



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:



Michael & Susan Dell
FOUNDATION



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



Lunch & Learn Sessions



TX RPC Project Health Policy Reports



Rapid Response Requests



TX RPC Project Newsletters



Collaboration Meetings



Texas Child Health Status Reports



Center Webinars



Texas Legislative Bill Tracker



TX RPC Project Health Policy Resources

Food is Medicine

March 8, 2024

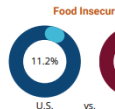
KEY TAKEAWAYS

1. Food insecurity is associated with higher rates of chronic and diet-related conditions and diseases (eg, 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 diet-related diseases.

Background

Food insecurity is defined as the lack of consistent access to adequate food in order to live an active and healthy lifestyle.¹

- Food insecurity is **higher among households with children** and **higher in Texas** compared to average.²
- According to a report by the United States Department of Agriculture, Texas has the second-highest food insecurity (15.5%) in the nation.^{2,3}
- Approximately 1 in 6 Texas households report experiencing food insecurity, equating 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 food insecurity.²
- 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 individual.

Nutrition security is the access to culturally appropriate, affordable, and healthy foods that are essential to living a healthy lifestyle.⁷



UTHealth Houston School of Public Health

Impact of Technology Use on Adolescent Health

TX RPC Project Legislative Rapid Response Request

KEY TAKEAWAYS

1. More than 60% of Texas 8th and 11th graders report spending more than 4 hours in front of a screen per day. In screen time has been associated with sedentary behaviors, and negative physical and mental health outcomes.
2. Despite some negative outcomes associated with screen time, social media networking has helped adolescents seek advice for mental health questions. Clinicians and researchers have also utilized digital tools to reach at-risk populations.
3. Recommended policies to address screen time include helping teenagers balance the positive and negative of technology, providing parents with resources to set consistent limits on their child's social media time and use, and supporting research on how to best use technology to reduce health inequities and increase positive health outcomes.

PROBLEM

Teenagers are spending increased time online. Approximately 40% of U.S. teens say they are online almost constantly. (1-4)

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)

Social media exposes youth daily to thousands of images of celebrities and other online influencers, which leads to the internalization of unattainable beauty standards, resulting in higher rates of dissatisfaction with body image. (8)

- 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-esteem, feelings of depression, and the need to conform to influences on body image. (9)

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

Paid Family Leave and Maternal & Infant Outcomes

TX RPC Project Legislative Rapid Response Request

February 17, 2023

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, job-protected leave to qualified workers with continuous health insurance coverage 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 50% of workers in the U.S. qualify for FMLA, which excludes many parents who may earn lower incomes and do not have the ability to take time off of work. (1-3)



Whom Does FMLA Impact?

The FMLA and PFL primarily benefit higher-income individuals. (1) Since the FMLA only exists by providing unpaid leave to workers who qualify for the benefit, parents who earn lower wages may not be able to take time off because they will lose wages in order to take care of a child. (1-4)

Paid Family Leave & Maternal and Child Wellbeing

- PFL improves mothers' mental health by decreasing postpartum psychological distress
 - Mothers are 9% more likely to report positive mental health and 5% more likely to day-to-day demands of parenting. (5)
- PFL improves both mother's and father's health by decreasing their risk of being obese 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 babies together, or going on outings more frequently. (7-8)
- PFL improves child health and development:
 - Increases the likelihood of initiating breastfeeding, which builds stronger immunity, reduces infections, and reduces infant mortality. (9-11)
 - 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 infant. (14)
 - Reduces 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)

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

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 deaths. The best approach for preventing maternal death is ensuring adequate health care after pregnancy.
3. Midwives, doula's, home-visiting nurses, and community health workers workforce, especially in rural communities.
5. Ensuring adequate and timely data collection and analysis of state maternal and child health outcomes is important to monitor trends.

U.S. HAV TIM

PROBLEM

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, elevated levels of 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)

Economic and Business Benefits of SNAP

June 13, 2023

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 improves 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 nutrition program 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 outcomes for 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 economic support. For every \$5 in SNAP benefits spent at local grocery stores or farm stands, the surrounding community: (6)

- Every \$1 billion of SNAP benefits distributed creates about 15,000 full-time jobs and \$340 million in farm production.
- Every \$1 billion of SNAP benefits distributed creates about 15,000 full-time jobs and \$110 million in farm value-added.



UTHealth Houston School of Public Health

UTHealth Houston School of Public Health



Building Responsible and Resilient Youth

January 18, 2023

OVERVIEW

What is the problem?¹⁻³



Children who experience behaviors that negatively impact relationships, such as bullying, manipulation, and rumor spreading, are more likely to have emotional outbursts, be inattentive, and display anger.

This can lead to a cycle, as students who exhibit frequent outbursts, anger, and spiraling emotions are more likely targets for bullies. In other words, bullying leads to emotional dysregulation which triggers further bullying.

How can schools and other youth organizations help to develop children's long-term mental health and overall well-being? Programs that incorporate Social-Emotional Learning (SEL) can help to develop responsible and resilient youth.

Social Emotional Learning⁴⁻⁷

SEL helps students learn how to apply knowledge and attitudes to manage emotions, improve personal and social outcomes, develop empathy for others, recognize supportive relationships, and engage in responsible decision-making.

SEL also teaches children about civility and citizenship. Asking students how they think they want to be treated and comparing it to how they should and should not treat others is similar to The Golden Rule.

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

Helpful ways to learn to manage emotions:

- Practice deep breathing when upset
- Count to 10 to calm down
- Take a break from the situation - encourage students to grab a drink of water
- Ask them to identify what makes them happy, like reading a book, telling jokes, or playing outside. When students feel down, they can engage in mood boosters to help them cope with feelings

Having discussions about managing emotions can help students learn what is making them sad or angry

- Playing games that encourage mindfulness and movement activities, such as the [Gaitm app](#) or [GoNoodle.com](#)
- Journaling or drawing to process emotions
- Practicing problem-solving skills

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

UTHealth Houston School of Public Health

MICHAEL & SUSAN DELL CENTER for HEALTHY LIVING

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

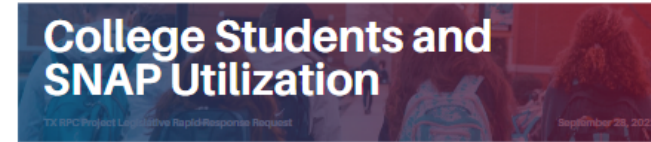


UTHealth[®] Houston
School of Public Health



Rapid Request Responses

- Legislators complete the [Rapid Response Form](#)
- 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 "non-traditional" students. They may be financially independent from their parents, work full time, are enrolled part-time, are caretakers, 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 five (22%) college students reported being parents or caring for a child dependent, with 14% stating they are single parents.

Food Insecurity Impacts Education^[1-3]

According to a 2020 survey, more than a fifth of research university students (22%) reported 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 rates of food insecurity, even before COVID-19, while more than one in six (18%) college students were eligible, 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 (56%) 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 met certain criteria: They must be eligible for Federal Work Study and have an expected family contribution of \$0. This exception will be in effect through 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 extended multiple times.

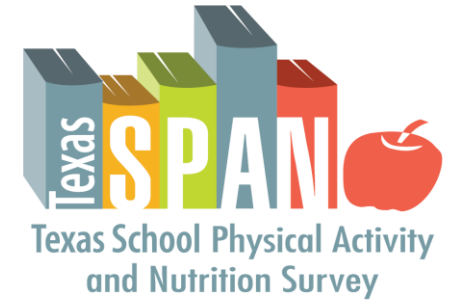
Summary of Search Results^[5-8]

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 (Louisiana, 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

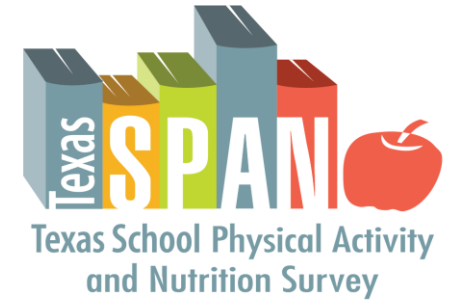


Deanna M. Hoelscher, PhD, RDN, LD, FISBNPA
The University of Texas Health Science Center at Houston (UTHealth Houston)
School of Public Health in Austin



TX RPC Project Lunch & Learn – June 12, 2024

Texas SPAN Results: A Mixed Picture



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

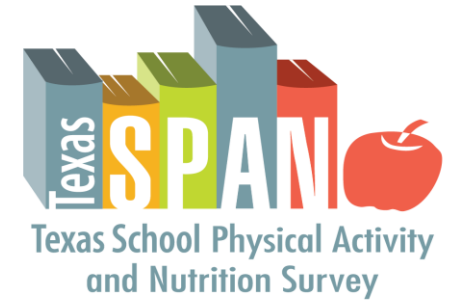
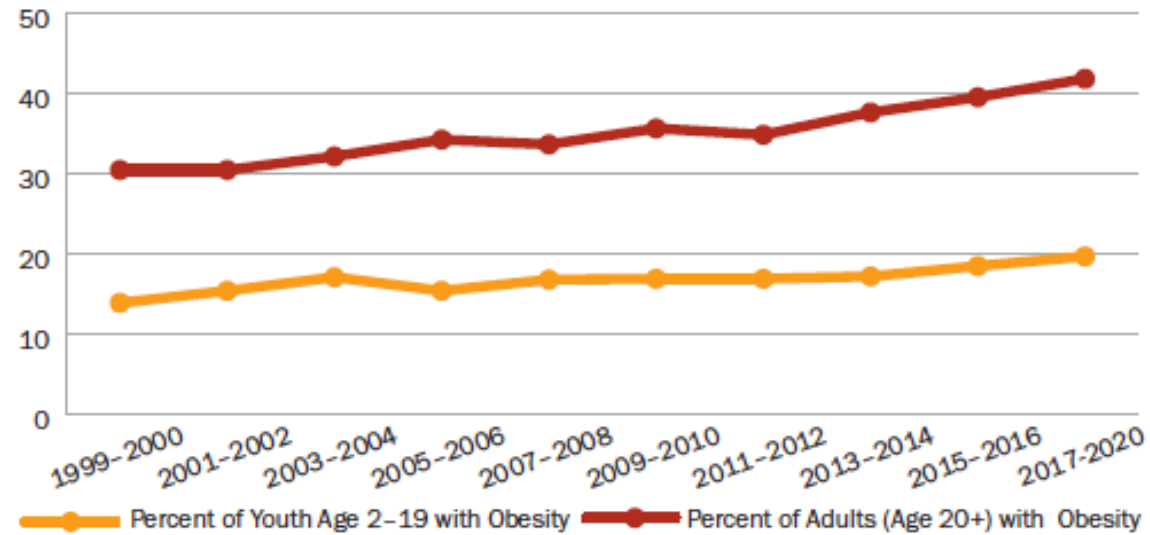


FIGURE 3: Percent of Adults and Youth with Obesity, 1999–2020



Source: NHANES

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

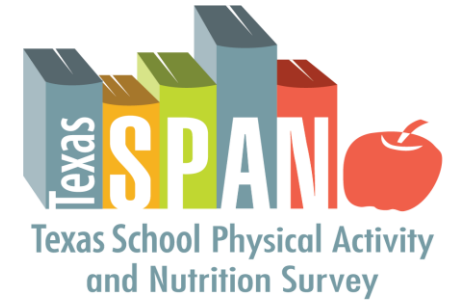
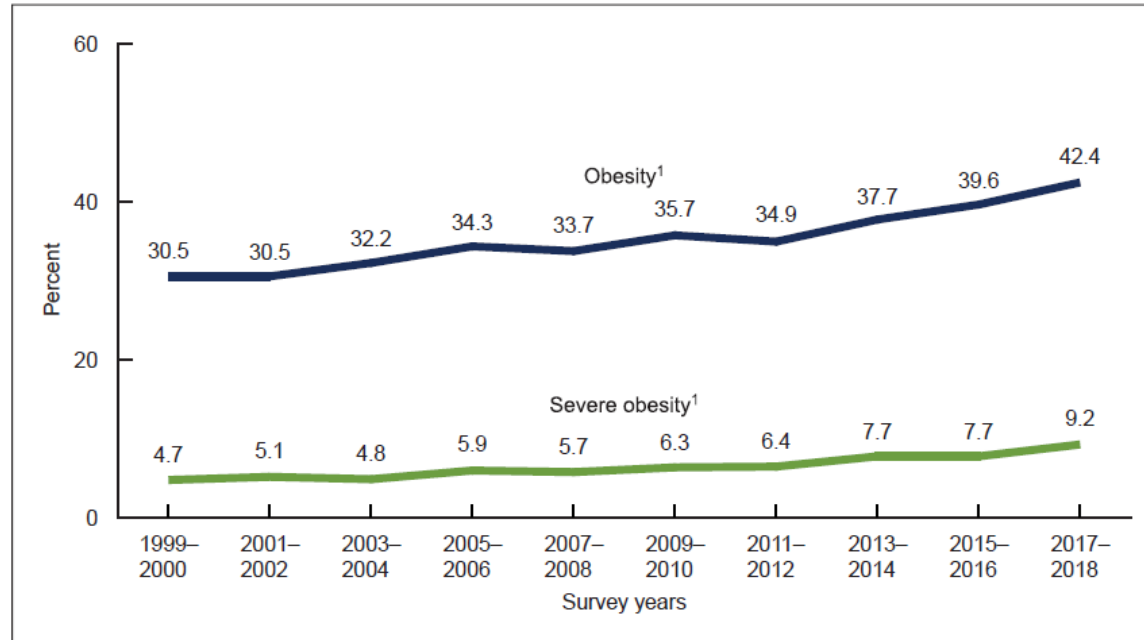


