



Childhood Obesity Prevalence in Texas after COVID: Findings from the 2021-2023 Texas SPAN Survey

A Texas Research-to-Policy Collaboration (TX RPC) Project Lunch & Learn Presentation



Welcome!

Today's room is sponsored by Representative Ann Johnson – thank you!

- Deanna Hoelscher, PhD, RDN, LD, CNS, FISBNPA
 - About TX RPC Project
 - Presentation
- September 5: Non-Medical Drivers of Health

Let us know how we can support your office's legislative health policy interests in the interim and for the 2025 legislative session!





TX RPC Project Funding provided by:







Texas Research-to-Policy Collaboration (TX RPC) Resources





















TX RPC Project Health Policy Resources

Food is Medicine

KEY TAKEAWAYS

- 1. Food insecurity is associated with higher rates of chronic and diet-related conditions and diseases (e.g., obesity, diabetes).
- 2. Food is Medicine initiatives incorporate a multitude of supportive programs and services that bridge the connection between food, nutrition, and health.
- 3. Food is Medicine programs have been shown to help individuals and families experiencing food insecurity increase access to nutritious foods and decrease and manage chronic and

Background

Food insecurity is defined as the lack of consistent access to adequate food in order

- Food insecurity is higher among households with children and higher in Texas compared to
- . According to a report by the United States Department of Agriculture, Texas has the second-hig food insecurity (15.5%) in the nation.^{2,3}
- · Approximately 1 in 6 Texas households report experiencing food
- insecurity, equaling approximately 4.6 million Texans.3 . In the United States, households with children, especially those headed by a single mother are more likely to report experiencing
- . Around \$3.87 trillion is spent annually in the United States on healthcare costs related to chronic and diet-related disease.5



The 2022 White House's National Strategy on Hunger, Nutrition, and Health announced ending hunger and increasing nutrition security, healthy eating, and physical activity country by 2030 to reduce the number of health-related chronic diseases experienced by An

Nutrition security is the access to culturally appropriate, affordable, and healthy foods that are essential to living a healthy lifestyle.





Health Policy Reports





46% of U.S. teens say they are online almost constantly. (1-4)

Adolescent Health

Impact of Technology Use on

1. More than 60% of Texas 8th and 11th graders report spending more than 4 hours in front of a screen per day, In

2. Despite some negative outcomes associated with screen time, social media networking has helped adolescents

Recommended policies to address screen time include helping teenagers balance the positive and negative eff technology, providing parents with resources to set consistent limits on their child's social media time and use,

supporting research on how to best use technology to reduce health inequities and increase positive health or

creen time has been associated with sedentary behaviors, and negative physical and mental health outcomes

Adolescent (ages 13-17) use of social media and cell phones has increased in recent years, with 95% of teens reporting owning or having access to a smartphone in 2022, compared to 73% of students from 2015-2016. (3)

There are concerns about how technology influences adolescent lives, including contribution to lower levels of physical activity, decreased interpersonal connection skills, and increased rates of depression and anxiety. (5-7)





leads to the internalization of unattainable beauty standards, resulting in higher rates of dissatisfaction with



report feeling worried often or compared to 25% of boys. (9)

- · Body dissatisfaction has been linked to risk-taking behaviors and mental health problems, with poor body image also preventing adolescents from engaging in healthy behaviors. (9) Approximately 40% of adolescents say that images from social media have
- caused them to worry about their body image or weight. (9)
- · As adolescents develop their own definition of the "ideal appearance. media and other personal factors may contribute to low self-estee feelings of depression, and the need to conform to influences on body







Paid Family Leave and Maternal & Infant Outcomes

Background

Enacted in 1993, the Family and Medical Leave Act (FMLA) is a federal policy implemented to support parental and family leave within the United States. The FMLA allows for 12 weeks of unpaid, inb-protected following the birth, adoption, or placement of a foster child, With Paid Family Leave (PFL), parents and infants have adequate time to receive postpartum medical care. Approximately 56% of workers in the U.S. qualify for FMLA, which excludes many parents who may earn lowe comes and do not have the ability to take time off of work. (1-3)



HAV

The FMLA and PFL primarily benefit higher-income individuals. (1) Since the FMLA only assists by providing unpaid leave to workers who qualify for the benefit, parents who ear able to take time off because they will lose wages in order to take care of a child. (1

Paid Family Leave & Maternal and Child Wellbeing

- PFL improves mothers' mental health by decreasing postpartum psychological distr Mothers are 9% more likely to report positive mental health and 5% more likely day-to-day demands of parenting. (5)
- PFL improves both mother's and fathers' health by decreasing their risk of being of 8% and decreasing their consumption of alcohol by an average of 12%. (6)
- · PFL fosters better child-parent relationships by allowing parents time to bond positive caregiving skills, which leads to mothers spending more time with their bat
- meals together, or going on outings more frequently, (7-8)

 PEL improves child health and development: Increases the likelihood of initiating breastfeeding, which builds
- stronger immunity, reduces infections, and reduces infant
- · Reduces the likelihood of low birthweight and preterm births (especially among Black mothers) (12)
- Decreases the likelihood of re-hospitalization within the first year of life by almost half (47%). (13)
- Increases timely immunizations and well-child visits for the
- Beduces rates of physical abuse in children below age 2. (15) Reduces the likelihood of asthma, overweight, Attention Deficit/Hyperactivity Disorder (ADHD), and communication delays through elementary school. (16-17)





