



Report to the Legislature from the Interagency Obesity Council

**As Required By
Texas Health and Safety Code, Chapter 114**



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Executive Summary

The Interagency Obesity Council was mandated by Senate Bill 870, 81st Legislature, Regular Session, 2009, and is codified in [Texas Health and Safety Code, Section 114](#). Its member agencies include the Texas Department of Agriculture, the Texas Education Agency, and the Texas Department of State Health Services. By January 15 of each odd-numbered year, the council must submit a report discussing the status of each agency's obesity prevention and nutrition promotion programs, and make recommendations for future goals or legislation. The 2017 report offers several recommendations, found in the conclusion of this report. Key recommendations are as follows:

- Continue the collaboration among the three agencies and other state agencies on obesity prevention efforts, including communication between program staff, management, and commissioners
- Continue to emphasize workplace wellness programs that incorporate a broad array of interventions and activities that focus on the prevention and control of the most common and costly employee health problems (e.g. improved nutrition, increased physical activity, smoking cessation, routine health screening, stress reduction, substance abuse, etc.)
- Encourage and support the creation of locally developed interventions to address obesity at the community level and to improve opportunities for physical activity and healthful eating across the entire community
- Identify effective referral mechanisms and communication models for referring people with or at risk for obesity from clinical settings to programs and services in community organizations that address nutrition, physical activity and weight

Introduction

The commissioners of the Texas Department of Agriculture (TDA), the Texas Education Agency (TEA), and the Texas Department of State Health Services (DSHS) remain committed to reversing obesity trends and making obesity prevention a top priority for their agencies. The commissioners, or their designees, compose the Interagency Obesity Council (IOC), which is charged with preventing obesity and promoting nutrition among children and adults in Texas.

The IOC was mandated by Senate Bill 870, 81st Legislature, Regular Session, 2009, and is codified in [Texas Health and Safety Code, Chapter 114](#). It is required to meet at least once a year, and submit a report by January 15 of each odd-numbered year to the Governor, Lieutenant Governor, and Speaker of the House, containing the following:

- A list of the programs within each agency represented on the council 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 these steps in reaching each program's goals
- The areas of improvement that are needed in each program
- Recommendations for future goals or legislation

Background

Obesity is a critical health problem in Texas. According to the Centers for Disease Control and Prevention's (CDC) *2014 Behavioral Risk Factor Surveillance System*, 67.8 percent of Texas adults were classified as overweight or obese, up from 66.1 percent in 2013.¹ Being overweight or obese is not limited to adults. The CDC's *2013 Youth Risk Behavior Survey of Texas* found that 31.2 percent of adolescents in grades 9 through 12 were overweight or obese, consistent with the 2011 prevalence of 31.5 percent.²

In 2015, 28.6 percent of children ages 2-5 years enrolled in the Texas Women, Infants and Children (WIC) program were overweight or obese, a slight decline from 31.5 percent in 2008.³ Obese adults and children have a much higher risk of developing high cholesterol, high blood pressure, heart disease, stroke, type 2 diabetes, pulmonary disease, arthritis, and many other chronic conditions that reduce quality of life and cause premature disability and death. Although many variables can affect weight status, retrospective studies show that 50 to 80 percent of overweight children remain overweight as adults. If children are overweight before the age of eight, obesity in adulthood is likely to be more severe.^{4 5 6}

¹ Texas BRFSS, Center for Health Statistics, Texas Department of State Health Services

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

³ Texas Department of State Health Services, Texas WIC. Data run April 27, 2016.

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

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

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

According to the *2011 Texas Comptroller's Report*, obesity-related costs for Texas businesses are \$11.1 billion per year. If obesity rates continue rising as expected, obesity could cost employers \$32.1 billion annually by 2030⁷ when 57 percent of Texans are projected to be obese.⁸

State obesity prevention initiatives will continue with funding from both state and federal sources. From 2013 through 2018, DSHS was awarded funds from the CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program. In 2012, TDA received funds to start the Nutrition Education Grant Program to increase nutrition education in schools. To date, TDA has awarded grants to 453 school campuses totaling more than \$2 million.

The following sections describe the programmatic activities of the three member agencies. Additionally, recommendations for continued activities are provided in the conclusion.

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

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

Texas Department of Agriculture

With a vision of feeding the hungry and promoting healthy lifestyles, the Texas Department of Agriculture (TDA) assists in ensuring the health and well-being of Texans by providing funding for nutritionally adequate meals; encouraging adults and children to gain an understanding of the relationship between proper eating and good health; and providing learning experiences for nutrition professionals to assist them in preparing healthy meals designed to result in healthier lifestyle choices.

TDA continues to strengthen the connection between healthy foods grown in Texas and the nutrition programs administered by the state. TDA recently established the Farm Fresh initiative to connect Texans to agricultural products provided by local farmers and ranchers, increase community collaborations, and promote healthy lifestyles, while boosting the Texas economy. TDA continues to promote this strategic campaign to promote healthy lifestyles at the local level in schools, child care centers, communities, businesses, and government across the state.

Nutrition Programs

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

In 2007, TDA became the administering agency for several special nutrition programs when they were transferred by the Texas Legislature from the Health and Human Services Commission (HHSC). These programs, including the Child and Adult Care Food Program, Commodity Supplemental Food Program, Emergency Food Assistance Program, Food Distribution Program, Senior's Farmers Market Nutrition Program, and the Farmers Market Nutrition Program provide nutritious food through various delivery methods to Texans in need, including children, the elderly, people with disabilities and low-income adults.

A more detailed overview of each nutrition program administered by TDA is outlined below.