Figure 4. Trends in age-adjusted obesity and severe obesity prevalence among adults aged 20 and over: United States, 1999–2000 through 2017–2018



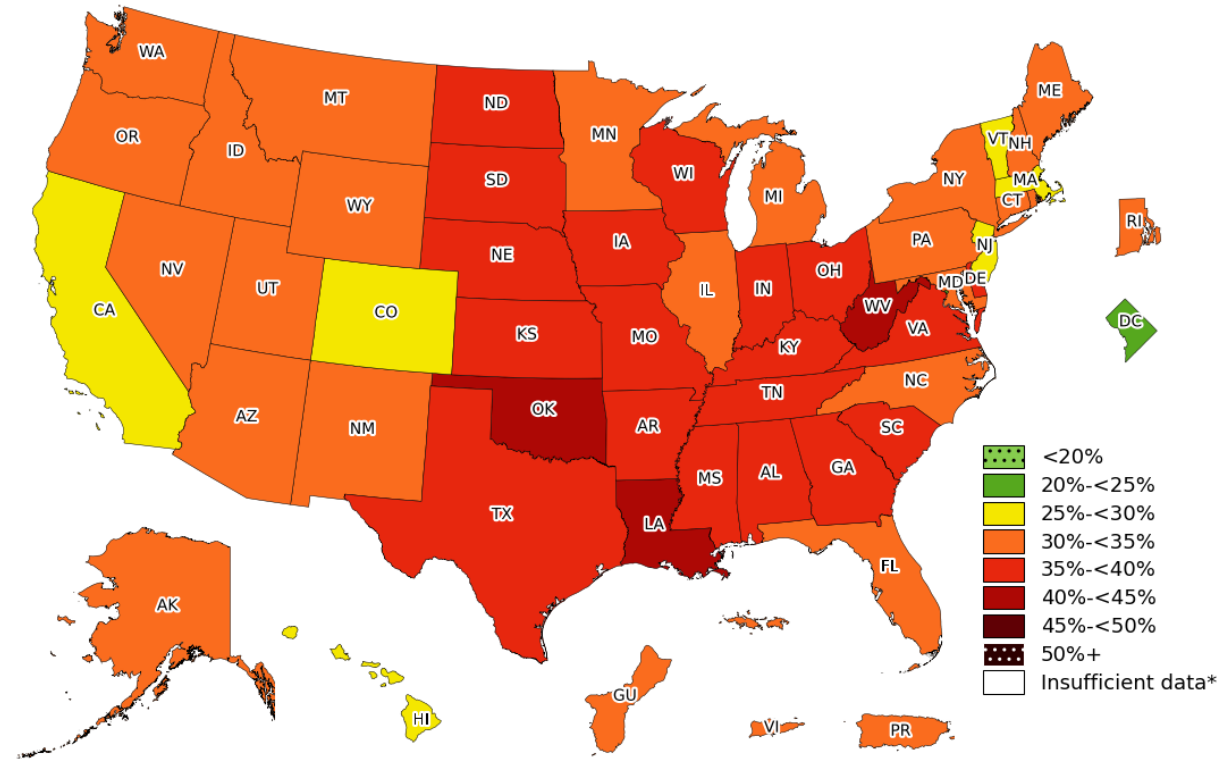
¹Significant linear trend.

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.

Prevalence¹ of Obesity Based on Self-Reported Weight and Height Among US Adults by State and Territory, BRFSS, 2022

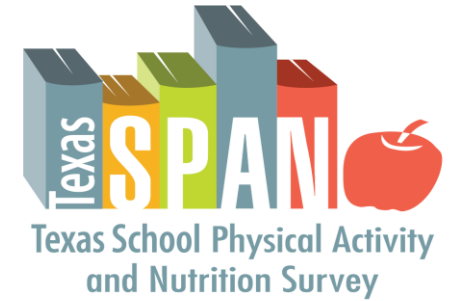
¹ Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



*Sample size <50, the relative standard error (dividing the standard error by the prevalence) $\geq 30\%$, or no data in a specific year.



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

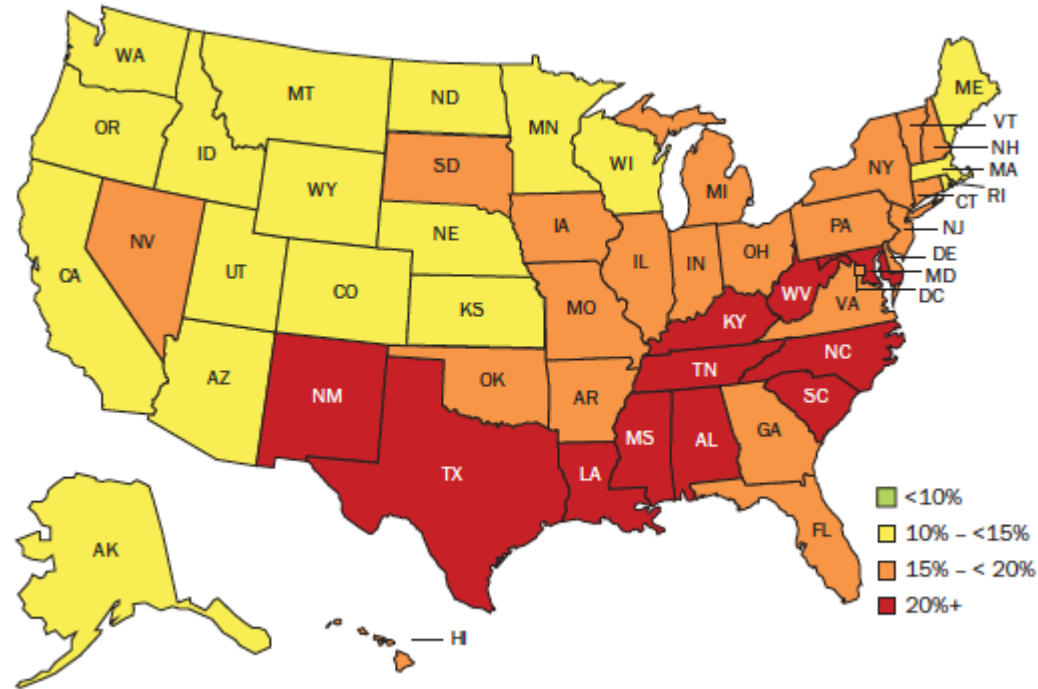


- **Adults**
 - 18th in obesity
 - 18th in overweight and obesity
 - 9th in diabetes
 - 16th in physical activity
 - 24th in hypertension
- **Children**
 - 9th in obesity

Source: TFAH 2023, BRFSS

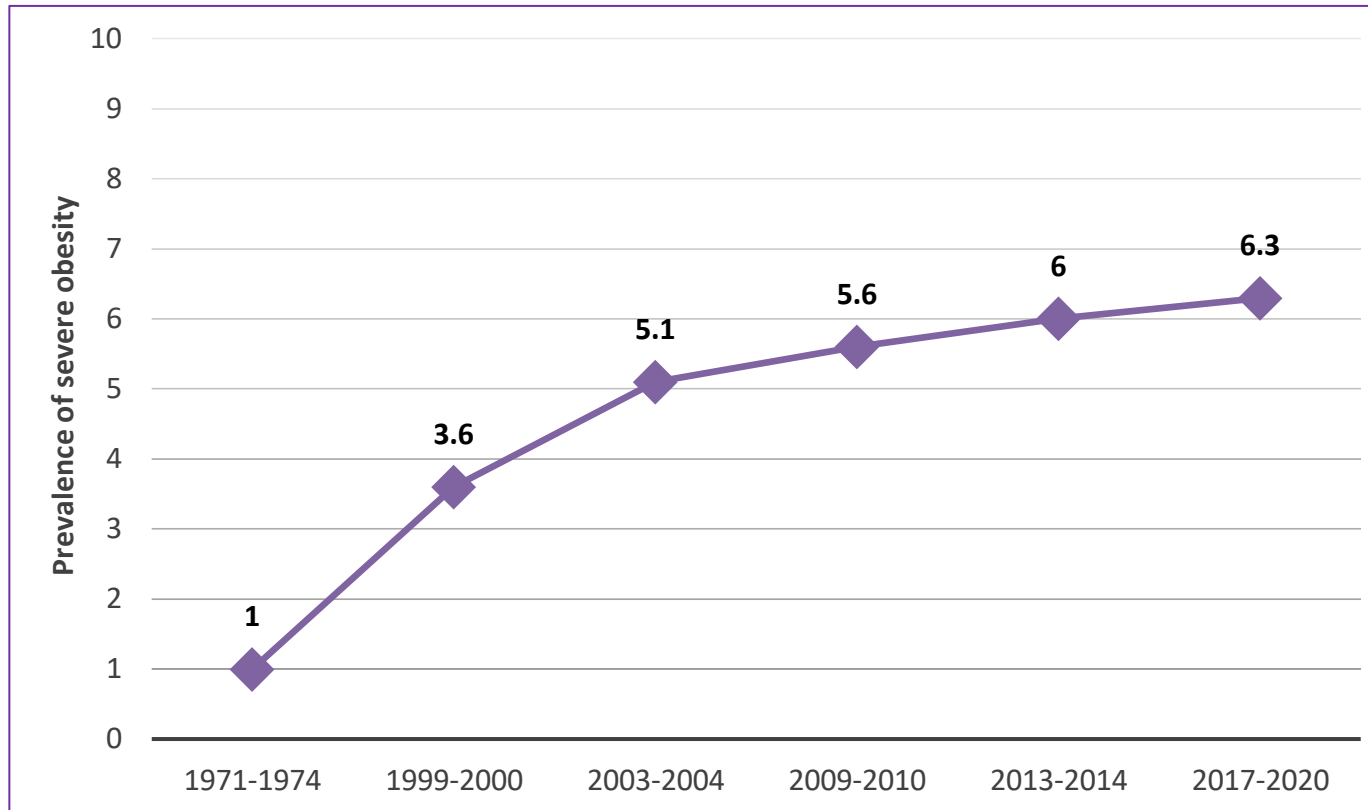
National Rates of Child Obesity are High

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



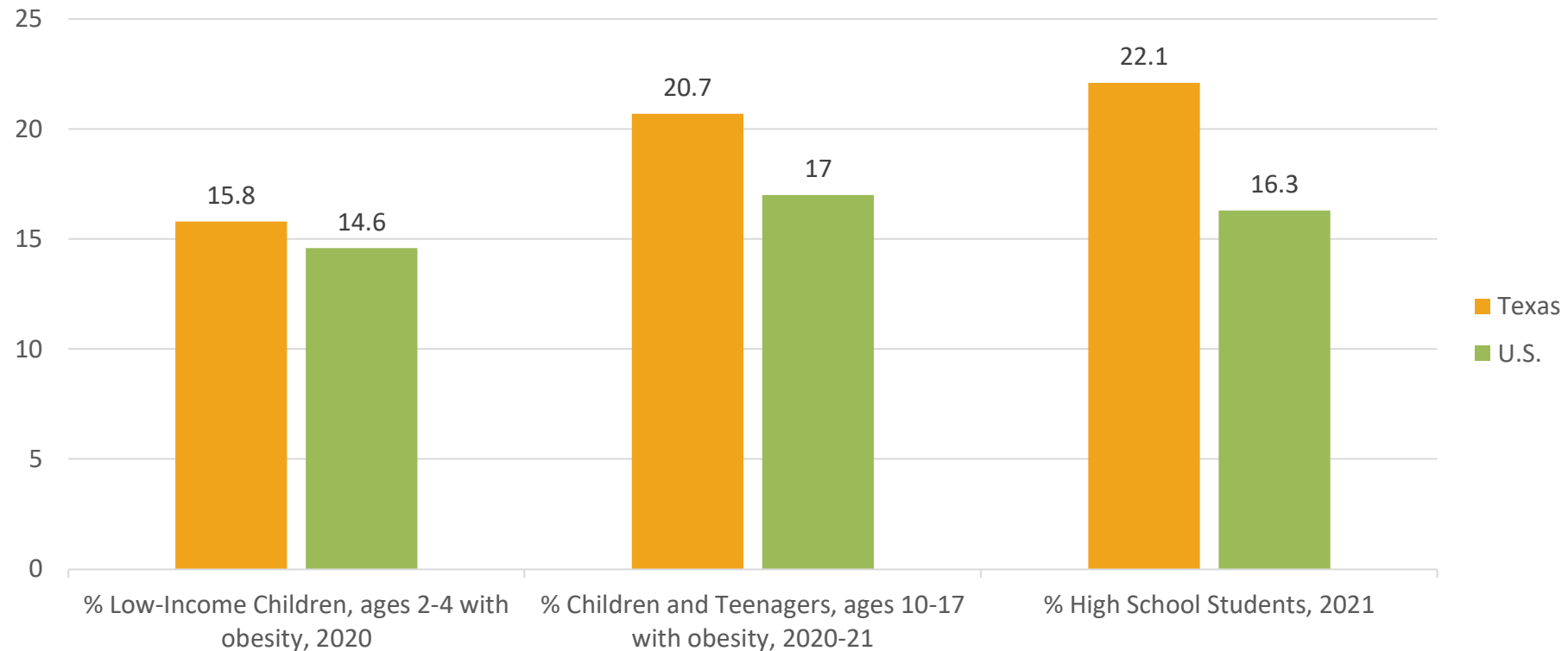
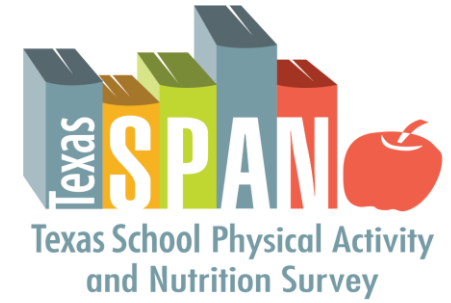
Source: National Survey of Children's Health