Maternal & **Child Health**

KEY TAKEAWAYS

- 1. The quality of a mother's health before, during, and after pregnancy has life being of both mother and baby.
- 2. The maternal mortality crisis is compounded in Texas by the number of maternal 3. The best approach for preventing maternal death is ensuring adequate her after pregnancy
- 4. Midwives, doulas, home-visiting nurses, and community health workers workforce especially in rural communities.
- 5. Ensuring adequate and timely data collection and analysis of state materna

The quality of a mother's pregnancy determines the well-being of her infant and is also the time when the foundations of a child's lifelong health are built. (1) Prenatal experiences like maternal malnutrition, ele

stress hormones, or exposure to toxins are linked to disease outcomes later in life through: (a) physiologic changes that can impact either the developing fetus directly or (b) the health of the mother, which in turn affects fetal development, (2,3) Pregnancy can also impact the health of the mother beyond

the birth of her child.

- · Some women will develop medical issues like pre-eclampsia or gestational diabetes during pregnancy. (4) These issues can lead to long-lasting impacts.
- Women with these conditions see higher lifelong risks for cardiovascular disease, type 2 diabetes, and stroke. (5)
- Pre-eclampsia, a serious form of high blood pressure during pregnancy, is linked to hemorrhaging, one of Texas's leading causes of pregnancy associated deaths. (6,7)

ne maternal mortality crisis in the U.S. is well documented

The most recent data published in 2022 by the National Center for Health Statistics show 23.8 maternal deaths for every 100,000 live births in 2020, up 36% in just two years from 17.4 per 100.000 in 2018. (8)

women in the U.S. are almost three times as likely to die from pregnancy



Economic and Business Benefits of SNAP

KEY TAKEAWAYS

- 1. SNAP benefits lead to positive economic impacts at the local, state, and national levels by generating economic activity for food retailers and manufacturers and creating jobs in a variety of sectors.
- 2. SNAP participation improve health outcomes, saving states like Texas thousands of dollars per person every year through reduced healthcare costs

Overview of SNAP

The Supplemental Nutrition Assistance Program (SNAP) is a federal nutri administered by each state. SNAP provides benefits that supplement the nutritional quality for eligible adults and children. (1)

- . More than 41 million U.S. residents (12% of the U.S. population) and 3.4 million Texans (11% of the state's population) received SNAP benefits in 2022 (2)
- . More than 79% of SNAP participants in Texas were families with children, and around 27% of recipients were families with older adults or people living with a disability. (3)
- SNAP enrollment and utilization of benefits boost local economies and create jobs, creating an economic stimulus for communities. (4,5)
- · SNAP is associated with reduced healthcare costs and improved health people with disabilities, resulting in healthcare savings. (3)

SNAP Boosts Local and Farm Economies

- SNAP benefits are considered one of the most direct and effective forms of e . For every \$5 in SNAP benefits spent at local grocery stores or farm stand
- the surrounding community. (6) Every \$1 billion of SNAP benefits distributed creates about 15,000 full-
- are lost with each \$1 billion cut in SNAP funding. (6)

outcomes, develop empathy for others, recognize supportive relationships, and engage in responsible decision-













 Playing games that encourage mindfulness and movement activities, such as the <u>Calm</u> students to grab a drink of water

Building Responsible and

Resilient Youth

What is the problem? 1-3



manipulation, and rumor-spreading, are more likely to have emotional outbursts, be

emotions are more likely targets for bullies. In other words, bullying leads to e

dysregulation which triggers further bullying.

SEL also teaches children about civility and citizenship. Asking students how they think they want to be treated and

The Golden Rule: Treat others the way you would like to be treated without expecting the same kindness back

nental health and overall well-being? Programs that incorporate Social-Emotional

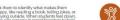
comparing it to how they should and should not treat others is similar to The Golden Rule

Learning (SEL) can help to develop responsible and resilient youth.

This can lead to a cycle, as students who exhibit frequent outbursts, anger, and spiralin



help students learn what is making them sad or angr























Legislative Resources

TX RPC Project Resources go.uth.edu/RPCresources

Texas Child Health Status Reports go.uth.edu/TexasChildHealth

Texas Legislative Bill Tracker go.uth.edu/LegTracker

TX RPC Project Newsletter Archive go.uth.edu/RPCnewsletter

Michael & Susan Dell Center Webinar Series go.uth.edu/CenterWebinars

Scan to view our Legislative Initiatives









Rapid Request Responses

- Legislators complete the <u>Rapid Response Form</u>
- TX RPC Project team will conduct research and prepare report based on requested topic
 - Reports reviewed by TX RPC
 Project researchers, UTHealth
 Government Relations
- Provide requested information to legislator



Student Demographics [1]

Most of today's college and other post secondary students, about 71%, are considered mon-traditional' students. They may be invancially independent from their pariest, work full time, are enrolled part time, are careakers, or do not have a traditional high school diploma. The average age of college enrollment is 21, but 26 is the average age for all college students. More than one in the (22%) college students reponted being parents or carting for a child dependent, with 14% stating they are shalle parents.

