Manager, DSHS
- Becky Brownlee, Government Affairs, DSHS
- Drew De Berry, Deputy Commissioner, TDA

Each agency gave an overview of its programs related to health and nutrition, as well as data regarding obesity. The Council reviewed the charges of Senate Bill 556, which created the Council. SB 556 requires the three agencies to meet at least once a year to discuss the status of each agency's programs that promote better health and nutrition and prevent obesity among children and adults in the state. Second, the Council is to consider the feasibility of tax incentives for employers who promote activities designed to reduce obesity in the workforce. Third, the Council is to submit a report to the governor, lieutenant governor, and speaker of the house by January 15, 2009, on the activities of the council during the preceding two calendar years. This report is to include:

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

- The areas of improvement that are needed in each program.
- Recommendations for future goals or legislation.

The Council decided that they would focus on the charge related to tax incentives for employers at the next meeting, and invite employer and tax interest groups to provide input.

Dr. Lakey offered for the Council to meet at DSHS for the second meeting. The Council adjourned.

Interagency Obesity Council Meeting Summary – June 4, 2008

The Interagency Obesity Council (IOC) met on June 4, 2008, at the Texas Education Agency (TEA) in Austin, Texas. Prior to the IOC meeting, the Commissioner of Agriculture, Todd Staples, and the Commissioner of Health, David Lakey, M.D., met with Commissioner Robert Scott of the Texas Education Agency to discuss the future goals of the IOC and to commit to continued collaboration. During this time, Commissioner Scott addressed the appointment of Jeff Kloster, Associate Commissioner of Health and Safety, as the TEA representative on the IOC. The IOC meeting started at 10 am. Those attending the official IOC meeting included:

- Todd Staples, Commissioner, Texas Department of Agriculture
- David Lakey, M.D., Commissioner, Department of State Health Services
- Jeff Kloster, Associate Commissioner for Health and Safety, TEA
- Adolfo M. Valadez, M.D., M.P.H., Assistant Commissioner, Prevention and Preparedness Services Division, DSHS
- Ann-Marie Price, Health Policy Council, Governor's Office
- Thelma DeLeon, Governmental Liaison for Food and Nutrition, TDA
- Marissa Rathbone, Director of School Health, TEA
- Barbara Keir, Chronic Disease Prevention Branch Manager, DSHS
- Carrie Kroll, Texas Pediatric Society

Commissioner Staples and Commissioner Lakey welcomed everyone in attendance and reviewed the agenda for the meeting. Attendees introduced themselves individually. After introductions, Barbara Keir of DSHS led the discussion on the

first agenda item. Ms. Keir reviewed the status of the IOC's investigation on tax incentives for employers. It was recommended that the information presented be included in the annual IOC report.

The second agenda item included several attendees who had recently traveled to Orlando, Florida to attend a meeting called the "Southern Collaborative on Obesity Reduction Efforts" (SCORE) hosted by the Council of State Governments (CSG). Ann-Marie Price, Adolfo Valadez, M.D., Marissa Rathbone, and Thelma DeLeon reflected on the experience and presented ideas for the \$10,000 grant being offered to the state from the CSG. The lead consideration for grant money use would be to award school districts for the development of an effective School Health Advisory Council.

The next item on the agenda provided an opportunity for the Partnership for a Healthy Texas to present on its proposed priorities for the 81st Legislative Session. Carrie Kroll of the Texas Pediatric Society represented the Partnership and outlined the six general topics that the Partnership anticipated addressing during the session. The IOC was supportive of the proposed Partnership priorities.

The remaining meeting time allowed Commissioner Lakey, Commissioner Staples, and Associate Commissioner Kloster to outline their agency's priorities for the 81st Legislative Session. Each one briefly discussed their agency's intentions for Legislative Appropriations Requests and Exceptional Items requests. It was determined that each agency's request supported the others without being duplicative. A coordinated approach to address the issue of obesity among youth and adults, in homes, schools and communities was evident.

The meeting was closed by determining next steps, including a plan for compiling the IOC Report, due January 15, 2009.

Appendix B

Other States' Tax Credit Legislation

Excerpted from the National Conference of State Legislatures, **State Wellness Legislation, Tax Credits** at: <http://www.ncsl.org/programs/health/Wellness%20Legislation.htm>)

California (2007, proposed) - Would create a tax credit for qualified taxpayers for costs of providing employees certain physical fitness benefits.

Connecticut SB 311 (2008, proposed) - Would establish a tax credit program for small employers that offer a qualified wellness program to their employees. Would also allow an individual taxpayer to file a Taxpayer Statement Regarding Receipt of Preventive Health Care Services with his or her state income tax return, certifying that that the individual taxpayer has received, during the course of the tax year, all age and gender appropriate clinical preventive health care services, as determined by the Department of Public Health. An individual taxpayer who obtains such certification from a primary care physician could then deduct from his or her taxable income "medical care expenses" paid during the taxable year, not compensated for by insurance or otherwise for medical care.

Florida SB 194 (May 2007, died in Committee on Finance and Tax) - Would have provided credit against tax on corporate income for certain taxpayer expenditures for providing employee fitness facilities or supporting fitness-related activities by employees; would have provided credit against tax on insurers for employee fitness costs, as defined in this act, incurred by an insurer; and would have provided for order of credits against tax on insurers. Died

Hawaii HB 3008 (2008, proposed) - Would provide a tax credit for qualified capital improvements made to federally qualified health centers including a credit for "qualified equipment," meaning any device, instrument, appliance, system, or apparatus that is intended for use in the diagnosis, mitigation, treatment, cure, or

prevention of disease; the promotion of bodily wellness; or medical record-keeping that has a useful life of more than one year and costs more than \$50,000.