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



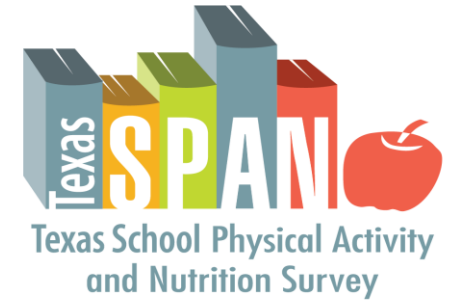
Source: Fryar et al., 2020, NCHS Health E-Stats

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
POPULATION
COST

**SEVERE
OBESITY**
COMPARED TO NON-OBESITY

\$3,097 /PERSON

\$126.39 BILLION
POPULATION
COST

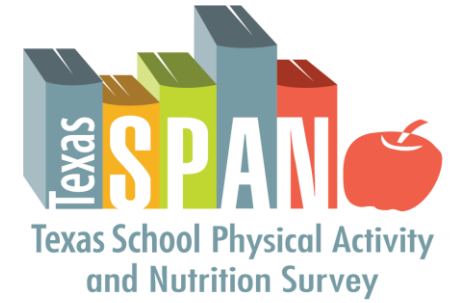
Source: Ward et al., PLoS ONE, 2021

What is Texas SPAN?



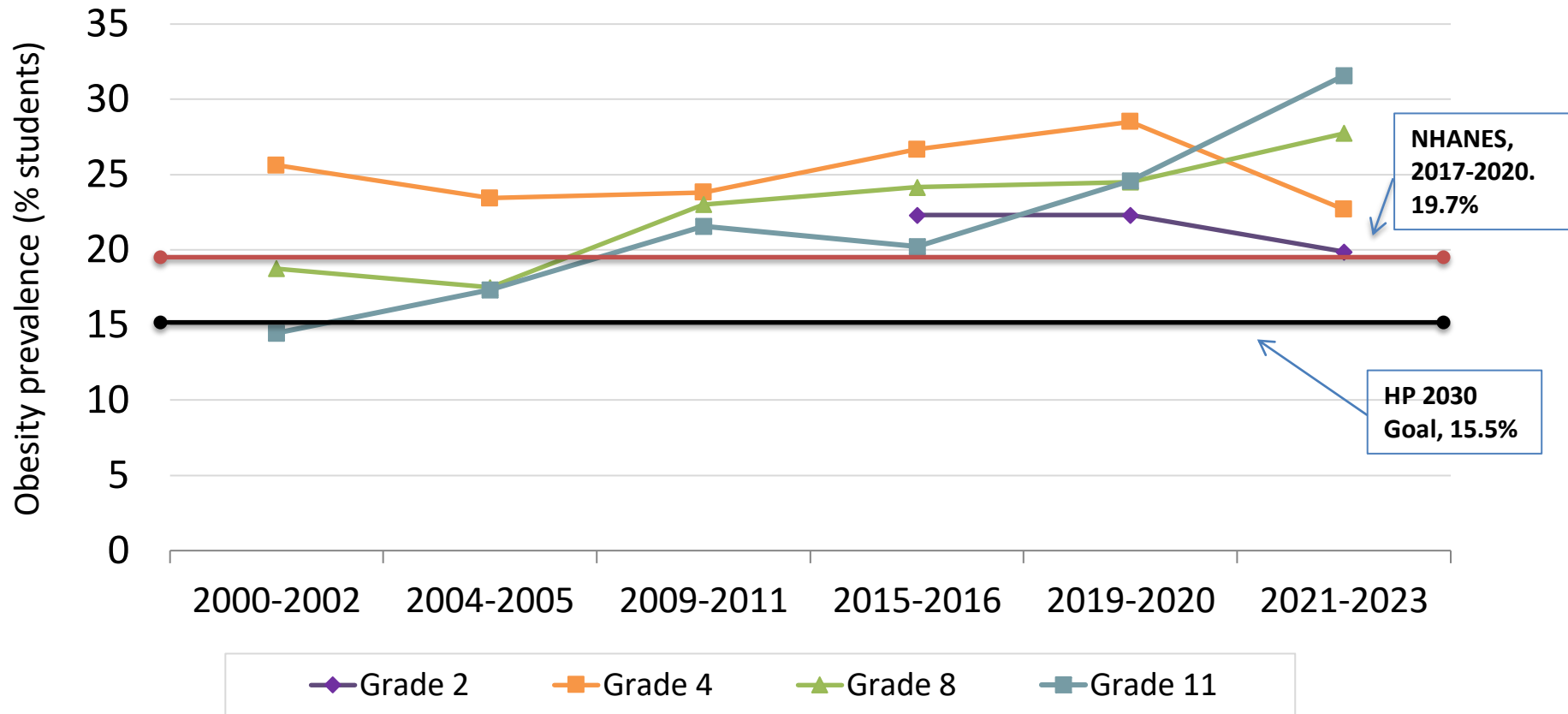
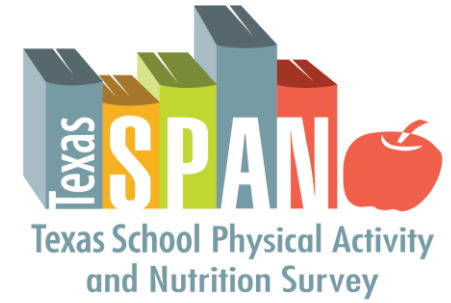
- Texas School Physical Activity and Nutrition (Texas SPAN) Project
- SPAN is a surveillance system that monitors the prevalence of and secular trends in overweight and obesity in school children in Texas.
- SPAN identifies factors in Texas students that may be associated with obesity.
- Information 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

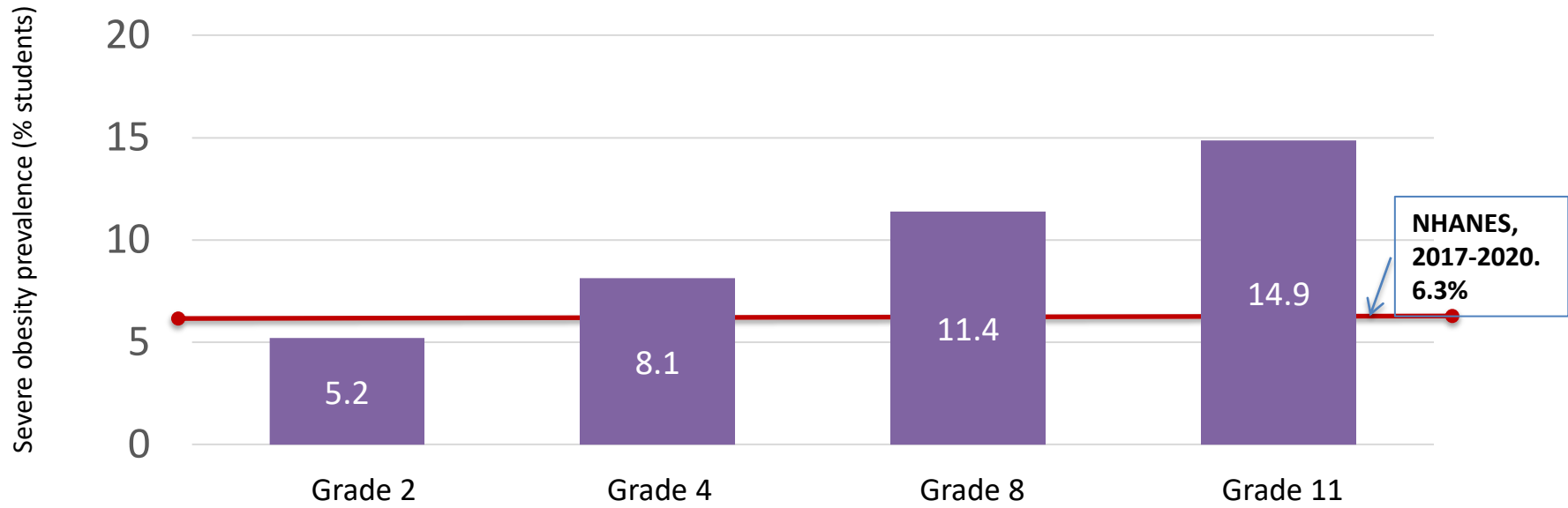
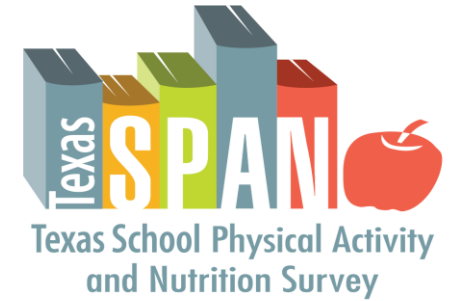
Trends in Child Obesity in Texas (2000-2023) Show Mixed Results



NHANES, National Health and Nutrition Examination System; HP 2030, Healthy People 2030
Data for Grade 2 not available before 2015-2016



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

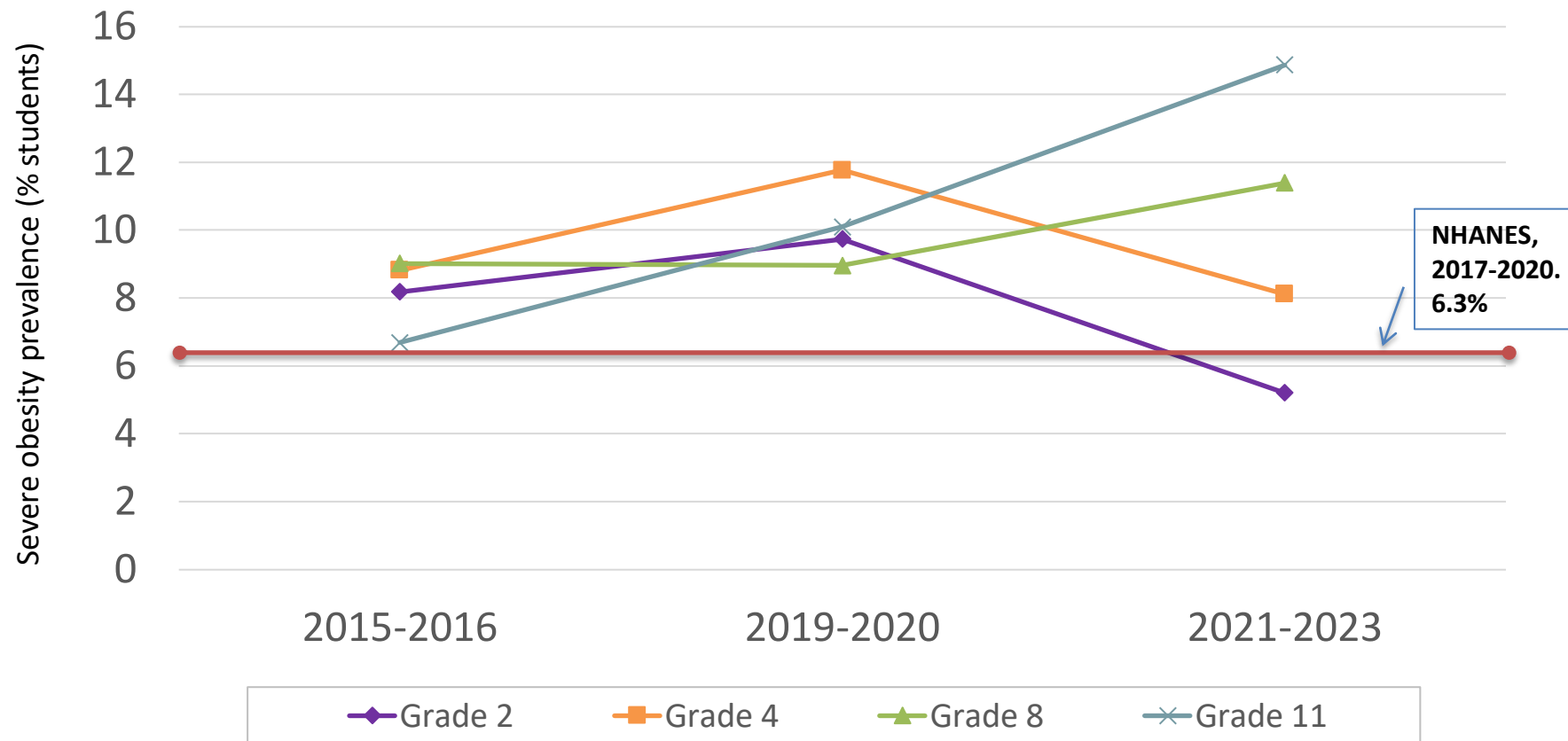
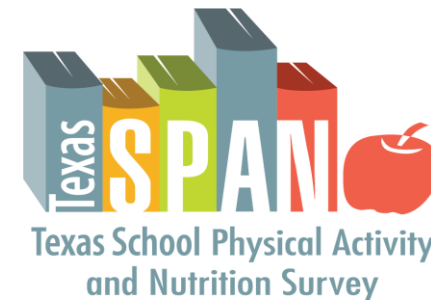


| | | | | |
|--|---------|---------|---------|---------|
| Estimated children in TX with severe obesity | 17,570 | 27,508 | 42,558 | 51,540 |
| Statewide public school population | 337,791 | 338,857 | 373,651 | 346,669 |