Food Insecurity Impacts Education [1-3]

According to a 2020 survey, more than a fifth of research university students (22%) reponted food insecurity. Students who are under 21 are less likely to report food insecurity, but students over 30 are more likely to be hungry. Despite these high trates of food insecurity, even before COVID 19, while more than one in six (18%) college students were elibible only 3% of college students were receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

In a 2016 study

- Nearly a third (32%) of food insecure students believed hunger impacted their education
- More than half (55%) reported that hunger kept them from buying textbooks
- A quarter (25%) of students who reported food insecurity also reported dropping a class
- More than half (53%) of students reported missing class in 2016 due to hunger

The Policy Landscape [4]

In December 2020, the US House passed the Consolidated Appropriations Act (CAA). This act carved out an exception for higher education students enrolled at more than half time, who were previously ineligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits if they mer centain criteriat. They must be eligible for Federal Work Study and have an expected family contribution of \$0. This exception will be in effect strough the end of the declared COVID-19 Public Health Emergency (PHE), which is currently set to end on October 13, 2022, though it has been excended multiple times.

[5-8

Summary of Search Results

Based on a preliminary search for legislation related to college students and SNAP, the TX RPC project team identified four states that have proposed or passed relevant legislation. Three states (Louislana, Connecticut, and California) enacted laws related to this issue. One state (West Virginia) had Senate and House companion bills that appear to have stalled in committee.

It is important to note that no states have made the exception permanent because the rules about SNAP eligibility and college enrollment are set at the federal level and cannot be expanded at the state level.













Childhood Obesity Prevalence in Texas after COVID: Findings from the 2021-2023 Texas SPAN Survey



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Texas SPAN Results: A Mixed Picture





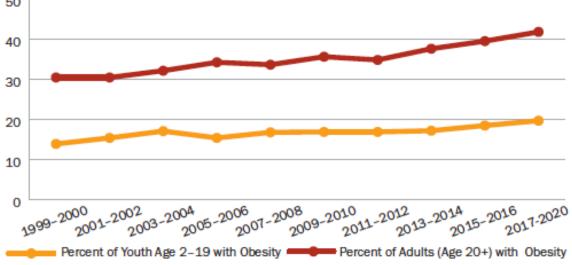




The Prevalence of Obesity has Increased in U.S. Adults and Children







Source: NHANES

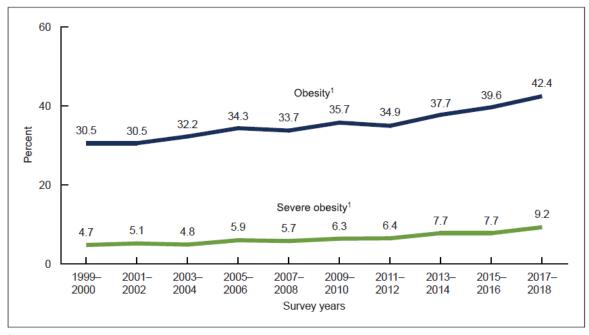




Severe Obesity is High Among U.S. Adults and Increasing



Figure 4. Trends in age-adjusted obesity and severe obesity prevalence among adults aged 20 and over: United States, 1999–2000 through 2017–2018



¹Significant linear trend.

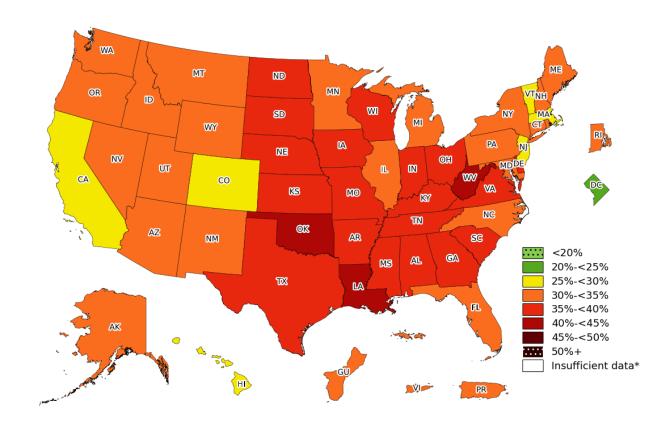
NOTES: Estimates were age adjusted by the direct method to the 2000 U.S. Census population using the age groups 20–39, 40–59, and 60 and over. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db360_tables-508.pdf#4.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 1999–2018.





Prevalence[¶] of Obesity Based on Self-Reported Weight and Height Among US Adults by State and Territory, BRFSS, 2022

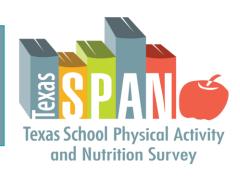
¹ Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.





^{*}Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.

Texas Ranks High in Obesity and Obesity-Related Diseases among U.S. Adults and Children



Adults

- 18th in obesity
- 18th in overweight and obesity
- 9th in diabetes
- 16th in physical activity
- 24th in hypertension