- **National School Lunch Program (NSLP):** Serves nutritious, low-cost, or free lunches to students in public and non-profit private schools in Texas. Lunches must meet federal nutrition guidelines and are reimbursable to schools based on the number of meals served. For program year 2015, the number of contracting entities totaled 1,280, serving 8,380 schools.
- **School Breakfast Program (SBP):** Serves nutritious, low-cost or free breakfasts to students in public and non-profit private schools in Texas. This program operates in a similar manner to the National School Lunch Program. Texas law requires that a school district must participate in the School Breakfast Program if at least 10 percent of its students are eligible to receive free or reduced-price meals. Senate Bill 376, passed in the 83rd Legislative Session, requires that public and charter school campuses with 80 percent or more of its students are eligible for free or reduced-priced meals to provide breakfast at no charge to all students or seek a waiver opting out of the requirement.

- **Summer Nutrition Programs**
 - **Summer Food Service Program (SFSP):** Provides nutritious and free meals to children under 18 during the summer months. School districts and other sponsors (non-profit youth programs, such as, Boys and Girls Clubs, YMCAs, summer camps, etc.) may serve as a summer feeding program site. School districts are currently required to operate a SFSP if 50 percent or more of their students are eligible for free or reduced-priced meals.
 - **Seamless Summer Option (SSO):** Created by the federal government as a summer feeding alternative for schools that already participate in school meal programs and wish to continue meal service into the summer.

- **Fresh Fruit and Vegetable Program (FFVP):** A federally assisted invitation-only program providing free fresh fruits and vegetables to students in participating elementary schools during the school day. The FFVP helps schools create healthier school environments by providing healthier food choices, expanding the variety of fruits and vegetables children experience, and increasing children's fruit and vegetable consumption.

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

- **Child and Adult Care Food Program (CACFP):** Provides reimbursable meals and snacks to day care centers, day care homes, and adult day care centers (elderly or disabled). For program year 2015, the number of contracting entities totaled 1,325, operating 12,931 sites.

- **At-Risk Afterschool Meals in the CACFP:** Includes public or private nonprofit organizations, or eligible for-profit organizations operating an afterschool program. Programs must be located in an attendance area of a public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-priced meals. Programs must provide educational or enrichment activities in an organized structured, and supervised environment after the end of the school day, on weekends, or on holidays during the school year. Afterschool programs do not need to be licensed in order to participate unless there is a state or local requirement of licensing. All programs must meet state or local health and safety standards. Provides all children who are 18 and under at the start of the school year a free meal, a snack, or both. There are no age limits for children with disabilities.

- **Commodity Supplemental Food Program (CSFP):** Provides USDA Foods for food packages that are used for home consumption. Local organizations distribute food packages and provide nutrition education to over 34,000 eligible participants. Eligible participants include persons 60 and over. Participants must be income-eligible (130 percent of the federal poverty level for the elderly) and reside within a CSFP contractor's service area.

The CSFP provides nutritionally balanced food packages consisting of USDA donated food. USDA has replaced regular canned vegetables with low-sodium canned vegetables, and is offering more whole grains and low-fat choices. These improved food choices will reach all participating organizations. At the time of distribution, CSFP contractors provide information

on nutrition and healthy lifestyle choices, as well as recipes for wholesome meals using the contents of the package.

- **The Emergency Food Assistance Program (TEFAP):** Provides USDA Foods for food packages used for home consumption distributed by local non-profit organizations (usually called food pantries) and in prepared meals at emergency shelters (usually called soup kitchens). For home consumption, eligibility is based on income and residential location. A household's gross income may not exceed 185 percent of the federal poverty level. If undergoing a crisis, a household with income exceeding the poverty level may be eligible for emergency food assistance for a maximum of six months. There are no assessments of income for receiving a prepared meal at an emergency shelter.

The food is initially ordered, received and stored by contractors (food banks) and is then distributed to the local agencies. Additional eligible participants include homeless people and low-income senior citizens. Similar to CSFP, USDA has replaced regular canned vegetables with low-sodium canned vegetables, and is offering more whole grains and low-fat choices.

- **Food Distribution Program (FDP):** Provides USDA Foods to public and private nonprofit schools, public and private nonprofit residential child care institutions, and nonprofit organizations (contracting entities or CEs). The value of USDA Foods that are allocated to a CE is based on the number of meals the CE provides to program participants. CEs that can receive, store, and distribute USDA Foods in truckload quantities (e.g., large, independent school districts or school cooperatives) may receive direct delivery from USDA. TDA contracts with commercial distributors to receive, store, and distribute USDA Foods on behalf of CEs that do not have this capacity. Contracts are awarded through a competitive procurement process and TDA negotiates the distribution rates paid by CEs. CEs may use commercial food processors to convert USDA Foods into more usable end products. The FDP enters into agreements with processors and coordinates the ordering of the CEs' requests for USDA Foods with USDA. Similar to CSFP and TEFAP, USDA has replaced regular canned vegetables with low-sodium canned vegetables and is offering more whole grain and low fat choices to help CEs meet nutritional standards. The programs support the US agriculture market.
- **Senior Farmers' Market Nutrition Program (SFMNP):** TDA administers this program in select areas of the state for low-income seniors, 60 years of age or older. Seniors receive vouchers to use at TDA certified farmers' markets to purchase fresh fruits and vegetables, increasing their access to healthier, locally grown foods.
- **Farmers' Market Nutrition Program:** TDA began administrating the Farmers' Market Nutrition Program (FMNP) in 2012. FMNP is associated with the WIC program. The FMNP provides fresh, unprepared, and locally grown fruits and vegetables to WIC participants, and expands the awareness, use of, and sales at farmers' markets. TDA partners with Texas food banks and other entities to ensure eligible participants are aware of this program and receive benefits as needed.

National School Health Program and School Breakfast Program Update for the Healthy Hunger Free Kids Act of 2010

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

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

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

School Meals Nutrition Standards

In addition to the school meal patterns, USDA has implemented new federal standards for all foods and beverages sold in school. These science-based nutrition standards promote a healthy school environment and apply to all foods sold, such as:

- A la carte cafeteria sales;
- School stores;
- Snack bars;
- Vending machines; and
- Fundraisers.

TDA provides resources to aid schools in providing healthy snack options for all Texas students.