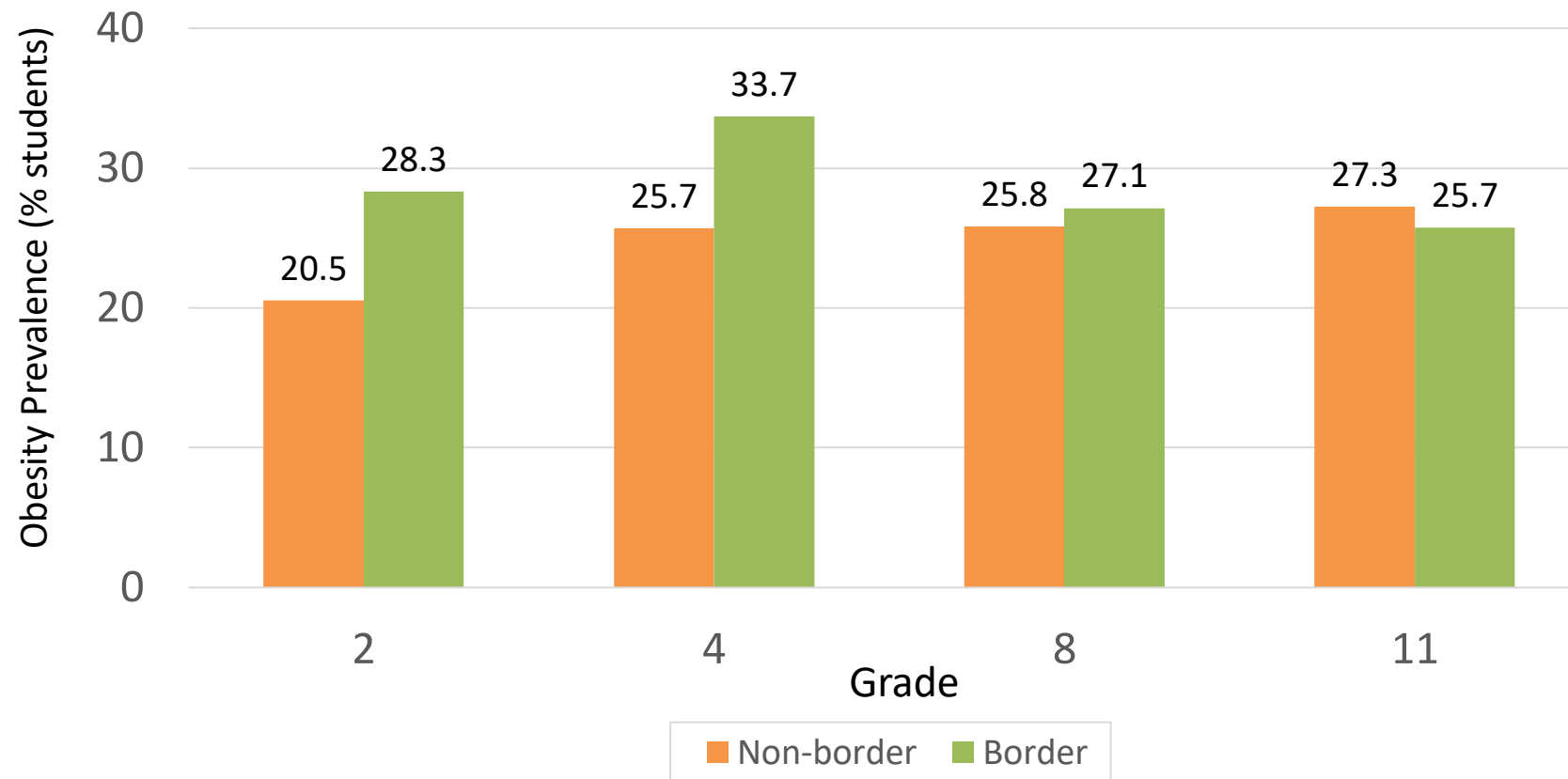
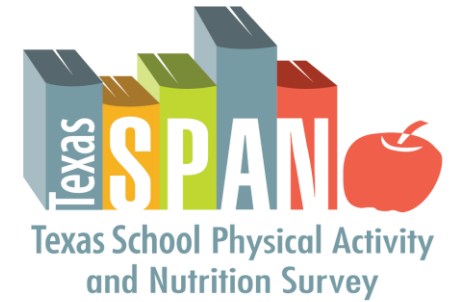
NHANES, National Health and Nutrition Examination System



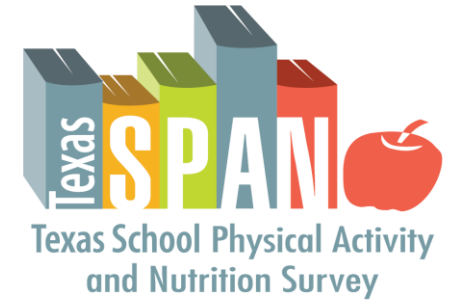
Trends in Severe Obesity also Show Mixed Results (2015-2023)



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



Texas SPAN 2021-2023 Results

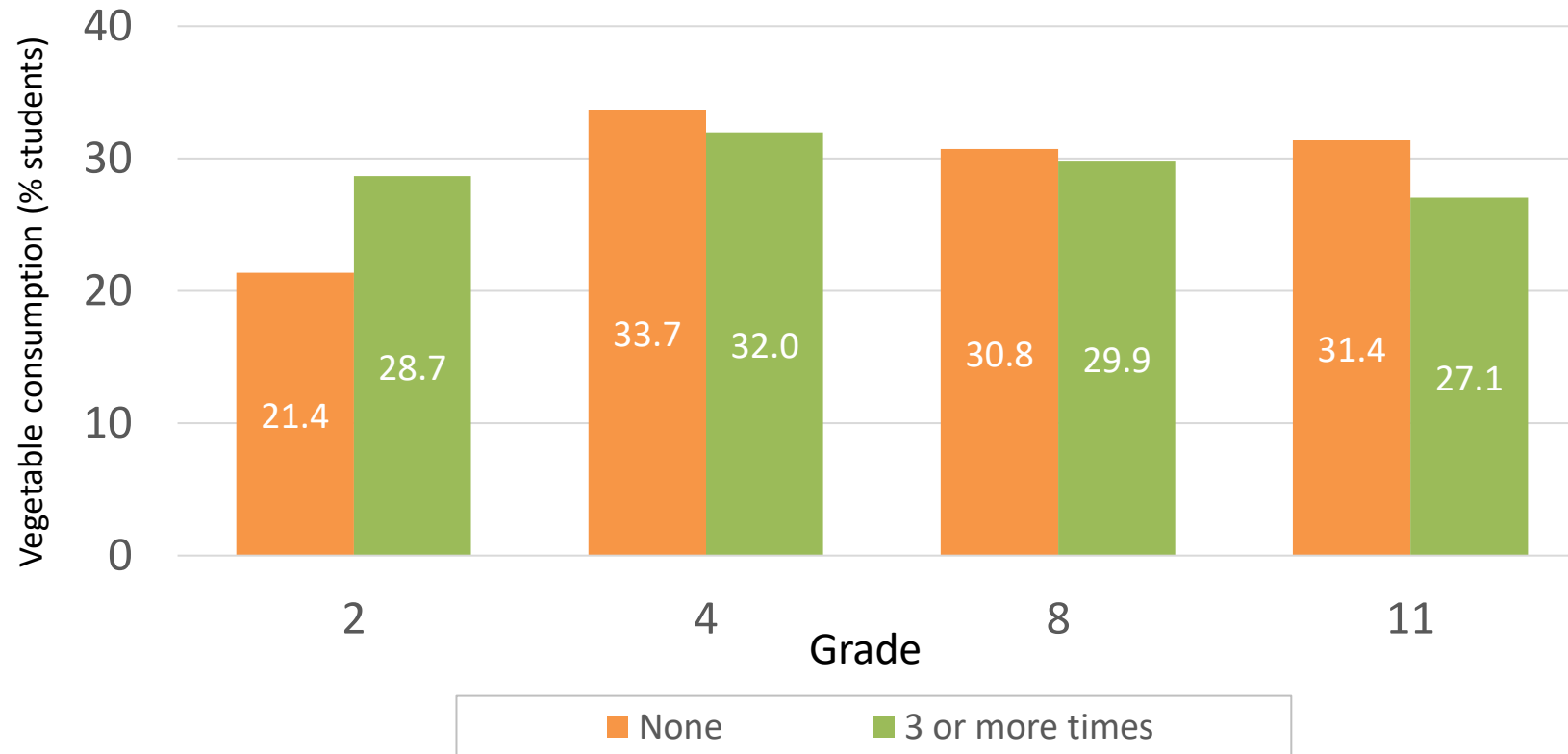


Dietary Intake

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

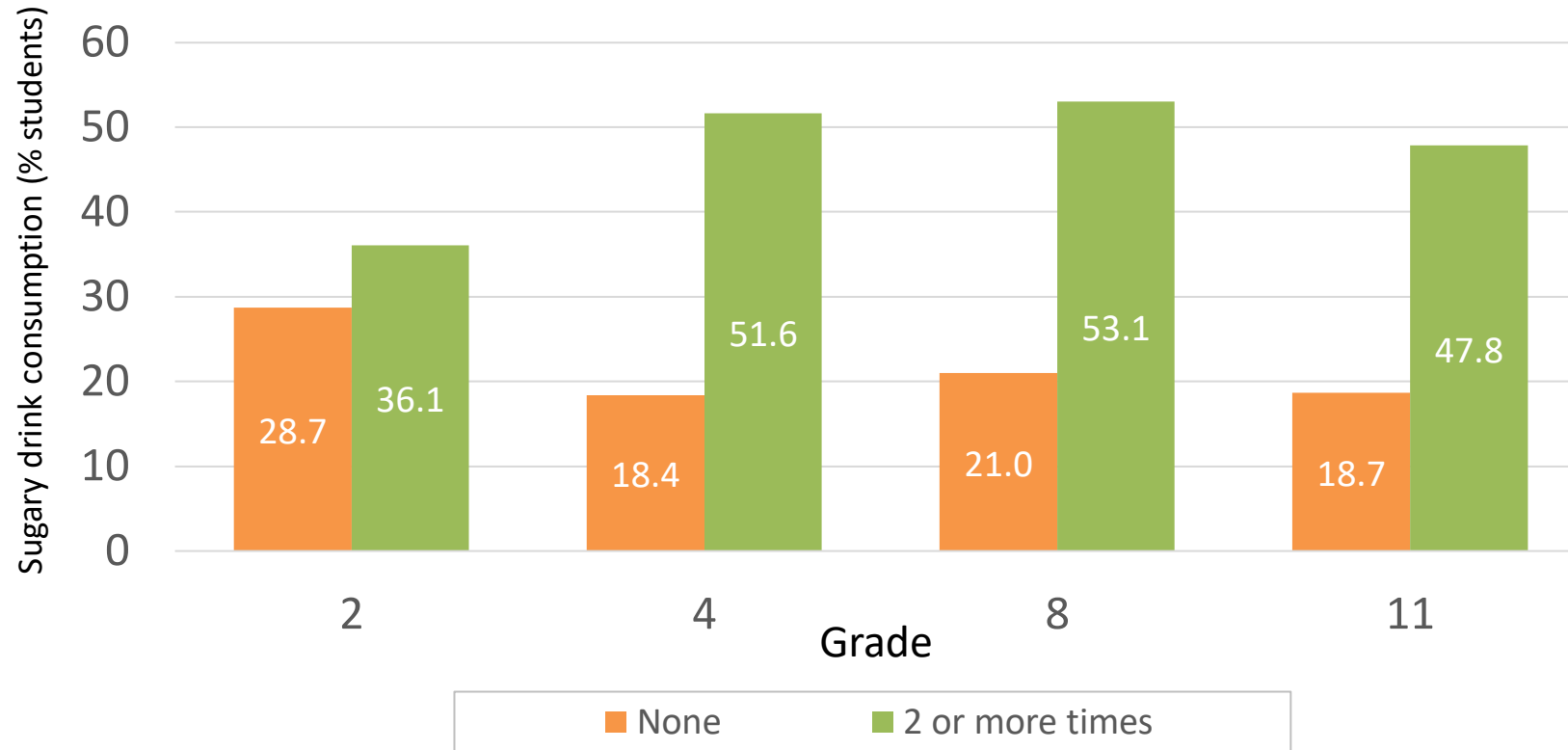
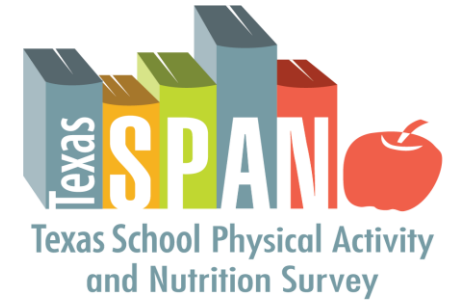