Children

• 9th in obesity

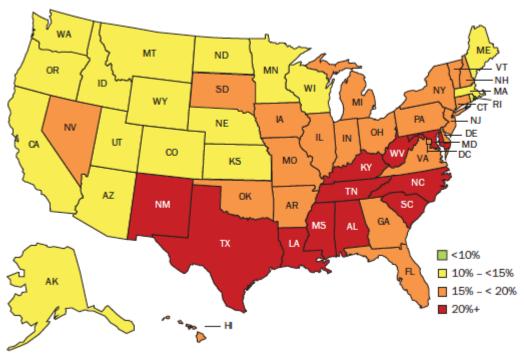




National Rates of Child Obesity are High



Percent of Children Ages 10-17 with Obesity by State, 2020-2021



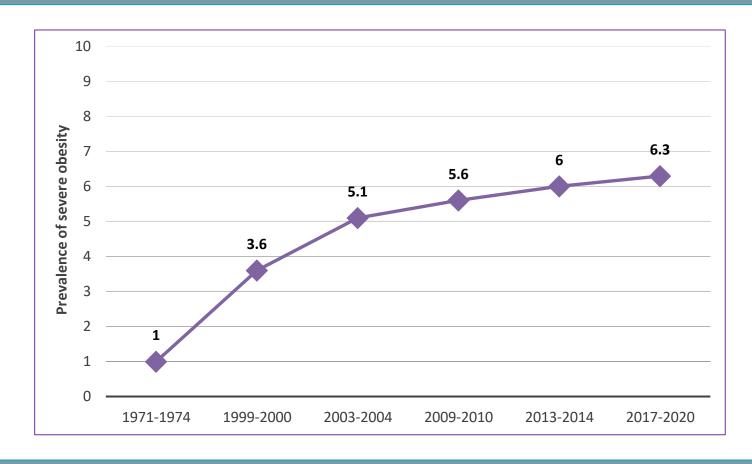
Source: National Survey of Children's Health





Severe Obesity is increasing among U.S. Children, Ages 2-19



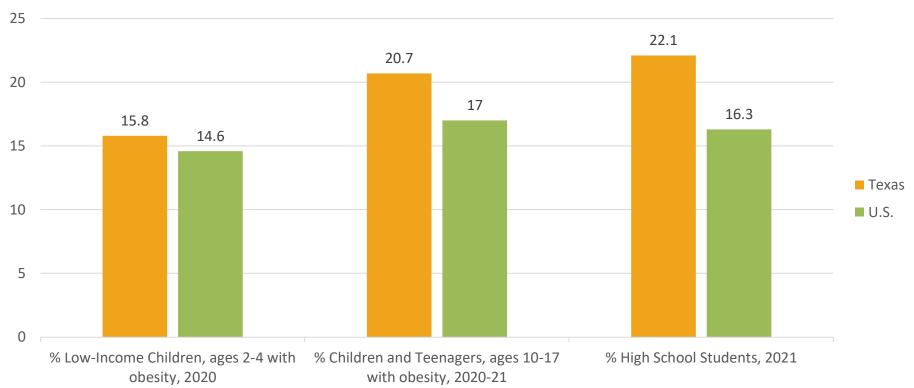






Child Obesity is Higher in Texas than in the U.S.





Sources: WIC, NCHS, YRBS





Excess Costs of Obesity



Children (6-19 years)

OBESITY

COMPARED TO NON-OBESITY

\$116_{/PERSON}

\$1.32 BILLION POPULATION COST

SEVERE OBESITY

COMPARED TO NON-OBESITY

\$310/person

\$1.27 BILLION POPULATION COST

Adults (age 20+)

OBESITY

COMPARED TO NON-OBESITY

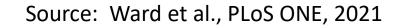
\$1,861, PERSON \$172.74 BILLION COST

SEVERE OBESITY

COMPARED TO NON-OBESITY

\$3,097,_{PERSON}

\$126.39 BILLION POPULATION







What is Texas SPAN?



- Texas School Physical Activity and Nutrition (Texas SPAN) Project
- SPAN is a surveillance system that monitors the prevalence of and secular trends in overweight and obesity in school children in Texas.
- SPAN identifies factors in Texas students that may be associated with obesity.
- Information from SPAN will assist in the development of targeted programs and policies to address overweight and obesity among Texas youth.
- Texas SPAN 2021-2023 is the sixth time the state-wide project has been conducted.