CACFP Update on Healthy Hunger Free Kids Act of 2010

On June 24, 2016, the final rule for the new Child and Adult Care Food Program (CACFP) meal pattern was released, with an October 1, 2017, implementation date. The new meal patterns are based on the Dietary Guidelines for Americans, recommendations from the National Academy of Medicine, the American Academy of Pediatrics, and public comments. Key changes include:

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

TDA offers training and guidance to child and adult care sponsors to assist with the new federal requirements.

Grants Administered by TDA

- **Texas Feeding Texans– Home-Delivered Meals Grant Program:** The Texans Feeding Texans Home-Delivered Meal Grant Program was created by HB 407, 80th Legislature,

Regular Session, 2007 (codified as [Texas Agriculture Code §12.042](#)), which established a statewide grant program to help supplement and extend the applicant's current home-delivered meal program for seniors and/or disabled Texans. Governmental and non-profit agencies are eligible for this grant program.

- **Texans Feeding Texans- Agricultural Surplus Grant Program:** The Agricultural Surplus Grant Program was established to provide surplus agricultural products to food banks and other charitable organizations that serve needy or low-income individuals. TDA awards grant funding to help offset the costs of harvesting, gathering and transporting Texas products to Texas food banks.
- **3E's Grant Programs:** TDA is authorized by [§12.0027](#) of the Texas Agriculture Code to administer the 3E's Grant Program to promote better health and nutrition programs and prevent obesity among children in this state. The objective of the program is to increase awareness of the importance of good nutrition, especially for children, and to encourage children's health and well-being through "education, exercise and eating right".
- **Urban Schools Agricultural Grant Program:** The Urban Schools Agricultural Grant Program is an agricultural-related program for urban elementary and middle public school pupils enrolled in districts with populations of 49,000 or more. The program helps improve students' understanding of agriculture through projects, and teaches the importance of water conservation and nutrition.
- **Surplus Agriculture Serving Students Program:** This program provides surplus agricultural products to low-income students and their families, and offer corresponding educational activities.

Special Projects

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

- **Healthier US School Challenge (HUSSC):** TDA is actively promoting this USDA initiative in which schools voluntarily commit to re-shaping their environments to promote healthy nutrition, physical education, and physical activity. HUSSC criteria reflect NSLP meal pattern requirements, while continuing to encourage schools to offer a variety of vegetables, fruits (including fresh fruit), and whole grain-rich grains. Schools that have achieved the Healthier US School Challenge Award have demonstrated strong efforts to produce an environment in which the healthy choice is the easy choice. TDA has provided multiple training sessions around the state and offered technical assistance with the application process. For detailed information on the initiative, visit www.teamnutrition.usda.gov/.
- **Farm Fresh:** This program sources local food for schools, child care centers, and summer sites, as well as provides agriculture and health and nutrition educational opportunities to students. Farm Fresh includes activities, such as, site gardens, farm field trips, and cooking lessons. The program improves the health of children and communities while supporting local and regional agricultural producers. Key initiative activities include marketing Farm

Fresh opportunities to producers, schools, child care centers, and summer sites; connecting farmers to interested sites; providing technical assistance; providing customized trainings; promoting grant opportunities; and assisting with coordination of special events.

- **Menu Enhancement and Nutrition (MENU) Module System:** TDA purchased a menu planning and nutrient analysis software system called MENU Module in August 2015. This system will be available to all CEs that operate NSLP/SBP in Texas. MENU Module provides schools with tools to better plan and analyze menus for nutrient content, ensure federal meal pattern requirements are met, conduct cost analysis on menus, and promote menus to parents and students through a mobile application. The mobile application also provides nutrient information to parents and students to allow for more informed food choices from school menus. TDA will launch MENU Module statewide in the spring of 2017. TDA will further evaluate if MENU Module could be beneficial to the other Special Nutrition Programs administered by the agency.

Training Activities

TDA administers standardized program and nutrition training for CEs participating in USDA child nutrition programs administered by the agency. Training is designed to enhance program compliance with USDA/state/other requirements and regulations, and to enhance nutrition standards for improved well-being of the customers (children and adults) served.

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

TDA holds annual program conferences at varying locations across the state for Summer Food Service Program and Child and Adult Care Food Program CEs. The conferences cover the basics of program operations, advanced program operations, facilitated sharing sessions, and best practices.

Statewide Communications

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

In 2015-2016, outreach efforts focused on the following:

- Providing nutrition guideline education;
- Partnering with schools during National School Lunch Week and School Breakfast Week to promote healthy meal options available in campus cafeterias;
- Partnering with child care facilities during National CACFP Week;
- Distributing CACFP videos and materials to improve nutrition and increase physical activity in children ages 2-5;
- Summer Food Service Program Campaign to promote awareness of meal access during the summer months;

- Providing information on programs for distribution; and
- Event attendance and public engagement.

Exhibits and Conferences

Communities, CEs, partners, children, and parents have direct access to nutrition education and program information through exhibits sponsored by TDA. Exhibits provide TDA the opportunity to distribute program information, provide nutrition education, and communicate about federal policy changes. In addition to staffing exhibits at various conferences, TDA also hosts an interactive exhibit that highlights the importance of healthy eating and teaches students about the National School Lunch Meal Pattern and Texas products at the State Fair of Texas and Houston Livestock and Rodeo Show. Exhibits attended included, but were not limited to:

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

TDA Wellness Promotion and Outreach

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

- Employee challenges, such as the Annual Get Fit Texas Physical Activity Challenge;
- Access to organized wellness activities established through various state agencies such as Yoga, Weight Watchers (offered at a nearby external site);
- Discounts for fitness centers; and
- Participation in the Farm to Work Program.

Legislative Committees

TDA is participating in several legislatively established committees targeting obesity prevention and food policy. This section outlines the status of the legislated committees.