About 30% of Texas Children Do Not Eat Vegetables on School Days – Texas SPAN 2021-23



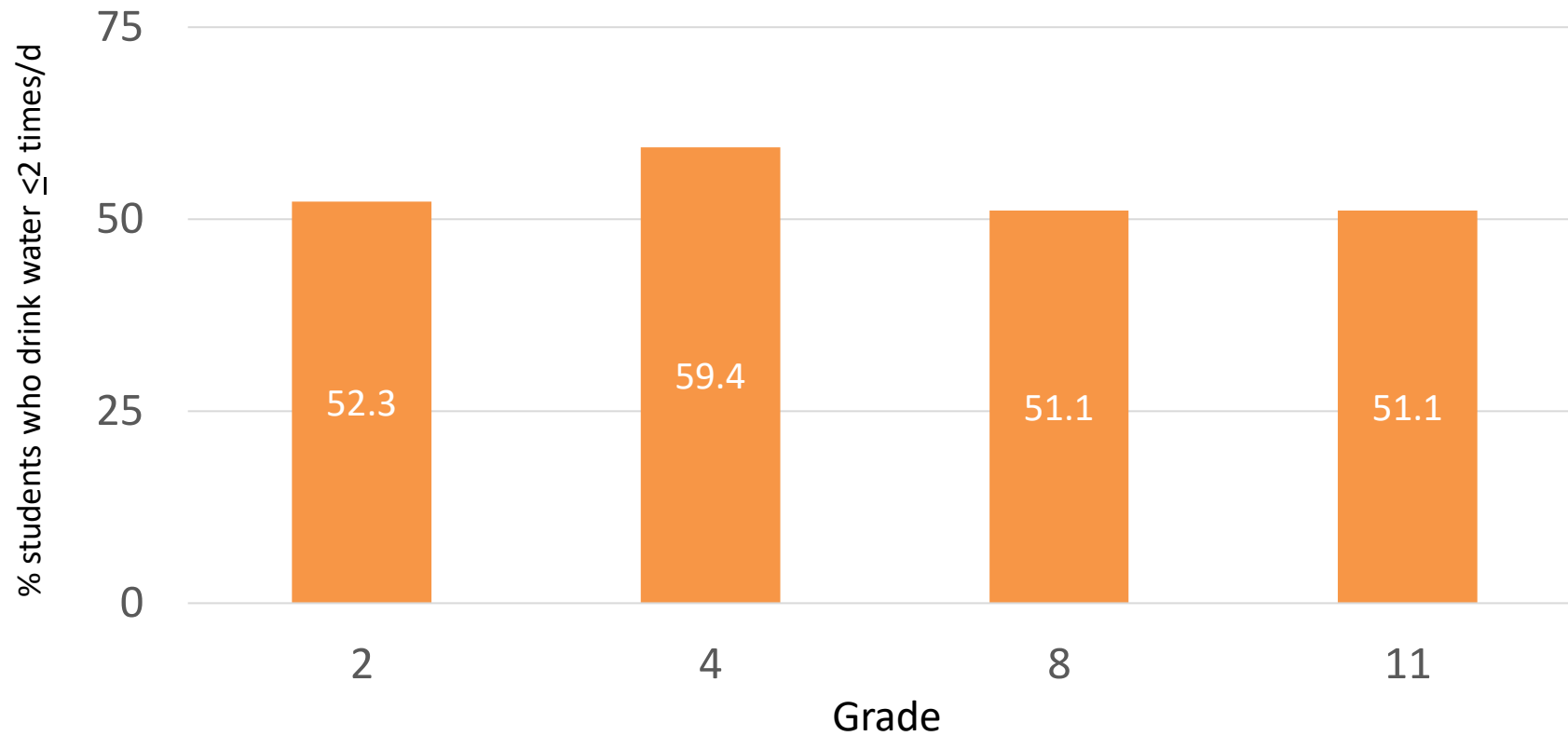
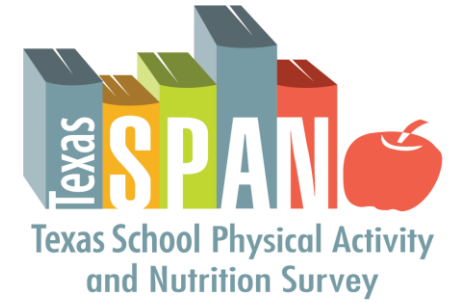
Includes starchy, yellow/orange, green, other vegetables, and beans

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

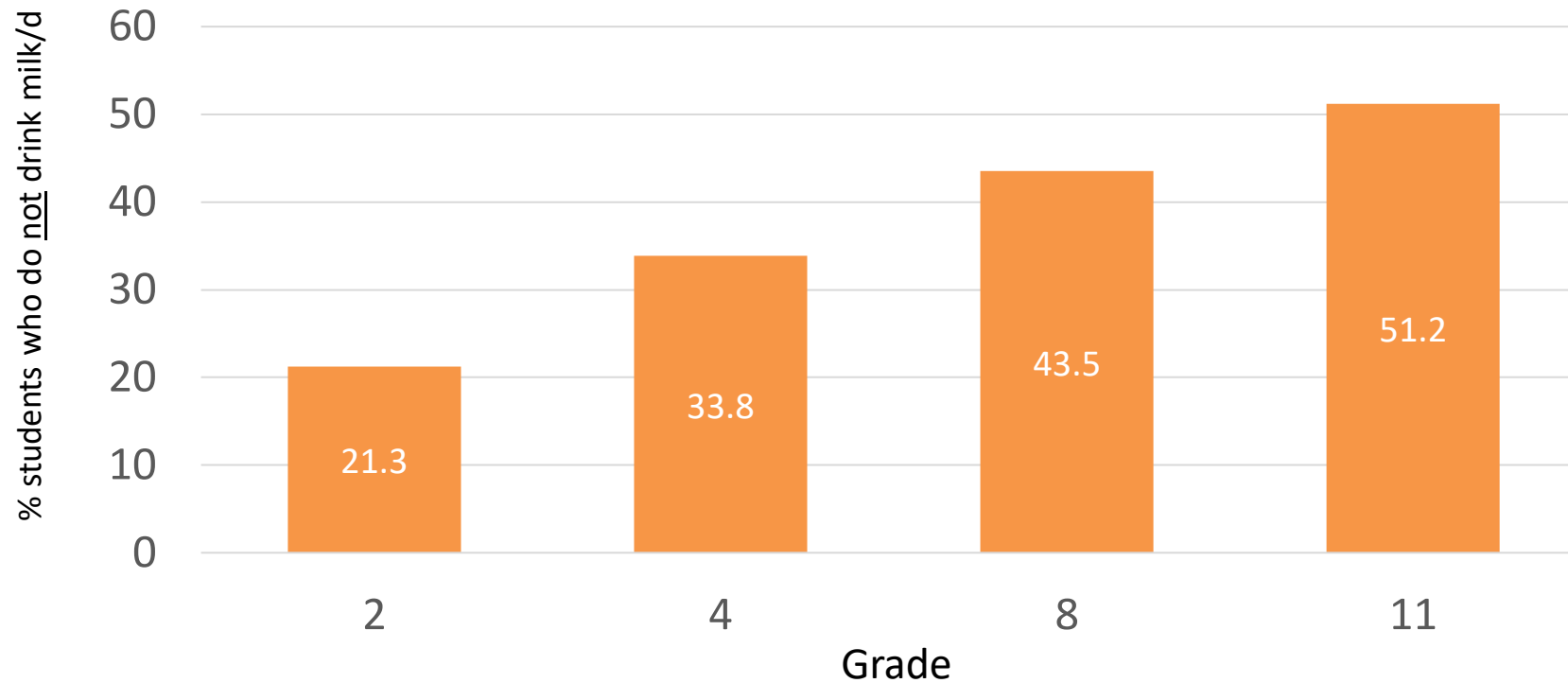
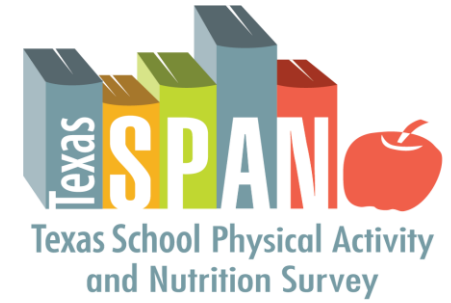


*Computed as consumption regular sodas, coffee/tea with sugar, fruit drinks, flavored milks, and energy drinks

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

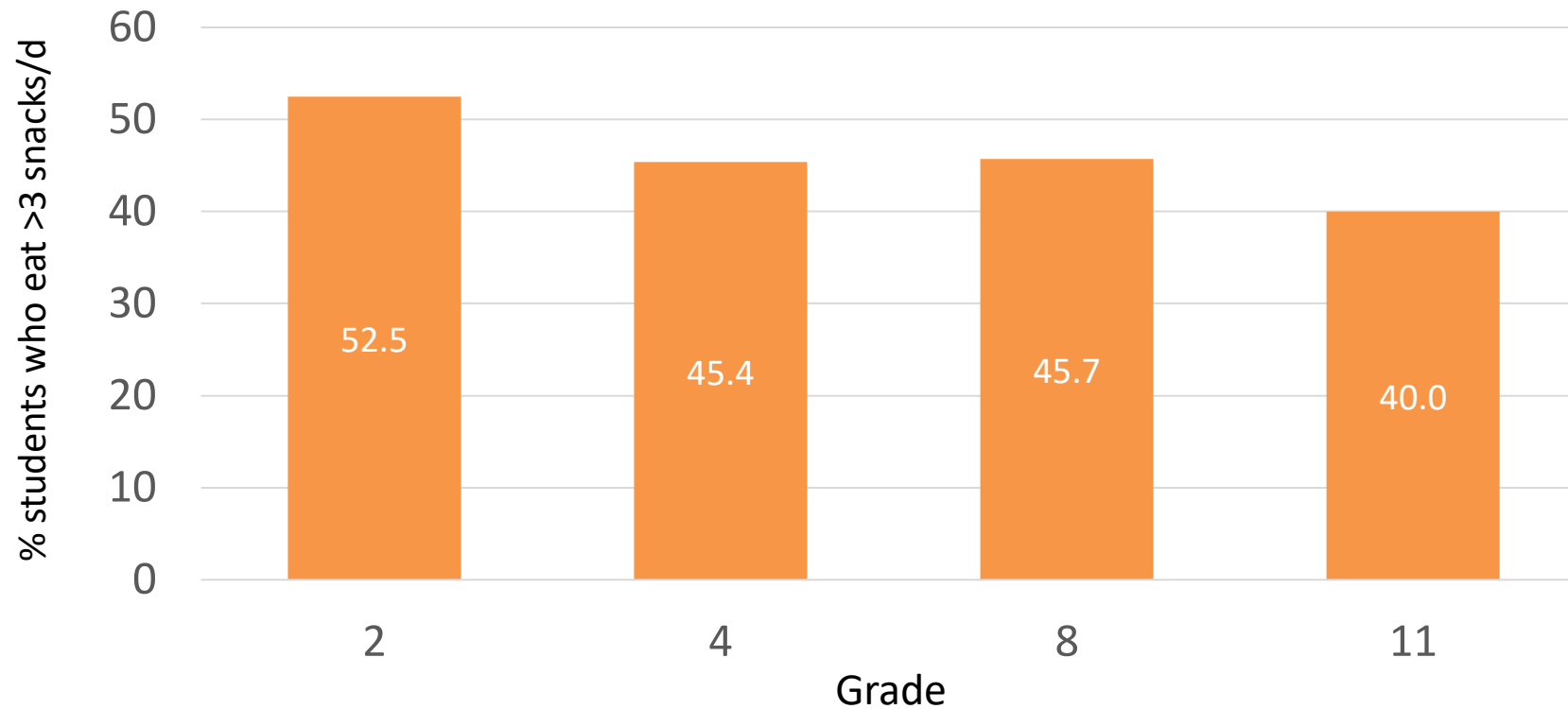
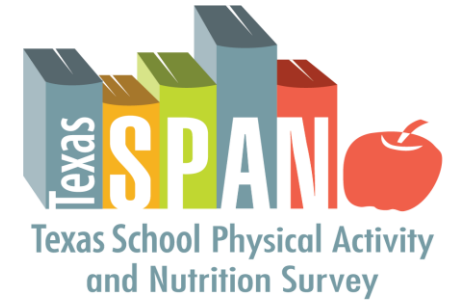