Texas SPAN 2021-2023 Results



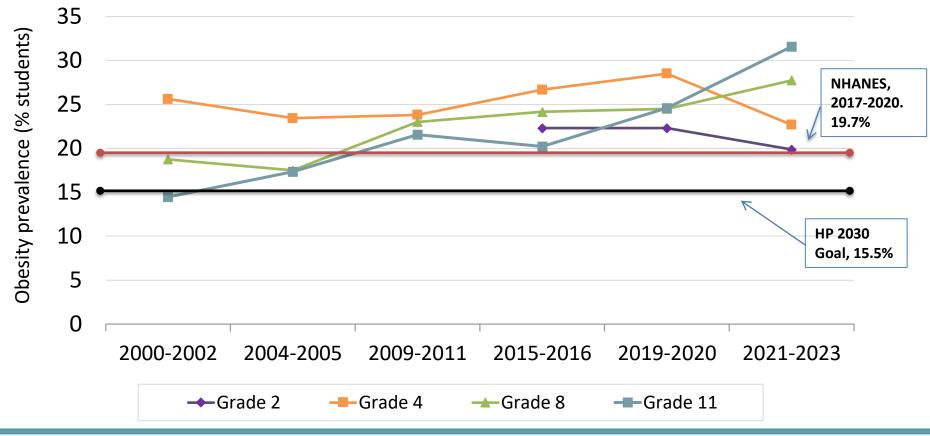
Weight Status

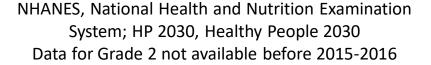




Trends in Child Obesity in Texas (2000-2023) Show Mixed Results





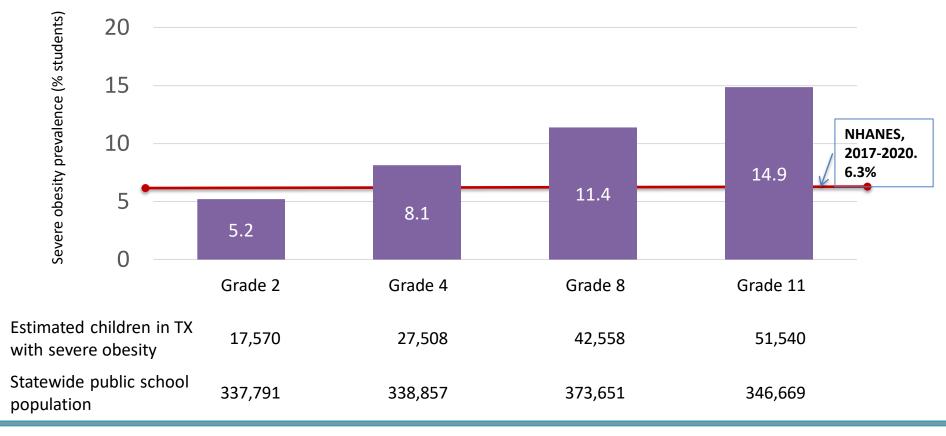






The Prevalence of Children with Severe Obesity in Texas is High – Texas SPAN 2021-2023



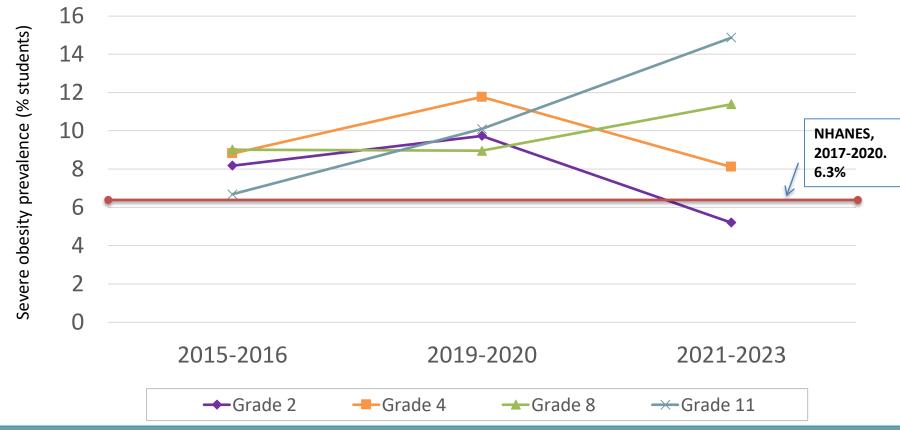






Trends in Severe Obesity also Show Mixed Results (2015-2023)



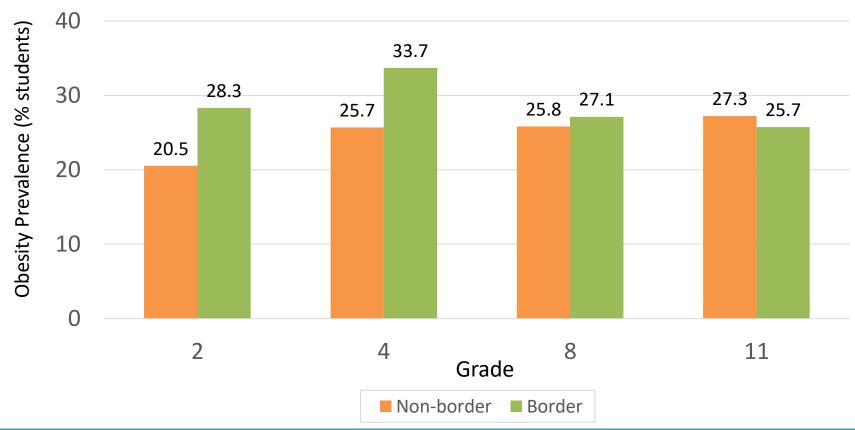






Border County Obesity Prevalence is Higher in Elementary School Students - Texas SPAN 2021-23









Texas SPAN 2021-2023 Results



Dietary Intake





Fruit or Fruit Juice Consumption Decreases as Children Age – Texas SPAN 2021-23



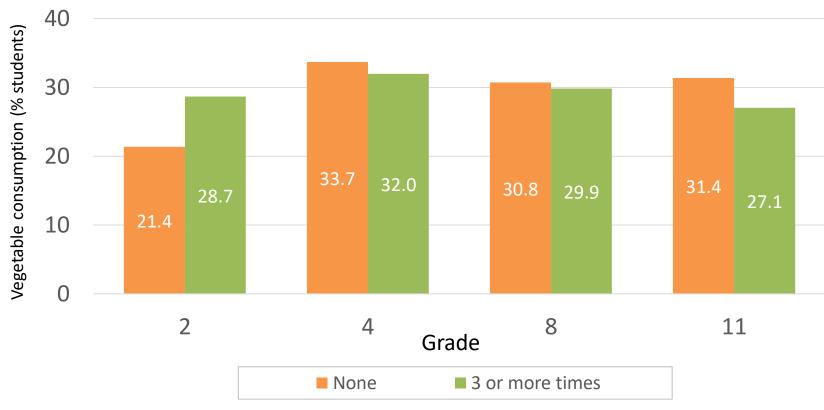






About 30% of Texas Children Do Not Eat Vegetables on School Days – Texas SPAN 2021-23