Farm-to-School Task Force Report created by [S.B. 1027](#) (81st Legislative Session)

S.B. 1027 authorized an interagency farm-to-school coordination task force. TDA was tasked in statute with facilitating this committee. The task force's report recommended the creation of a Farm-To-School Coordinator position at TDA which was filled in November 2011. The Farm-To-School Coordinator continues to focus on:

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

Six-Year Plan for the Early Childhood Health and Nutrition Interagency Council created by [S.B. 395](#) (81st Legislature, Regular Session, 2009). S.B. 395 required TDA to establish the Early Childhood Health and Nutrition Interagency Council. TDA has facilitated this committee, which has published a six-year plan to improve the health in children under six and improve nutrition and physical activity practices in early child care settings, which work towards:

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

Plan to Increase Outcomes in Summer Food Service Program created by [H.B. 749](#) (83rd Legislature, Regular Session, 2013). H.B. 749 required TDA to establish a five-year plan in collaboration with Texas Hunger Initiative established by Baylor University and implement no-cost provisions to increase outcomes in the summer food service program. The plan was submitted to the Legislature in November 2014.

Texas Education Agency

The Texas Education Agency (TEA) is comprised of the [Commissioner of Education](#) and [agency staff](#). TEA and the [State Board of Education](#) guide 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. The policies and programs that impact the health and well-being of Texas school children are administered in part by the Curriculum Standards and Student Support Division. This division provides state-level support, information, and non-regulatory guidance to school administrators, teachers, counselors, parents, and students regarding general curriculum laws and rules, including those related to the health and well-being of Texas school children as described below.

Coordinated School Health

Addressing childhood obesity is a key step in creating healthier, more successful students in Texas. The [Texas Education Code \(TEC\), §38.013](#), requires TEA to make available to each school district one or more coordinated health programs designed to prevent obesity, cardiovascular disease, oral diseases, and type 2 diabetes in elementary, middle, and junior high schools.

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

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

School Health Advisory Councils

[TEC, §28.004](#), requires the board of trustees of each school district to establish a local school health advisory council (SHAC) to assist the school district in ensuring that local community values are reflected in the district's health education instruction. A SHAC is a group of individuals, primarily parents of students in the school district, appointed by school district officials to represent the community. The members of the SHAC provide guidance on coordinated school health programming and its impact on student health and learning. SHACs provide an efficient, effective structure for creating and implementing age-appropriate, sequential health education programs and early intervention and prevention strategies that can be supported by local families and community stakeholders.

The benefits of SHACs include:

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

To further strengthen the development of SHACs at the local level, TEA, in coordination with the Texas Department of State Health Services (DSHS) School Health Program, Texas Department of Agriculture (TDA), and the Texas Action for Healthy Kids facilitates quarterly webinars focusing on improving the health and educational outcomes of young people throughout Texas. These webinars provide school staff, parents, community members, and school health organizations with helpful resources, tools, data, ideas, and strategies.

TEC §28.004 requires each local SHAC, in addition to other responsibilities, to establish a physical activity and fitness planning subcommittee. The subcommittee is charged with considering issues related to student physical activity and fitness and making policy recommendations to increase physical activity and improve fitness among students. Each local SHAC is also required to include in its annual written report to the local board of trustees any recommendations made by the physical activity and fitness planning subcommittee.

Physical Education and Physical Activity

Physical activity programs can improve the health of children and help motivate them to make healthy decisions throughout life. [TEC §28.002\(1\)](#) requires students enrolled in full-day prekindergarten or kindergarten to grade 5 to participate in moderate or vigorous daily physical activity for at least 30 minutes throughout the school year as part of the district's physical education curriculum or through structured activity during a campus's daily recess. If a school district determines, for any particular grade level below grade 6, that requiring moderate or vigorous daily physical activity is impractical due to scheduling concerns or other factors, the district may as an alternative require a student in that grade level to participate in moderate or vigorous physical activity for at least 135 minutes during each school week.

The law further requires students enrolled in grades 6 to 8 to participate in at least 30 minutes of moderate or vigorous daily physical activity for at least 4 semesters during those grade levels as part of the district's physical education curriculum. As an alternative, a school district may require a student enrolled in a grade level for which the district uses block scheduling to participate in moderate or vigorous physical activity for at least 225 minutes during each period of 2 school weeks.

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

Physical Fitness Assessment Initiative

[TEC §38.101](#) requires all students in grades 3 or higher who are enrolled in a course that satisfies the curriculum requirements for physical education to be assessed once a year using a fitness assessment instrument identified by the Commissioner of Education. A request for offer (RFO) process was conducted in 2007, and FITNESSGRAM®, created by The Cooper Institute of Dallas, was selected as the state fitness assessment instrument.

FITNESSGRAM uses criterion-referenced standards called the Healthy Fitness Zones, which are based on age and gender and represent the basic levels for good health and fitness in children ages 5 - 17 years. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition. Scores from these assessments are compared to Healthy Fitness Zone standards to determine a student's overall physical fitness and to suggest areas for improvement when appropriate.

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

In 2015, the 84th Texas Legislature appropriated \$2,000,000 for the 2016-2017 biennium for the physical fitness assessment and related analysis. TEA entered into agreements with BSN Sports and The Cooper Institute to provide a statewide license for FITNESSGRAM software at no cost to Texas public schools. The software provides a web-based data collection system and mobile applications that allow teachers to upload physical fitness assessment data directly to FITNESSGRAM servers. TEA continues to maintain the Physical Fitness Assessment Initiative (PFAI) application for districts that do not register for the FITNESSGRAM site license.

The analysis of physical fitness assessment data to assess the relationship among physical fitness and student academic achievement, attendance, obesity, disciplinary problems, and school meal programs will be conducted through competitive solicitation.

[TEC §38.103](#) requires schools to report their results to TEA. During the 2014-2015 school year, TEA collected physical fitness assessment data from 1,060 school districts and charter schools for 2,324,797 students in Grades 3-12. Both the number of participating districts and charter schools and the number of students assessed increased from the previous year, when 2,253,652 students were assessed in 964 districts and charter schools.