Milk Consumption is Low in Secondary School Students - Texas SPAN 2021-23



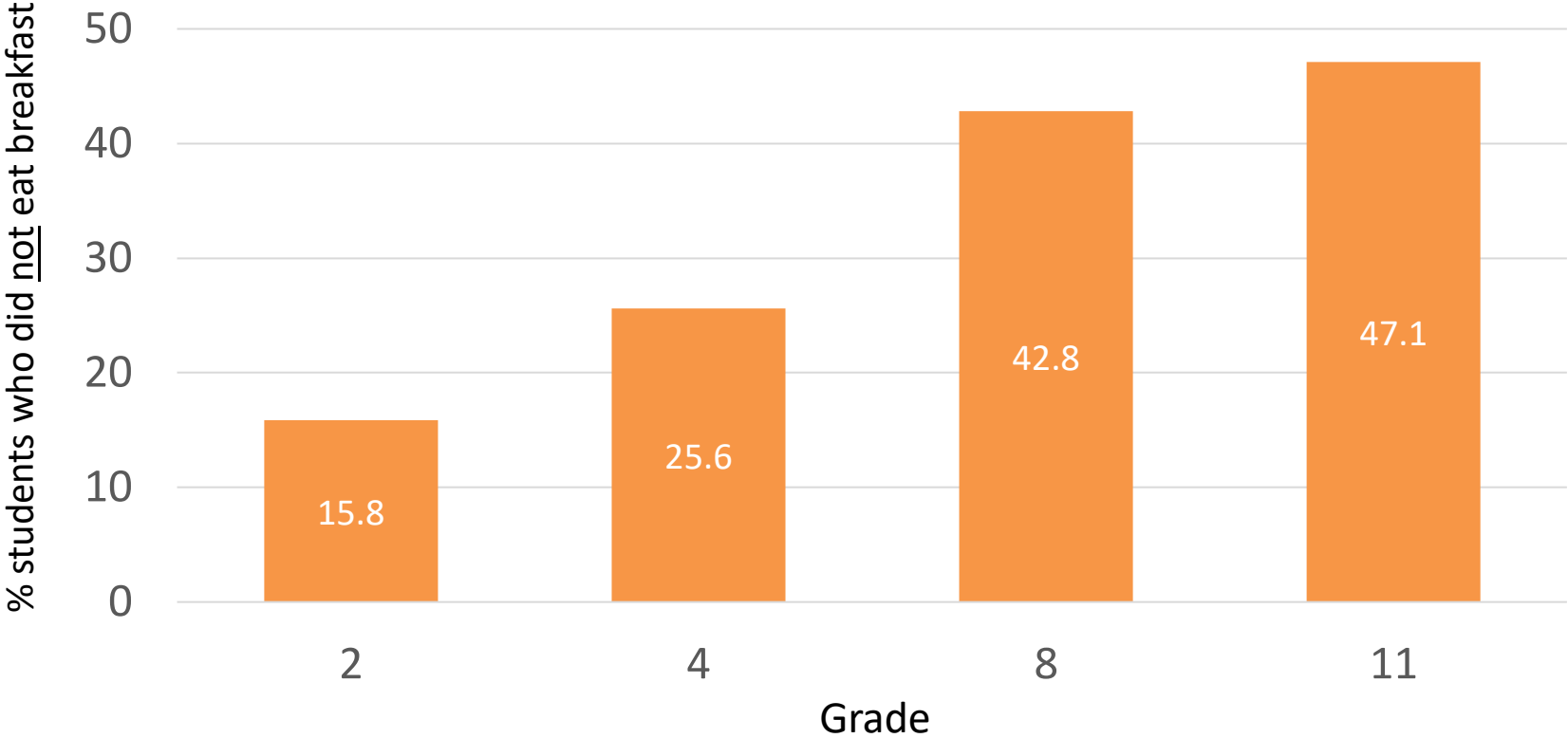
Includes both flavored and unflavored milk.

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

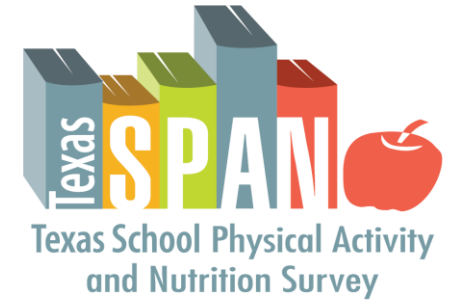


*Computed as consumption of candy, frozen dessert, cakes, French fries/chips, and snack bars

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

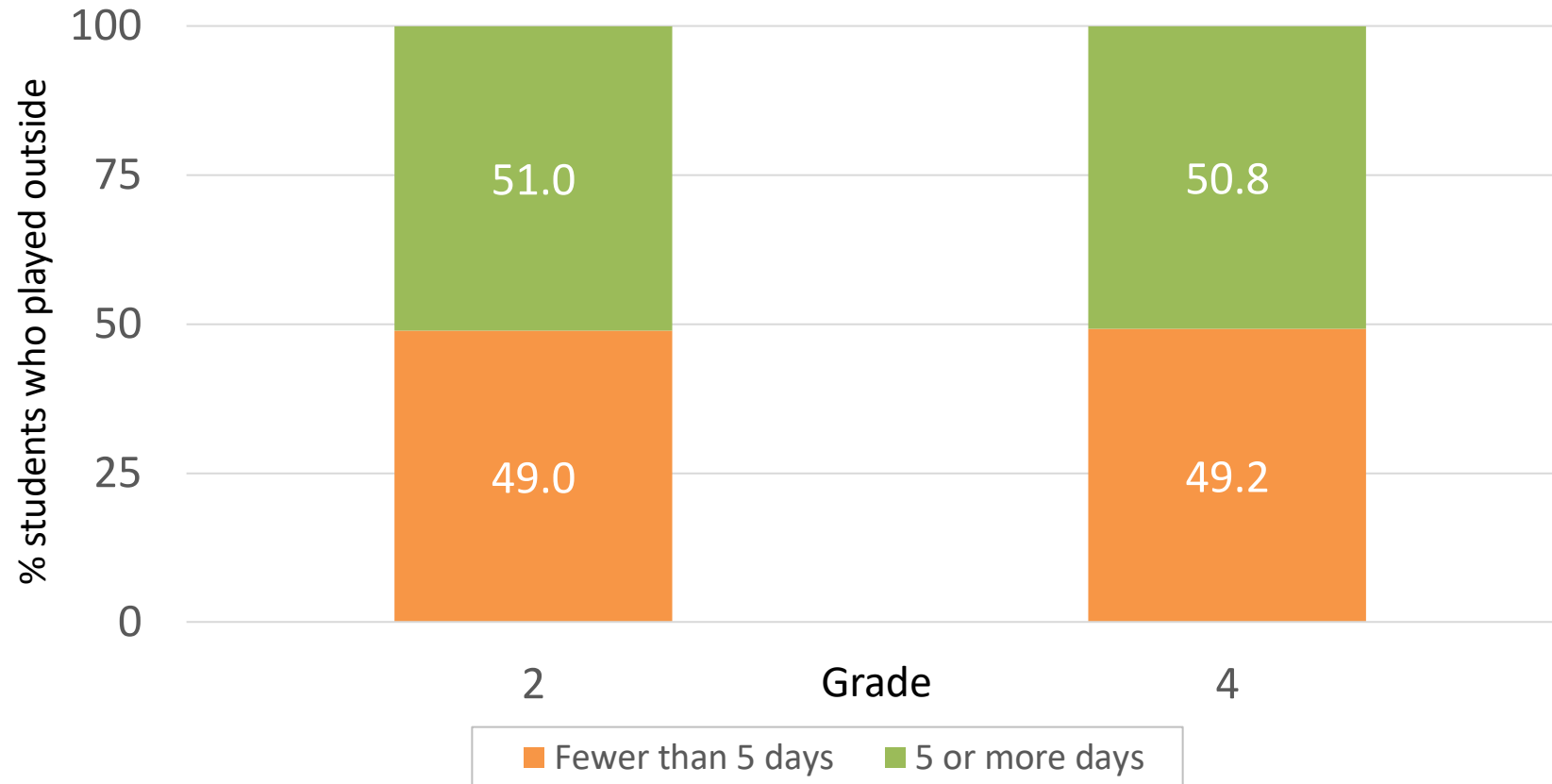
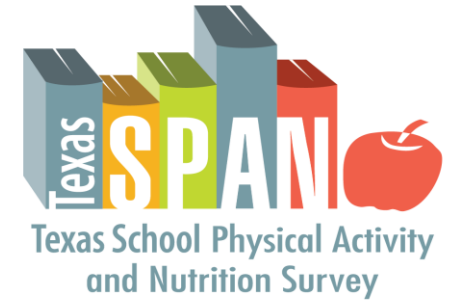


Texas SPAN 2021-2023 Results



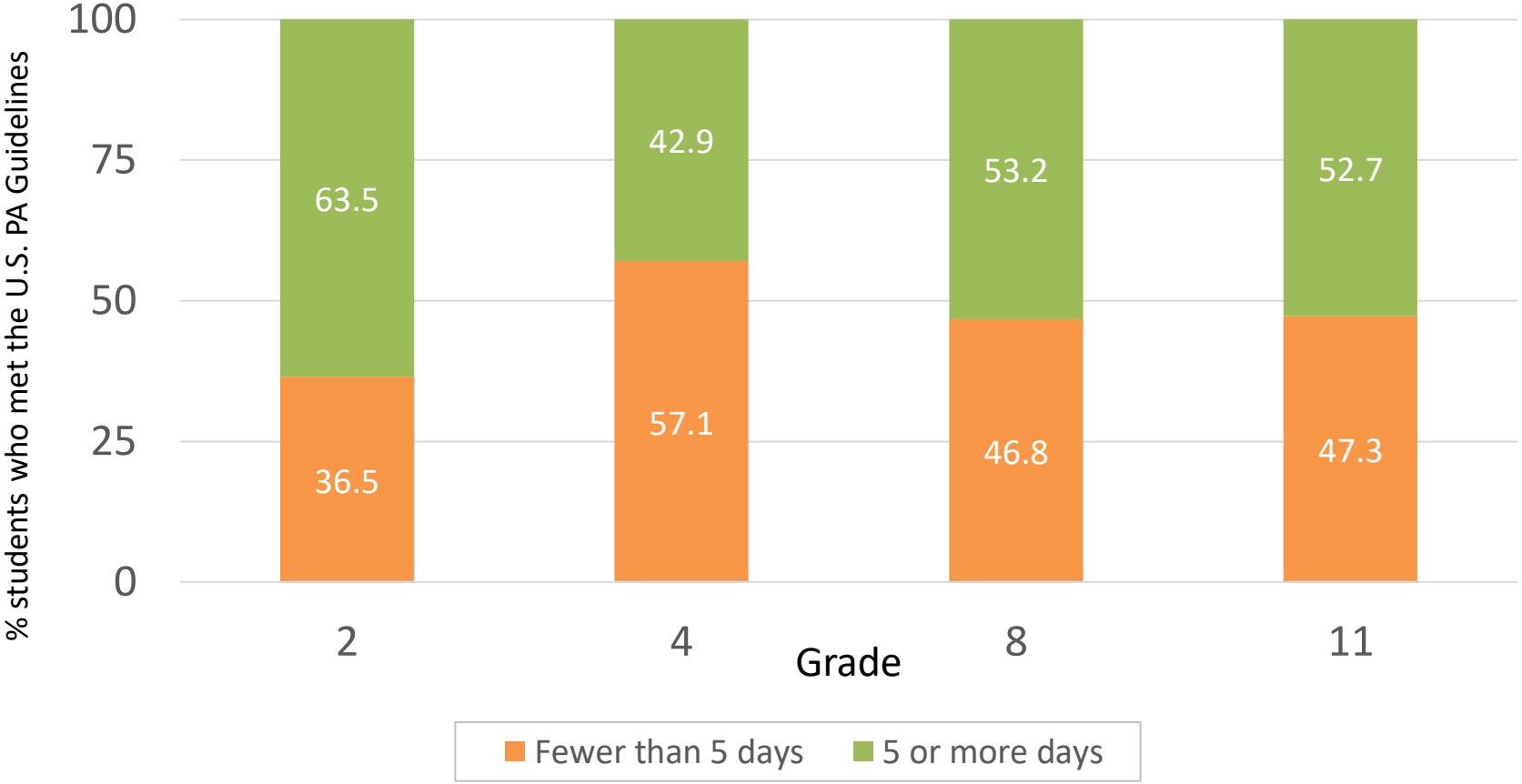
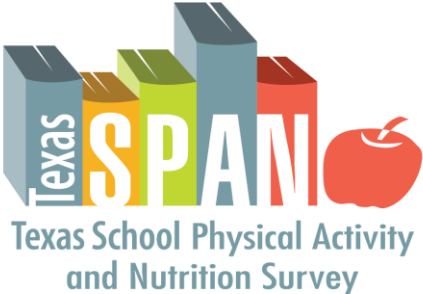
Physical Activity