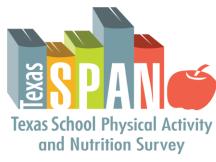


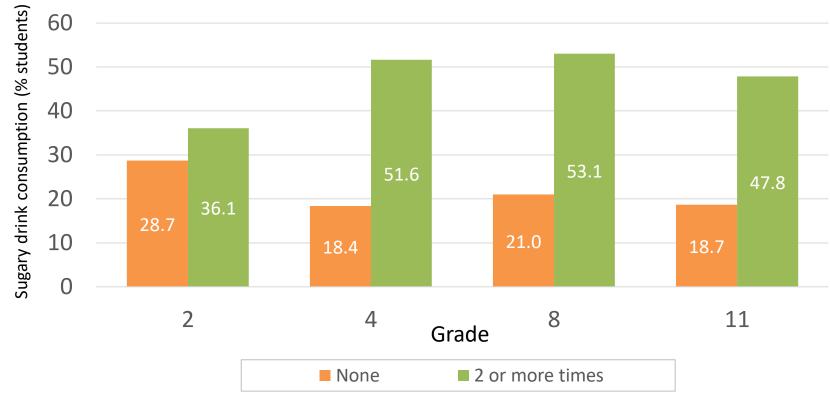
Includes starchy, yellow/orange, green, other vegetables, and beans





About 50% of Older Students Consume 2 or More Sugary Beverages* per Day - Texas SPAN 2021-23





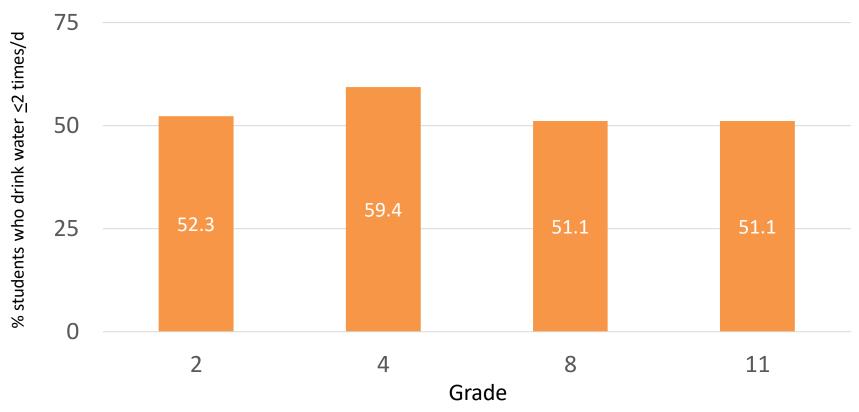
^{*}Computed as consumption regular sodas, coffee/tea with sugar, fruit drinks, flavored milks, and energy drinks





>50% of Students Drink Water Two or Fewer Times on the Previous Day - Texas SPAN 2021-23



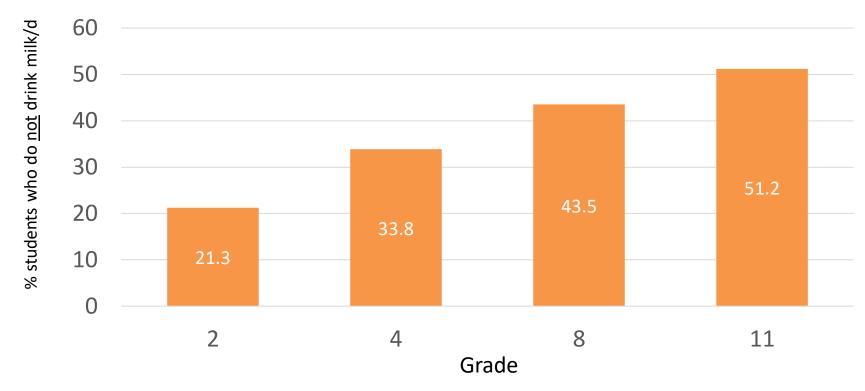






Milk Consumption is Low in Secondary School Students - Texas SPAN 2021-23





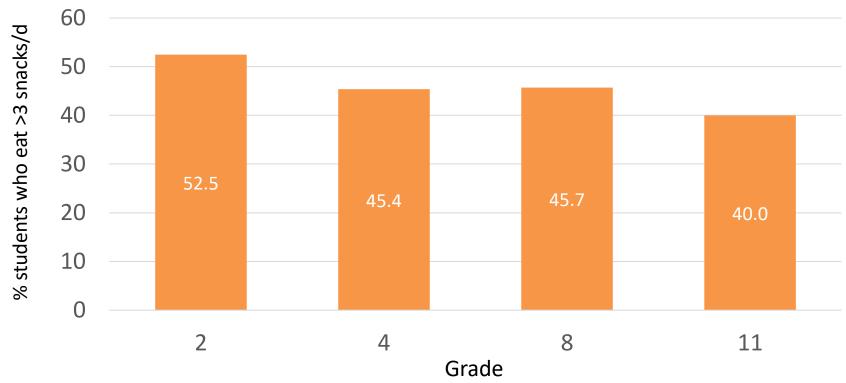
Includes both flavored and unflavored milk.