Aggregated physical fitness assessment information can be accessed by district, grade-level, and gender for the entire state for the 2007-2008, 2008-2009, and 2009-2010 school years. For the 2010-2011, 2011-2012, 2012-2013, and 2013-2014 school years, aggregated physical fitness assessment information can be accessed by district, campus, grade-level, and gender for the entire state. To view this data, please visit the [Fitness Data](#) web page.

Each year, TEA reports the FITNESSGRAM results to the Texas School Health Advisory Committee (TSHAC) for use by the committee in assessing the effectiveness of coordinated health programs provided by school districts and to develop recommendations for modifications to coordinated health program requirements or related curriculum. Texas was the first state to order a comprehensive physical assessment of its students. During the program's first year, 2.6 million of the almost 3.4 million students in grades 3-12 were tested. Results in year one showed that 33 percent of 3rd grade girls and 29 percent of 3rd boys reached the "Healthy Fitness Zone." By seventh grade, 21 percent of girls and 17 percent of boys still met this achievement level. By 12th grade, 8 percent of the girls and 9 percent of the boys met the health standards in all six tests. Data remained somewhat consistent in years two and three of the assessment's implementation.

During the 2011-2014 academic years, approximately 40 percent of Texas schools consistently submitted FITNESSGRAM scores. For most fitness components, an overall positive trend in fitness achievement was observed. Slight increases were apparent in average Healthy Fitness Zone for five out of the six assessments. However, a slight plateau of Healthy Fitness Zone achievement was observed for one assessment.

The rates of achieving Healthy Fitness Zone on the various assessments have generally increased over the past four years providing evidence of increasing levels of fitness achievement over time. However, the overall patterns vary by assessment as well as age and gender.

The Texas Youth Fitness Study, led by The Cooper Institute, is an aggregated analysis of data from the 2010-2011, 2011-2012, 2012-2013, and 2013-2014 academic years. The data has been compiled by age and gender to provide descriptive information about the levels and patterns of health-related physical fitness in youth. The posted information includes an analysis of PFAI and FITNESSGRAM 10 (FG 10) data except for the analysis of aerobic capacity which only includes the PFAI data to allow for direct comparisons.

In the 2015-2016 school year, approximately 2.8 million students were tested and approximately 86 percent of school districts submitted data. The analysis of the physical fitness assessment data for 2014-2015, 2015-2016, and 2016-2017 will be conducted by an entity selected through a competitive solicitation. The study is expected to identify any relationships between student fitness and academic achievement, school attendance, obesity, disciplinary problems, and school meal programs (TEC §38.104).

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

School Health Survey

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

Campus Involvement Plans

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

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

Department of State Health Services

Obesity has severely affected the health and quality of life of Texans and has placed an enormous burden on the state's health care resources. To help combat the problem, the Texas Department of State Health Services (DSHS) has made obesity prevention a high priority for the agency. DSHS's obesity prevention efforts are evidence-based and coordinated across agency programs and with national, state, and community partners. DSHS's Obesity Prevention Program is responsible for coordinating obesity prevention activities with the Texas Office of Title V and Family Health Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and numerous worksite wellness, school health, and chronic disease programs.

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health (1305) Grant

Fiscal year 2016 was the third year of a five-year cooperative grant with the CDC. Through this grant, DSHS received funds to help prevent and reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Four DSHS programs work together to support chronic disease prevention: the Diabetes Prevention and Control Program, the Heart Disease and Stroke Program, the School Health Program, and the Obesity Prevention Program.

The short-term and long-term goals of this funding award are:

- Improve environments in worksites, schools, early childhood education services, state and local government agencies, and community settings to promote healthy behaviors
- Expand access to healthy choices for people of all ages related to diabetes, cardiovascular health, physical activity, healthy foods and beverages, obesity, and breastfeeding
- Enhance the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes
- Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity
- Healthier people living in healthier communities
- Improve prevention and control of diabetes, heart disease, obesity, and promotion of health in schools

Obesity Prevention Program

The Obesity Prevention Program (OPP) supports and promotes projects that focus on increasing physical activity; consumption of fruits and vegetables; breastfeeding; and decreasing consumption of sugar-sweetened beverages, high-calorie foods, and screen time. The program targets large segments of the population by promoting strategies to reduce environmental barriers to healthy living and supporting administrative policies that facilitate healthy choices. OPP houses subject matter experts on obesity and worksite wellness. During the past biennium, OPP oversaw implementation of the following projects:

Texas Rising Star Guidelines

The Texas Rising Star (TRS) program is a voluntary, quality-based rating system of child care providers participating in the Texas Workforce Commission's subsidized child care program. TRS is the State's quality rating and improvement system. In the 2013-14 biennium, OPP contributed to the improvement of TRS guidelines related to nutrition, physical activity, and

breastfeeding, which TWC approved on January 27, 2015. Notable changes included introducing food service guidelines into menu planning and incorporating natural elements into outdoor learning environments to motivate children to be physically active. TRS guidelines can be found at <https://texasrisingstar.org/about-trs/trs-guidelines/>.

OLE! Texas

OLE! Texas stands for outdoor learning environment. It is a statewide intervention for increasing physical activity by incorporating natural elements into child care outdoor learning environments at child care centers. OLE! Texas applies the preventing obesity by design (POD) model, an evidence-based outdoor learning environment design strategy. POD strategies were shared with Texas universities and child care partners statewide and two “POD to TX” leadership team meetings were held at the National Children in Nature Conferences in Bastrop and Lubbock in 2015. Several key universities, organizations, and state agencies expressed interest in having a role in the project.

Physical Activity Survey

OPP administered a statewide survey of child care physical activity policies and practices in 2016 on behalf of the Early Childhood Health and Nutrition Interagency Council. Results can be found at <http://www.squaremeals.org/Publications/Reports.aspx>.