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

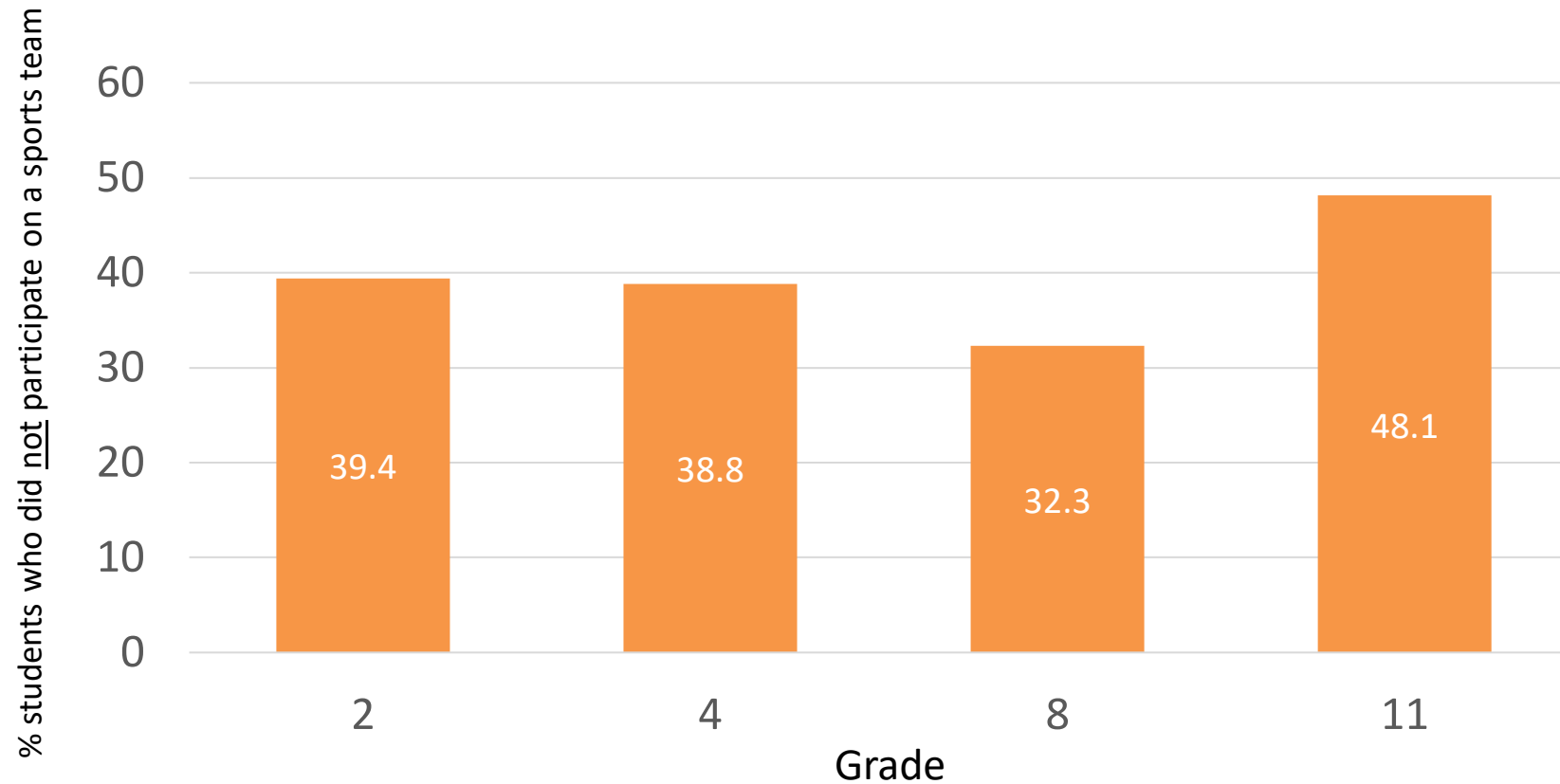
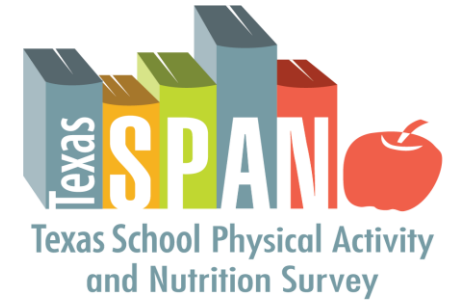
>50% of Students in Grades 2, 8, & 11 Did Not Meet the U.S. PA Guidelines - Texas SPAN 2021-23



Physical Activity Guidelines for Americans states that children ages 6-17 need an average of 60 minutes of activity/d; >5 days/week was set as meeting the Guidelines



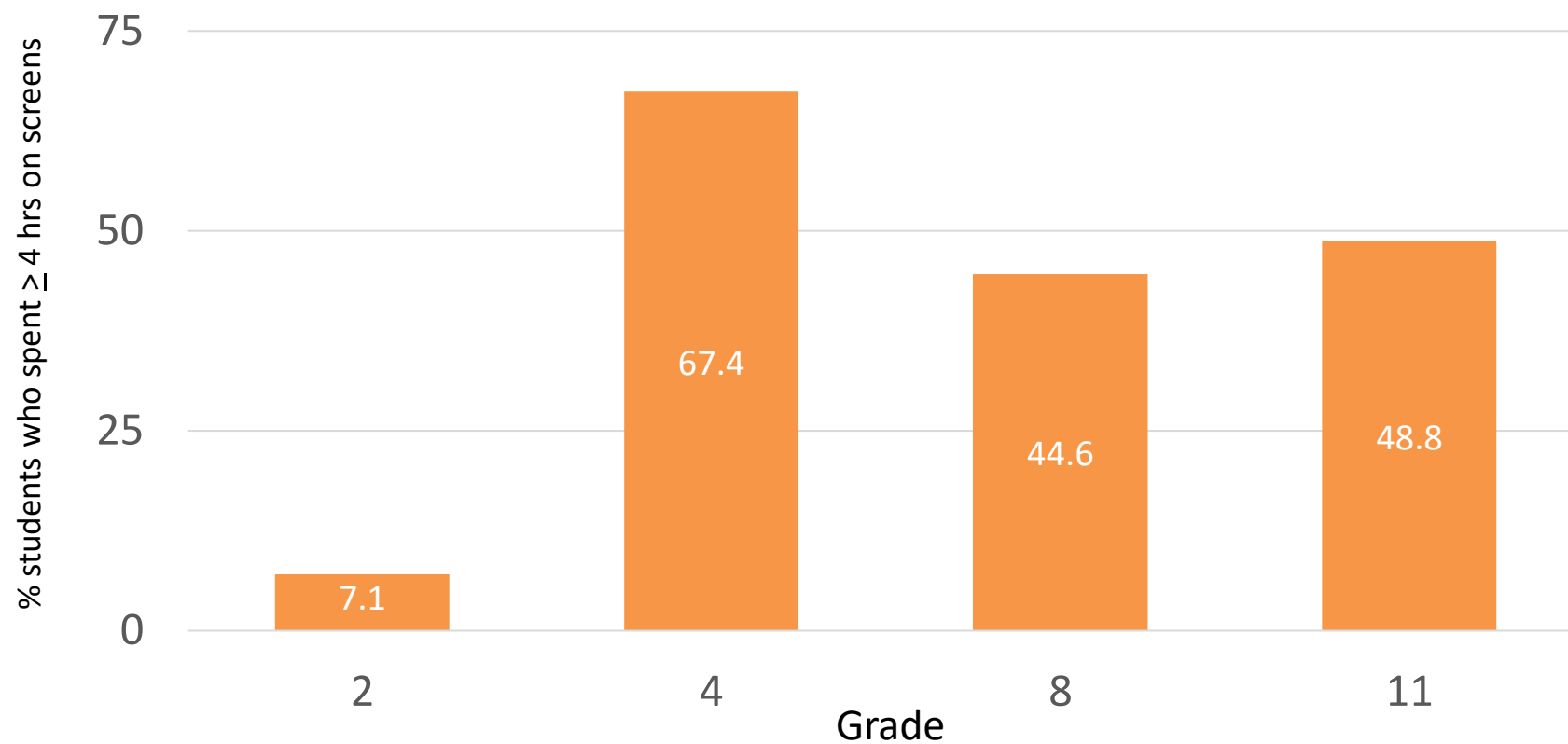
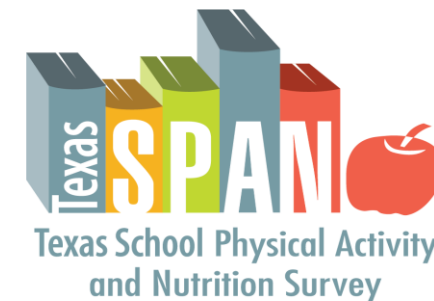
Percent of Students Who Did Not Participate on Any Sports Teams – Texas SPAN 2021-23



Percent included sports teams in and out of school

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

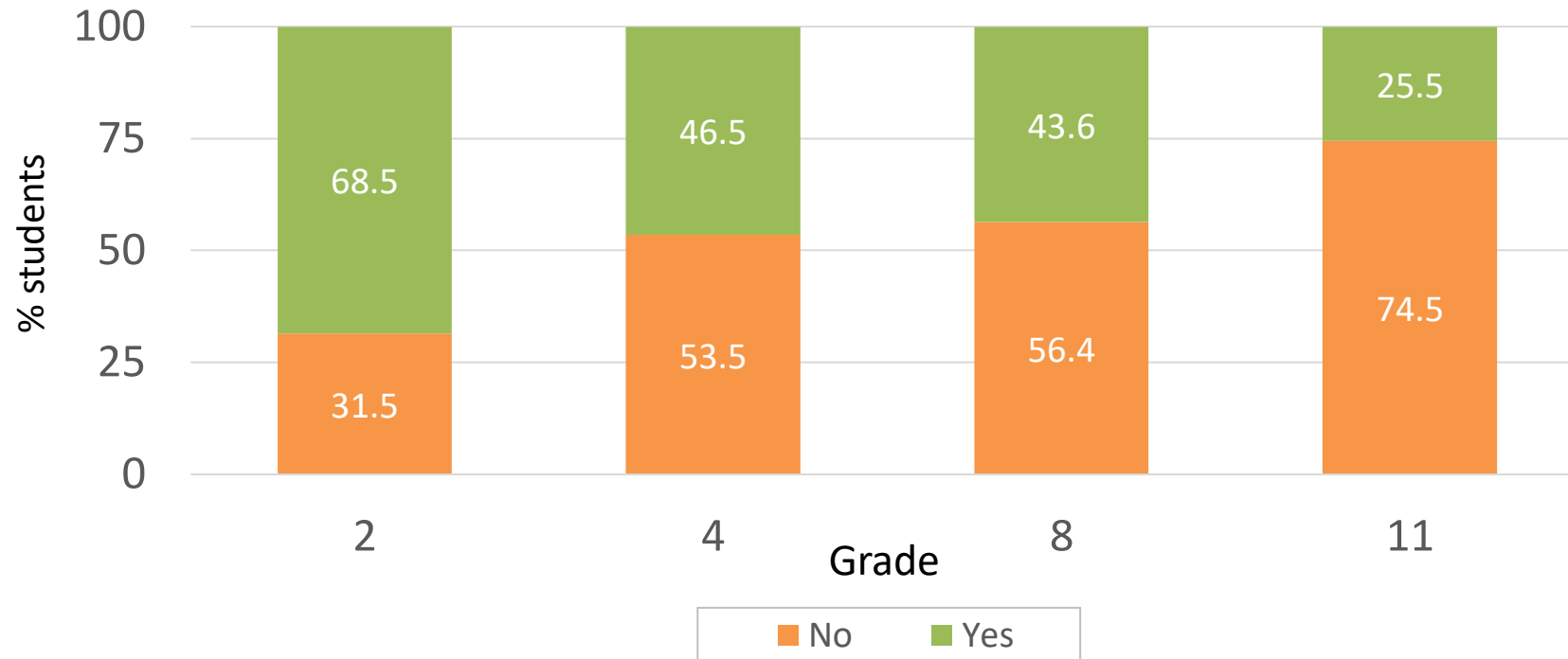
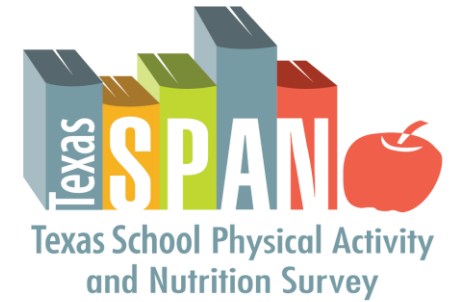