Iowa [HF2477](#) and [HF2529](#) (2006, proposed) - Would have authorized small employer association health benefit plans, a small employer health care tax credit, wellness incentives, and a small employer catastrophic risk reinsurance program.

Iowa [HF2293](#) (Introduced in 2008, available in the 82nd Iowa General Assembly archives at <http://www.legis.state.ia.us/index.html>) - Would have provided a small business qualified wellness program tax credit under the individual and corporate income taxes and the franchise tax. Defines a small business as a for-profit enterprise that employed for at least 50 percent of the working days of the employer, at least two but not more than 100 employees during the tax year. The amount of the credit would have equaled 50 percent of the costs of the qualified wellness program, not to exceed an amount equal to \$300 per employee. Any excess credit could have been carried forward to succeeding tax years.

Kentucky [HB 739](#) (2008, proposed) - Would have established the wellness project credit and required a report to the Legislative Research Commission on taxpayer-specific information related to the wellness project credits permitted in Section 3 of this Act and claimed on tax returns filed during the fiscal year ending June 30 of that year. “Wellness project” would have been defined to mean an employer-provided program: (a) Consisting of the following components: 1) a health-awareness program; 2) a behavioral-change program; and 3) a supportive-environment program; and (b) That is certified by the Cabinet for Health and Family Services. Wellness project “annual credit cap” would have been three million dollars (\$3,000,000). An employer may have been eligible for a nonrefundable wellness project credit against the tax due.

Maine [HP 1443](#) (Introduced in the 123 Legislature in 2008, died in Senate, no longer available online) - This bill would have provided a tax credit to employers for the expense of developing, instituting and maintaining wellness programs for their employees in the amount of \$100 per employee, up to a maximum of \$10,000. A wellness program would have included programs for behavior modification, such as smoking cessation programs, equipping and maintaining an exercise facility and providing incentive awards to employees who exercised regularly. Died

Mississippi [HB 441](#) (2006, died) - Would have provided an income tax credit for employers that incurred costs to promote employee physical fitness. The bill died in committee 2/22/06. The items that it proposed to cover with the tax credit included, but were not limited to, “the net costs of constructing, equipping, operating and/or

maintaining a facility owned by the employer such as a gymnasium, weight training room, aerobics workout space, swimming pool, running track, or any indoor or outdoor court, field or other site used for competitive sports events or games, and which is used exclusively for the purpose of promoting the physical fitness and well-being of the employer's employees. Additional eligible costs would have included the costs of employing a qualified person to conduct a class or classes on the taxpayer's business premises offering (a) information and guidance on subjects relating to personal and family health such as nutrition, hygiene and methods of preventing, recognizing and combating substance addiction or (b) instruction in and opportunity for fitness enhancement activity such as dance or other aerobic exercise, yoga, muscle stretching, or martial arts routines." The amount of the income tax credit proposed was to "not exceed the lesser of ten percent (10%) of the costs incurred by the employer during the taxable year for purposes described or fifty percent (50%) of the income tax imposed upon the taxpayer for the taxable year reduced by the sum of all other credits allowable to the taxpayer under the state income tax laws, except credit for tax payments made by or on behalf of the taxpayer. Unused portions of the credit could have been carried forward 5 tax years. Died

New Jersey [A 990](#) (2007, proposed) - This bill would have allowed a corporation business tax credit and gross income tax credit for employer expenditures to provide physical fitness benefits to employees. It was introduced and sent to the Assembly Committee on Commerce and Economic Development. (same as S527)

New York [A04280](#) (2007, proposed, no longer available online) - Would have provided a tax credit to businesses for qualified expenses relating to occupational wellness that would have equaled up to one thousand dollars, for the amount paid by the taxpayer during the taxable year for qualified expenses relating to occupational wellness.

New York [S02595](#) (2007, proposed, no longer available online) - Would have provided a tax credit to businesses for qualified expenses relating to occupational wellness; equal to up to two hundred dollars per employee but not to exceed ten thousand dollars per employer, for the amount paid by the taxpayer during the taxable year for qualified expenses relating to occupational wellness.

Oklahoma [HB 2142](#) (2006, proposed) - Would have provided an individual income tax deduction for health and spa membership fees. The deduction would have been capped at \$500 for an individual, \$720 for a couple, and \$900 for a family with children. Failed

Pennsylvania [HB 2027](#) (2007, proposed) - Among other provisions, would provide a healthy living and wellness personal income tax credit for the purchase of healthy living products, such as membership in a gym or exercise facility or for physical activity instruction such as a class in sports, dance or martial arts; or a credit for wellness services such as fitness centers, weight management, stress management, nicotine cessation or pregnancy care.

Rhode Island [S 600](#) - (2007, proposed) - This bill proposed a “Worksite Wellness Act” that would provide a tax credit to businesses that employ a quarterly average of less than 100 employees during the tax year for which a worksite wellness program is provided at the worksite.

Wisconsin [AB 235](#) (2007, proposed) - Would have created a nonrefundable income and franchise tax credit for workplace wellness programs. Failed

Wisconsin [AB 954](#) (2006, proposed) This bill would have created an income and franchise tax credit for workplace wellness programs, equal to the amount that an employer paid in the taxable year to provide a workplace wellness program to any of the employer’s employees. A workplace wellness program would have been defined as a health or fitness program, as defined by administrative rule by the Department of Revenue, that included smoking cessation programs, weight management, stress management, health risk assessments. Failed

Wisconsin [AB 861](#) (2006, proposed) - Would have created an individual income tax deduction for health and fitness center memberships. Failed