Healthy Community Food Systems Module

In 2015, OPP launched the Healthy Community Food Systems module, an online professional continuing educational video module hosted by the National Community Health Worker Training Center at the Texas A&M Health Science Center School of Public Health. The aim of this project is to educate consumers on the concept of sustainable agriculture and to increase awareness of the food system’s role in the prevention of obesity. Since launching, 203 users have registered and 33 have completed the module. The module can be found at <http://sustainablefoodcenter.org/healthy-community-food-systems-module>.

Ten Steps to Successful Breastfeeding Module

OPP facilitated the launch of a new online breastfeeding training module for health care professionals in 2015. The Ten Steps to Successful Breastfeeding module can be found at <http://www.txhealthsteps.com/cms/?q=catalog/course/2324>.

Your Health Matters: Growing Active Communities and Growing Healthy Communities

OPP partnered with the University of Texas School of Public Health in Brownsville to develop the continuing education curricula, “Your Health Matters: Growing Active Communities” and “Your Health Matters: Growing Healthy Communities” in English and Spanish. The project trains *promotores*, also known as community health workers (CHWs), to promote physical activity and nutrition in their communities.

Texas Childhood Obesity Research Demonstration

OPP provided support to the Texas Childhood Obesity Research Demonstration (TX CORD) project in coordination with the Michael & Susan Dell Center for Healthy Living, the University of Texas School of Public Health, USDA/ARS Children’s Nutrition Research Center, and Baylor College of Medicine to develop, deliver, and evaluate an integrated model of primary health care

and public health strategies for children. The four-year, CDC-funded research project was designed to implement and evaluate community-based obesity prevention and treatment programs for underserved, ethnically-diverse children ages 2-12 years. Its aim was to connect families, pediatricians, schools, early care and education centers, and local youth organizations to support healthy eating and active living. The interventions were implemented in Austin and Houston. Funding for the TX CORD project ended September 29, 2015.

The strategies used in the study positively affected body mass index (BMI) status and demonstrated that primary prevention programs can decrease BMI over time among preschool and elementary students. Programs designed to prevent disease in high-risk children were shown to decrease BMI among elementary students (ages 6-12 years). The TX CORD research team is currently working to further disseminate the model.

Texas Nutrition Environment Assessment in Stores Tool

The Texas Nutrition Environment Assessment in Stores tool can be used to assess the availability, price, and quality of healthy foods in the retail food setting, which includes grocery and corner stores. This tool has been used by Texas communities to conduct nutrition environment assessments. The survey and supporting resources, including the training, are available at <http://www.dshs.texas.gov/Obesity/TXNEAS/>.

Texas Nutrition Environment Assessment in Restaurants Tool

The Texas Nutrition Environment Assessment in Restaurants tool was developed to assess the availability of healthy and less healthy foods and beverages, as well as barriers and facilitators to healthy eating in the prepared foods setting. In 2015, the tool and its resources were converted to an online format and piloted with the Northeast Texas Public Health District and the San Antonio Metropolitan Health District. The tool and resources, which include online trainings and a manual of procedures, were launched in 2016 and can be found at <http://www.dshs.texas.gov/Obesity/TXNEAR/>.

Worksite Wellness

Since June 2008, DSHS has implemented the Work Well Texas worksite wellness program for state agencies (formerly known as Building Healthy Texans). Obesity prevention is a high priority within the program and continues to be a cornerstone of worksite wellness programs in Texas. The program provides state agency wellness coordinators with resources to implement the latest evidence-based strategies to support obesity prevention. Objectives of the program are to improve:

- Usage of preventive services and screenings
- Tobacco cessation and prevention
- Healthy eating choices
- Physical activity
- Stress management (including Employee Assistance Programs)
- Support for nursing mothers

Information about the program can be found at www.wellness.state.tx.us. The following initiatives were implemented in fiscal years 2015 and 2016 to support Work Well Texas:

Health Risk Assessment and Physical Exam Leave Incentive

Since 2008, the wellness policy of the Health and Human Services System has enabled employees to earn an additional eight hours of leave per year by completing a health risk assessment (HRA) and seeing their physician for a physical exam. Promoting this platform is a key initiative for the wellness program. In 2016, the state health plan launched a new health promotion platform featuring a revamped HRA.

Annual Wellness Conferences

Each year, Work Well Texas invites state agency wellness staff to attend a worksite wellness conference to provide education and resources focused on obesity prevention, key public health principles, and networking opportunities. The conferences draw wellness staff and committee members from around the state who in turn can reach a combined 150,000 state employees through their programming efforts. Recent conferences include:

- The 2014 State Agency Wellness Conference, *Making the Ideal Real*, was held on October 14, 2014, with about 100 attendees. It featured presentations from *Austin Fit Magazine*, United Healthcare, and DSHS subject matter experts.
- In 2015, in lieu of holding a statewide conference, Work Well Texas promoted the It's Time Texas Summit held June 15-26, 2015 in Austin, which featured presentations pertaining to policy, innovation, schools, and community organizations.
- The 2016 conference, *Reaching Our Clients*, was held in Austin on May 11, 2016, and featured presentations on United Healthcare's Real Appeal and Lose and Win programs, worksite biometric screenings, on-site diabetes self-management classes, increasing physical activity at work, and working with cafeteria managers. About 80 wellness liaisons attended.

State Agency Food Service Guidelines

In 2015, DSHS developed a comprehensive nutrition guidance document establishing guidelines and recommendations for state agency food service operations. The guidelines are being integrated into training provided to food service managers through the state's Business Enterprises of Texas program.

Farm to Work

Farm to Work is an employee wellness program that provides employees with the opportunity to order a basket of fresh produce from a local farm, delivered to worksites on a weekly or biweekly basis. Since the program launched at the DSHS main campus in 2007, it has expanded to serve 44 worksites including state agencies, universities, and private companies in Austin, San Antonio, and Houston. To date, 18,362 employees have participated, purchasing 78,635 baskets and generating more than \$1.5 million for local farmers. For more information on Farm to Work, visit <http://farmtowork.org/>. A toolkit for worksites interested in participating can be found at www.dshs.texas.gov/Obesity/F2W/.