Texas SPAN 2021-2023 Results



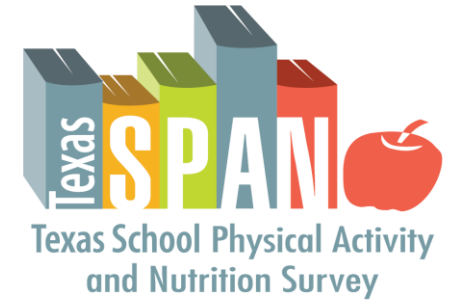
Sleep

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



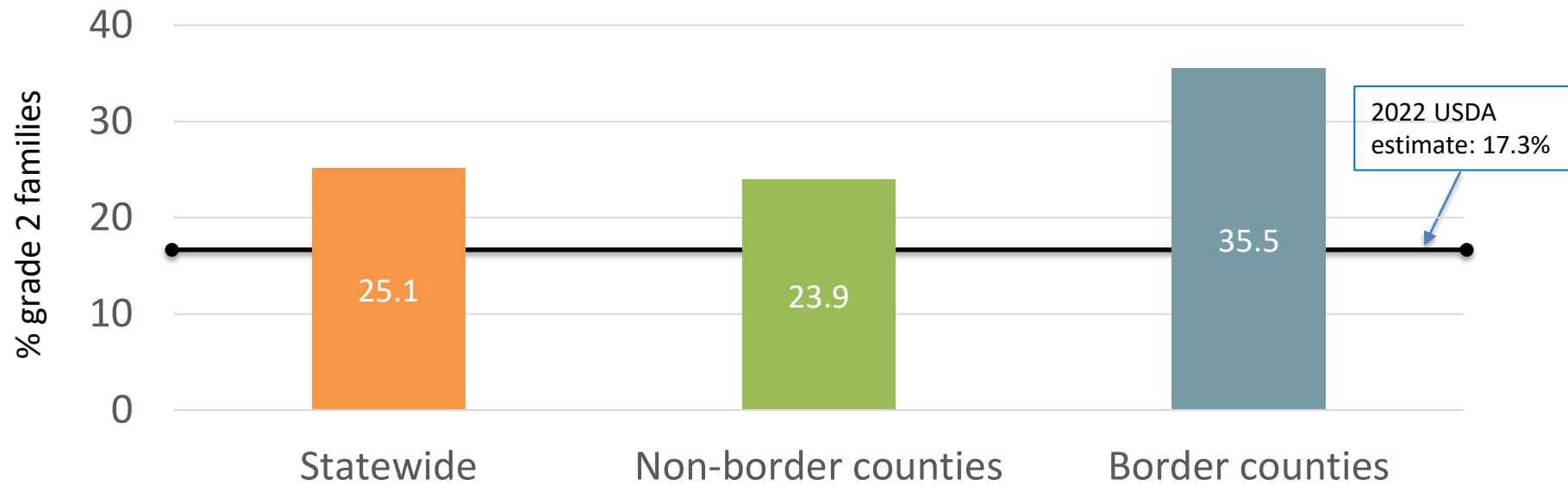
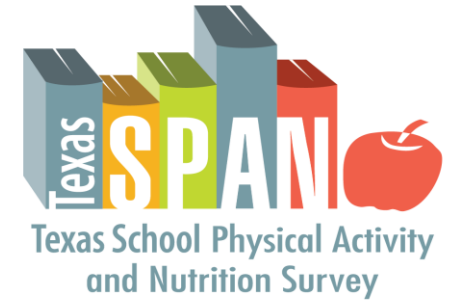
* The American Academy of Sleep Medicine recommends 9-12 hours/night for children 6-12 years of age, and 8-10 hours/night for teenagers 13-18 years of age.

Texas SPAN 2021-2023 Results



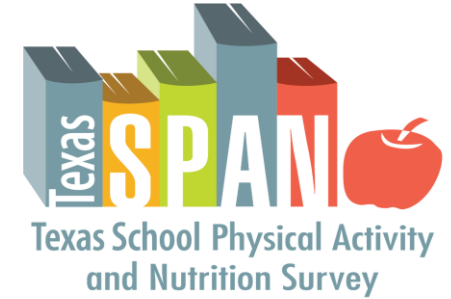
Food Insecurity

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



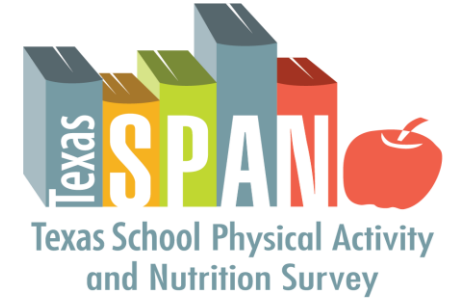
Note: this variable was derived as families that were either worried about food running out or were short on food and couldn't afford more. For the purposes of this comparison, the statewide estimate shown here was computed using the same sampling weights as the border and non-border figures.

Conclusions – the Bad News



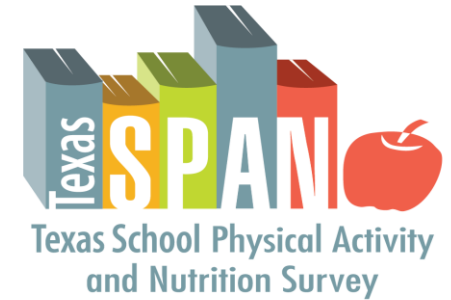
- Schoolchildren in Texas have high rates of obesity, but rates vary by grade.
 - Since COVID, secondary school children show an increase.
 - Severe obesity is problematic, especially among secondary school children.
- A significant number of children do not consume fruits and vegetables (about 1/4 and 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.

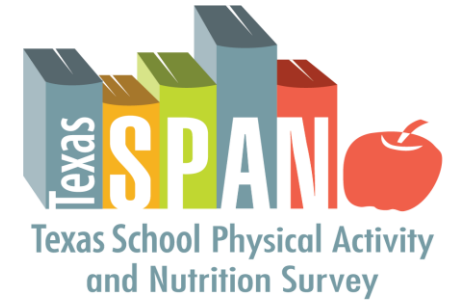
Conclusions – the Good News!



- 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.



Data-Driven Policy Options



- 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

Source: TFAH, 2023

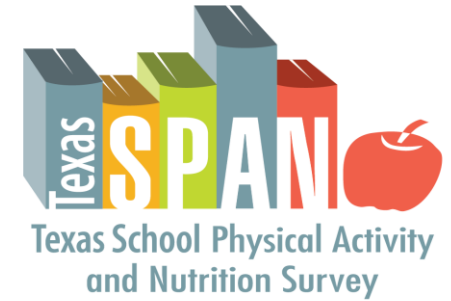
Data-Driven Policy Options



- 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

Source: TFAH, 2023

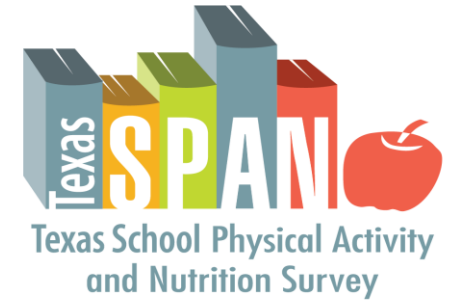
Data-Driven Policy Options



- 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

Source: TFAH, 2023

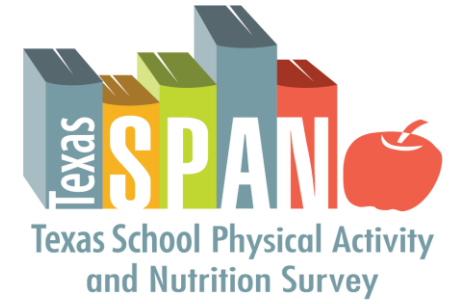
Data-Driven Policy Options



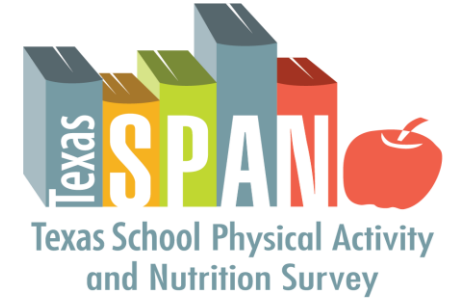
- Make PA and the built environment safer and more accessible
 - Prioritize schooltime physical activity (recess)
 - Make local spaces more conducive to physical activity, e.g., shared-use agreements
 - Make communities safer for physical activity
 - Encourage outdoor play in green spaces, like parks

Source: TFAH, 2023

Our Goal: Healthy Children in a Healthy World



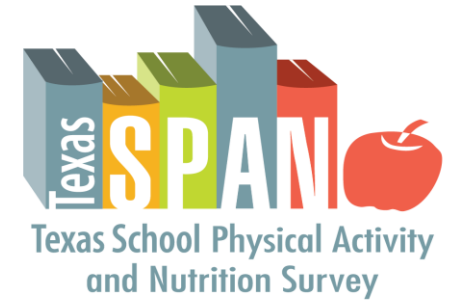
Acknowledgements



- **The Texas Department of State Health Services (DSHS), Funding Agency**
- Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant Number HHS000084100001
- Texas Title V Maternal and Child Health Services
- Michael & Susan Dell Foundation
- DSHS Region 4/5 Community Outreach Division
- Area Health Education Centers (AHEC): Desert Mountain, Greater Houston, Lower Rio Grande, Panhandle, and West Texas
- Cizik School of Nursing, UTHealth Houston
- UTHealth Houston Austin, Brownsville, Dallas, El Paso, Houston, San Antonio locations
- Texas Tech University

- ***Thank you to the school districts, schools, children, and parents who participated in the study!***

Texas SPAN Research Team



UTHealth Houston SPH

— Investigators:

- Deanna Hoelscher, PhD, RDN, PI
- Nalini Ranjit, PhD
- Adriana Pérez, PhD
- Ethan Hunt, PhD
- Chris Pfladderer, PhD
- Augusto Ferreira De Moraes, PhD

— Project Director:

- Carolyn Smith

— Senior Research Assistants

- David (DJ) Badillo
- Richard Tandaju

— Data Management

- Pablo Martinez
- Raja Malkani

— Research Assistants:

- Kyna Farmer

— Doctoral Student:

- Brooke Sherry

— Post Doctoral Student:

- Yuzi Zhang, PhD

— Graduate Research Assistants:

- Aashna Maknojiya
- Alex Devora
- Ann Nguyen
- Danielle Gartner
- Tara Harazika

— Practicum Students:

- Ashely Schelfhout
- Lola Ojo
- Steven Despaigne
- Vijay Narayanan

— Staff:

- Alejandra Gonzalez
- Celina Moore
- Karen Kerkering
- Jerri Berry
- Martha Diaz
- Patricia Cochran
- Robyn Dunkin
- Sarah Macias

Partners

• DSHS Staff

- Drue Evans
- PHR 4/5N
Volunteers
- Susan Bareis
- Kim Beam

• AHEC Staff

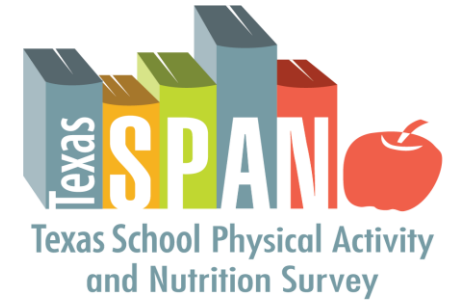
- Stephanie Loya
- Stefanie West
- Sonya Voyles
- Michelle Sulik
- Tommy Sweat

• Consultant:

- Susan Nix



Thank You!



Deanna Hoelscher, PhD, RDN

Regional Dean, Texas SPAN PI

Deanna.M.Hoelscher@uth.tmc.edu

UTHealth | The University of Texas Health Science
Center at Houston

School of Public Health in Austin

Michael & Susan Dell Center for Healthy Living

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





®

MICHAEL & SUSAN DELL CENTER *for* HEALTHY LIVING



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?



Special thanks to:

- Representative Ann Johnson
- Dr. Deanna Hoelscher
- Texas SPAN Team
- Michael & Susan Dell Foundation
- TX RPC Project Team



Acknowledgements

Research Team

Deanna M. Hoelscher, PhD, RDN, LN, CNS, FISBNPA, Principal Investigator

Alexandra van den Berg, PhD, MPH, Co-Investigator

Tiffni Menendez, MPH, Project Director

Rachel Linton, MPH, Program Manager

Melissa Campos-Hernandez, MPH, Research Coordinator II

Shelby Flores-Thorpe, PhD, MEd, CHES, Postdoctoral Research Fellow

Yuzi Zhang, PhD, MS, Postdoctoral Research Fellow

Kaitlin Berns, MPH, RD, Doctoral Graduate Assistant

Emily Torres, Graduate Data Collector

Kirsten Handler, Communication Specialist

Ali Linan, Communications Specialist

Becca Ortiz, Research Coordinator I

Advisory Committee: 24 state and community partner organizations

Funding Agency: Michael & Susan Dell Foundation