>40% of Students Reported Eating Sweet and Savory Snacks* Three or More Times on the Previous Day – Texas SPAN 2021-2023





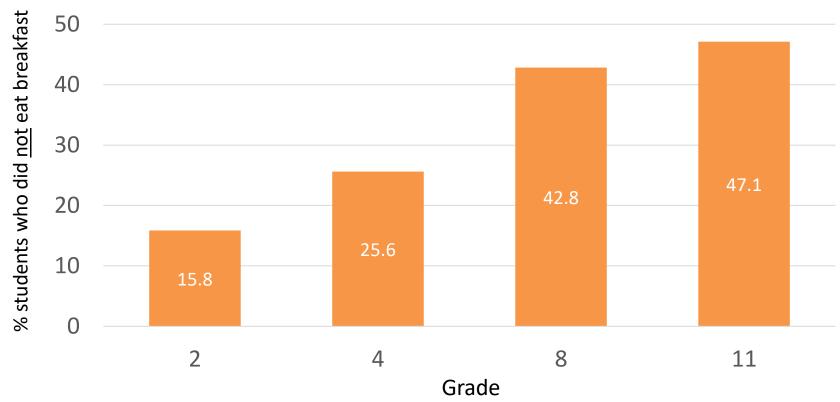
^{*}Computed as consumption of candy, frozen dessert, cakes, French fries/chips, and snack bars





>40% of Secondary School Students Did <u>Not</u> Eat Breakfast on the Previous Day - Texas SPAN 2021-23









Texas SPAN 2021-2023 Results



Physical Activity





Almost 50% of Elementary School Students Played Outside for Fewer than 5 Days - Texas SPAN 2021-23





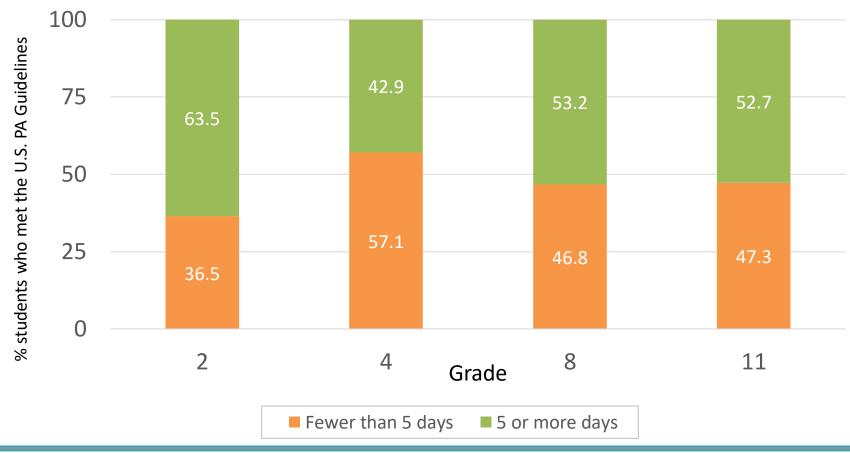
Question only asked on 2nd/4th grade survey

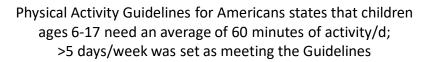




>50% of Students in Grades 2, 8, & 11 Did Not Meet the U.S. PA Guidelines - Texas SPAN 2021-23





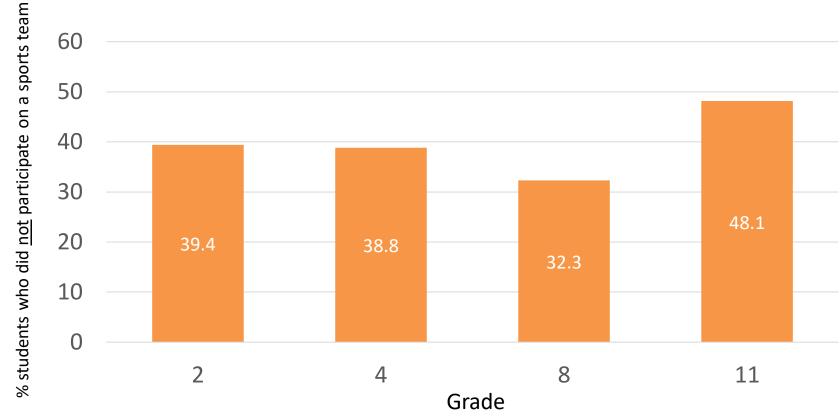






Percent of Students Who Did Not Participate on Any Sports Teams – Texas SPAN 2021-23







Texas SPAN 2021-2023 Results



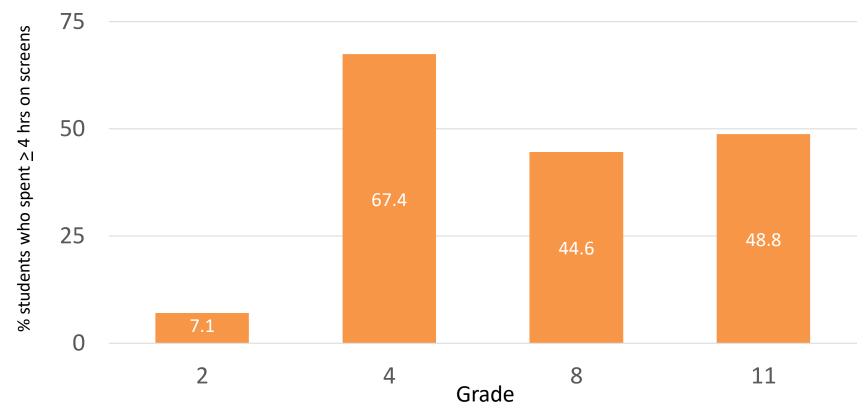
Sedentary Behavior / Media Use





Percent of Students Who Usually Spend 4+ Hours Per Day on a Computer, Tablet/iPad®, TV, or Other Electronic Device for Anything Except Schoolwork