Get Fit Texas

From January to March each year, DSHS leads a physical activity challenge for state employees encouraging participants to engage in a minimum of 150 minutes of physical activity per week.

Since 2013, the DSHS State Agency Wellness Program and the Department of Aging and Disability Services have collaborated to implement the challenge. In 2016, a total of 16,062 employees participated with 10,492 completing the challenge, a 30 percent increase in participation and a 50 percent increase in completion compared to 2015.

School Health Program

The DSHS School Health Program coordinates with TEA and TDA to provide technical assistance to school health advisory councils and develops resources to assist them in making policy recommendations. Resources that were developed include the School Health Advisory Council Guide and the Coordinated School Health Guide. The program also coordinated with numerous partners, including the Texas Action for Healthy Kids, the Texas School Nurse Organization, and Texans Care for Children. Key program activities in 2016 included:

- Serving on the Local School Wellness Policy Advisory Committee, which supports school food authorities in implementing wellness policies
- Contracting with Education Service Center-Region 2 to provide training to nine priority school districts and host a Healthy School Environment Conference
- Co-hosting a webinar series on recess and its impacts on academic performance with the Texas Association for Health, Physical Education, Recreation and Dance

More information on the School Health Program can be found at <https://dshs.texas.gov/schoolhealth/>.

Texas Healthy Communities Program

The Texas Healthy Communities Program recognizes communities with policies and environments that promote health and reduce risk factors for chronic diseases. Participating communities complete a self-assessment on eight health indicators that impact chronic disease, including: physical activity, healthy foods, healthy schools, healthy worksites, breastfeeding, tobacco control and prevention, cardiac and stroke care, and health care quality improvement. The assessment allows for a better understanding of a community's capacity to become healthier, motivating stakeholders to develop and implement a strategic plan for system and environmental changes to support healthy behaviors. Since the program began in 2014, 22 cities have earned Gold, Silver, Bronze, and Honorable Mention recognition.

Office of Title V and Family Health

The Office of Title V and Family Health remains committed to its vision of improving the health and well-being of Texas mothers, infants, children, and youth, including those with special care needs and their families. Title V addresses obesity prevention through well-woman care, breastfeeding, developmental screening for children, and obesity prevention throughout the life course.

DSHS Infant Feeding Workgroup

The DSHS Infant Feeding Workgroup, coordinated by the Office of Title V and Family Health, coordinates breastfeeding activities across DSHS. The workgroup is guided by a five-year strategic plan to improve breastfeeding support in health services, the community, and worksites. A revision of the workgroup's strategic plan was in development in 2016.

Breastfeeding in Worksites and Child Care Settings

DSHS provides technical assistance, tools, resources, and recognition to encourage employers to establish lactation support programs for employees who are separated from their infants during the workday. Training resources also support breastfeeding in child care settings. DSHS offers the following resources:

- **Texas Mother-Friendly Worksite Program** – a program that fulfills requirements of [Texas Health and Safety Code, Chapter 165](#) requiring DSHS to establish recommendations for supporting worksite breastfeeding and to maintain a registry of businesses with breastfeeding policies that address:
 - Work schedule flexibility for expression of milk
 - Accessible locations allowing privacy
 - Access to clean running water
 - Access to hygienic storage alternatives for storing mother’s breast milk

This initiative, which includes a social marketing campaign, has contributed to growth in the number of designated mother-friendly worksites from 1,700 in September 2014 to more than 2,250 in June 2016. The program is nationally recognized as a practice-tested intervention by the Center for Training and Research Translation. More information is available at <http://texasmotherfriendly.org/>.

- A child-care training curriculum, *How to Support a Breastfeeding Mother: A Guide for the Child Care Center*, is available at <http://www.dshs.texas.gov/wichd/bf/childcare.shtm>.

Breastfeeding in Communities

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

- **Statewide Lactation Support Hot Line** – toll-free line that serves consumers and health care professionals with breastfeeding information, support, and referrals to local lactation specialists.
- **Lactation Support Center Services - Strategic Expansion Program** – a program funded by the Office of Title V and Family Health since 2015 to expand the following services:
 - Provision of lactation education, counseling, and referral services to non-WIC participants
 - Development and implementation of locally-appropriate activities to engage community partners to improve systems of care for lactation consistent with recommendations of the Surgeon General’s Call to Action to Support Breastfeeding, the CDC’s Guide to Strategies to Support Breastfeeding Mothers and Babies, and other best practices
 - Conducting outreach, training, and education to increase competencies and skills of maternity service direct care staff, clinicians, and other health professionals who care for women and children

- Providing enabling services (e.g. transportation, child care, extended hours, mobile clinics, home visiting, language services) to increase access to family-centered, culturally-relevant, timely care
- **Texas WIC Breastmilk. Every Ounce Counts Campaign** – a statewide awareness campaign to encourage moms to breastfeed. The campaign includes TV, radio, and outdoor public service announcements and 60-second news spots on radio news channels aired during National Breastfeeding Awareness Month in August. The campaign also includes breastfeeding promotion materials such as Breastfeeding Friendly Establishment decals, WIC Peer Counselor program and Texas Ten Step promotional materials, Right to Breastfeed cards, and the following website: breastmilkcounts.com.
- **Support from Day One Website** – a component of the *Breastmilk. Every Ounce Counts Campaign* targeting public health professionals and others involved in breastfeeding promotion and support activities. The website provides information and resources to assist organizations and individuals with breastfeeding support in their communities. For more information, visit <http://www.supportfromdayone.org/>.

Breastfeeding in Health Care Settings

The Baby-Friendly Hospital Initiative recognizes hospitals that have fully implemented the evidence-based maternity practices known as Ten Steps to Successful Breastfeeding. Infants who are born in hospitals that implement the Ten Steps are more likely to exclusively breastfeed and to breastfeed for longer. DSHS offers the following initiatives to support implementation of Ten Steps:

- **Right from the Start Campaign** – a project that aims to increase awareness among key decision-makers in birthing facilities about their role in improving breastfeeding outcomes. Materials illustrate the impact that hospital policies and practices have on breastfeeding outcomes, and include an informational booklet with state and national data related to hospital practices, as well as information on the Texas Ten Step and Baby-Friendly USA programs, a self-assessment guide, a resource list, and a hospital-specific one-page report.
- **Texas Hospital Summits: Improving Infant Feeding, Advancing Maternity Care Practice** – summits that convene key decision-makers from hospitals and maternity care facilities. In 2015, events were held in San Antonio and Dallas, serving as a call-to-action to non-designated facilities to begin adopting the Ten Steps.
- **Texas Ten Step Program** – a program that recognizes hospitals for adopting policies that address 85 percent of the Ten Steps to Successful Breastfeeding, and encourages facilities to pursue the Baby-Friendly Hospital designation, the gold standard for maternity care. The free program provides on-site training, policy writing assistance, and identification and assistance with areas of needed improvement. There are 119 facilities with the Texas Ten Step designation, representing approximately 60 percent of all birthing facilities in Texas, and the number of facilities designated through Baby-Friendly USA has increased from 5 in 2010 to 16 in 2016.

- **Training** – peer counselor workshops and training modules are offered to peer counselors and health care professionals. Modules include a one-hour breastfeeding training for professionals and three modules on the Ten Steps that participants can take to earn four and a half hours of continuing nursing education.

School Physical Activity and Nutrition Survey

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

A representative sample of school children in grades 2, 4, 8, and 11 were assessed as part of the fourth SPAN survey in Texas (SPAN 2015-16). The survey included a second grade measurement, with matching parent surveys that assessed child dietary intake and physical activity, as well as parental perceptions, attitudes, and knowledge of factors associated with childhood obesity. Final prevalence numbers will be available in early 2017.

Data from the third SPAN (2009-2011) indicate that the prevalence of obesity in children in grades 4, 8 and 11 was 23.8, 23.0, and 21.6 percent, respectively. The prevalence of obesity was significantly greater among students in schools with low socioeconomic status. SPAN data for the state and health services regions can be found at <https://sph.uth.edu/research/centers/dell/project.htm?project=3037edaa-201e-492a-b42f-f0208ccf8b29>.

Special Supplemental Nutrition Program for Women, Infants, and Children

Special Supplemental Nutrition Program for Women, Infants, and Children

(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, participants must have a household income at or below 185 percent of the federal poverty level, and have a qualifying nutrition or medical condition. WIC services are provided by local health departments, community health clinics, hospitals and hospital districts, and other non-profit organizations.

In recent years, WIC has devoted considerable resources to obesity prevention through promoting breastfeeding and child physical activity, and providing obesity prevention education and grants to local WIC agencies to provide grocery store tours, community gardens, food demonstrations, and walking groups. WIC also promotes employee wellness through its WIC Wellness Works program, helping employees to become role models for the families they serve.

Increasingly, Texas women are choosing to breastfeed; more than 83 percent of Texas mothers, have initiated breastfeeding, exceeding the target for the Healthy People 2020 target. However, breastfeeding duration and exclusivity rates are well below targets, especially among low-income and minority women.

In fiscal year 2016, 50 obesity prevention projects were ongoing at 38 WIC agencies.

Accomplishments include:

- Providing nutrition and health education to more than 900,000 women, infants and children
- Providing employee wellness materials to 2,400 local agency WIC employees and 150 state WIC employees
- Conducting 248 health trainings for 7,123 health professionals
- Distributing 230,100 breastfeeding education bags to WIC participants through 344 peer counselors
- Overseeing the Texas Ten Step program

Information on WIC breastfeeding initiatives can be found at www.breastmilkcounts.com and www.lechematernacuenta.com.

Texas Health Steps Online Provider Education Modules

Texas Health Steps (THSteps) is a program that provides medical and dental checkups to babies, children, teens, and young adults enrolled in Medicaid at no cost. THSteps also provides online provider education and continuing education credits to doctors, nurses, social workers, and other professionals. The Health and Human Services Commission partnered with DSHS and licensed physicians to produce more than 60 education modules, three of which focus on nutrition and weight management:

- Identifying and Treating Children with Diabetes
- Identifying and Treating Young People with High Risk Behaviors
- Behavioral Health: Screening and Intervention

The free modules are accredited by eleven accrediting bodies. They can be found at <http://www.txhealthsteps.com/cms/>.

Conclusions and Recommendations

The IOC respectfully offers the following recommendations:

- Continue the collaboration among the three agencies and other state agencies on obesity prevention efforts, including communication between program staff, management, and commissioners.
- Continue to emphasize workplace wellness programs that incorporate a broad array of interventions and activities that focus on the prevention and control of the most common and costly employee health problems.
- Encourage the creation of locally developed interventions to address obesity at the community level and to improve opportunities for physical activity and healthful eating within the entire community. These interventions should complement the substantial progress toward healthful eating and increased physical activity in schools.
- Strengthen existing state-level systems to support obesity prevention interventions in various settings at the community level through cross-systems collaboration.
- Strengthen nutrition education in kindergarten through grade 12, delivered through a variety of curricula and activities.
- Strengthen the quality of nutrition education and physical activities in early childhood and after-school programs.
- Examine ways to increase the availability of fresh produce for disadvantaged and low-income populations.
- Develop mechanisms or strategies to use the results of FITNESSGRAM and NUTRIGRAM data.
- Track obesity for all age groups, including preschool age children.
- Involve parents and community members in school-based and/or youth-focused physical activity and nutrition programming, especially through local School Health Advisory Councils.
- Increase the availability of resources, technical assistance, training, and support for local health departments, schools and community-based organizations to enhance the implementation of evidence-based programs to prevent obesity.
- Identify effective referral mechanisms and communication models for referring people with or at risk for obesity from clinical settings to programs and services in community organizations that address nutrition, physical activity, and weight.