Texas SPAN 2021-2023 Results



Sleep





Students in Grades 4, 8, & 11 Do Not Meet Sleep Guidelines* - Texas SPAN 2021-23





^{*} The American Academy of Sleep Medicine recommends 9-12 hours/night for children 6-12 years of age, and 8-10 hours/night for teenagers 13-18 years of age.





Texas SPAN 2021-2023 Results



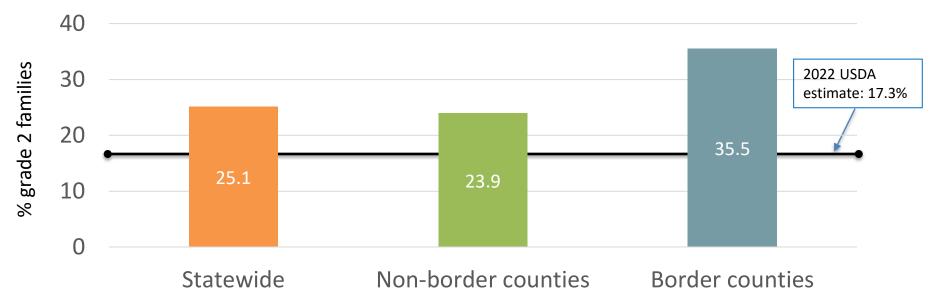
Food Insecurity





Food Insecurity is High Among Families of 2nd Grade Children is High – Texas SPAN 2021-23





Note: this variable was derived as families that were either worried about food running out or were short on food and couldn't afford more. For the purposes of this comparison, the statewide estimate shown here was computed using the same sampling weights as the border and non-border figures.





Conclusions – the Bad News



- Schoolchildren in Texas have high rates of obesity, but rates vary by grade.
 - Since COVID, secondary school children show an increase.
 - Severe obesity is problematic, especially among secondary school children.
- A significant number of children do not consume fruits and vegetables (about 1/4 and 1/3, respectively) daily, yet:
 - A significant number of children (40-50%) eat 3 or more snack foods per day.
 - About 30% of schoolchildren in grades 4, 8, and 11 drink 3 or more sugary beverages per day.





Conclusions – the Bad News



- A significant number of children in Texas do not consume milk daily (~50% in grade 11), especially in grades 4, 8, and 11.
- More than 40% of Texas secondary school students report not eating breakfast.
- Almost 50% of 2nd and 4th grade students do not play outdoors for 5 or more days per week.
- About half of Texas schoolchildren do not meet physical activity guidelines.
- Most students do not meet sleep guidelines.
- Food insecurity is higher in Texas families than in the U.S.





Conclusions – the Good News!



- There are some decreases in child obesity!
 - Especially among 2nd and 4th grade children.
- Many students (~45%) drink 3 or more glasses of water daily.
- In general, younger children have better dietary and physical activity behaviors.
- SPAN questions appeared to work well during this survey.
- Texas SPAN 2021-2023 provides data that can inform child health programs.
 - These data show us where we can make changes.









- Decrease food and nutrition insecurity while improving nutritional quality of available foods
 - Healthy school meals for all
 - Encourage Community Eligibility Provision (CEP)/Provision 2 enrollment or consider Universal Free School Meals
 - Expand SNAP benefits (college eligibility)
 - Promote healthy food options through procurement policies
 - Incentivize grocery stores, community gardens, and farmers' markets
 - Increase outreach & awareness of eligibility for nutrition assistance programs
 - Support access to healthy school meals breakfast on-the-go,
 breakfast in classrooms









- Prevent weight stigma
 - Weight bias training for healthcare professionals
- Work with the Healthcare System
 - Prioritize non-medical drivers of health, such as food insecurity
 - Insurance plans/Medicaid could cover adult and pediatric weight management and obesity-related services that meet U.S.
 Preventive Services Task Force "A" or "B" recommendations for obesity prevention/weight management/obesity treatment programs with no cost-sharing to the patient
 - Medicaid could reimburse community-based organizations for chronic disease prevention, Food is Medicine









- Focus on communities or regions with the highest rates of obesity first, particularly those with other social and economic factors, including poverty
- Start young and help parents
 - Nutrition education for parents of children in preschools and childcare
 - Support Coordinated School Health Programs
 - Train teachers in nutrition and physical activity









- Make PA and the built environment safer and more accessible
 - Prioritize schooltime physical activity (recess)
 - Make local spaces more conducive to physical activity, e.g., shared-use agreements
 - Make communities safer for physical activity
 - Encourage outdoor play in green spaces, like parks





Our Goal: Healthy Children in a Healthy World









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- Texas Tech University
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Thank You!



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SPAN Information: http://go.uth.edu/SPAN









Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

STRATEGIC PLAN GOALS



QUESTIONS?







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