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HHSC SIGNS A CONTRACT FOR INTEGRATED ELIGIBILITY AND ENROLLMENT

Estimates \$646 Million in Savings from Call Centers

As part of the total reorganization of health and human services delivery in Texas, H.B. 2292, 78th Legislature, directed the Health and Human Services Commission (HHSC) to integrate eligibility for nutrition assistance (the Food Stamp Program), cash assistance (Temporary Assistance for Needy Families) and medical assistance (Medicaid). The legislation also directed HHSC to establish call centers and to privatize that function, if cost effective.

On June 30th, HHSC announced a contract with Accenture to operate four Texas call centers as part of a plan to make it easier to apply for Medicaid, food stamps and other state programs and save the state \$646 million over the next five years. The following week HHSC announced that new call centers will be located in Austin, Midland, San Antonio and East Texas.

The four call centers will act as the nerve center of the new system with state-of-the-art document imaging and processing. In addition to the private-sector employees, the call centers will include about 300 state employees who will determine whether applicants are eligible for services and will be responsible for quality control.

HHSC also announced the staffing and office realignments that will occur in the new system. In addition to the 300 state employees located in the call centers, 2,600 state employees will continue to staff 211 field offices across Texas for people who prefer to apply for services in person. HHSC will maintain 167 full time, full service offices. An additional 44 satellite offices will be open for business on prescheduled days of the week as demand dictates. The state also will create traveling units to provide services to consumers who have difficulty traveling or live in remote areas. The planned office locations represents a reduction of 99 eligibility offices.

"We're bringing our state's human services system into the 21st century by updating technology and providing consumers with new ways to apply for services," Health and Human Services Executive Commissioner Albert Hawkins said. "Our new system will create more options for consumers. It will simplify processing for employees. And it will save money."

The new system will allow Texans to apply for a variety of services – including Medicaid, food stamps, the Children's Health Insurance Program (CHIP), Temporary Assistance to Needy Families (TANF) and long-term care – in person, through the Internet, over the phone and by fax or mail. The call centers, which will provide assistance from 8 a.m. to 8 p.m., will receive and process applications, and consumers will be able to track the progress of their applications through

an automated phone system. The phone number for assistance will be 2-1-1 (from a land line).

"It's time to transform the state's 8 to 5, one-size-fits-all system," Hawkins said. "We're redesigning our programs around consumers, with extended business hours and multiple ways Texans can apply for services at times and places that are convenient to them... Today Texans can renew their driver's license by phone and apply for a mortgage online," Hawkins said. "But a person must apply for food stamps or Medicaid at a state office that operates during normal business hours. It's time to bring our state's human services system into the 21st century with updated technology and new options for consumers."

Hawkins said another key advantage of the proposed system is improved access to state services for working Texans, for people who lack transportation or live in remote areas, and for others who have difficulty traveling.

"Working Texans will benefit most from the changes we're making," Hawkins said. "Right now, a person must apply for most health and human services at a state office that operates during normal business hours. For many of our consumers, that means taking off from work for several hours just to find out if they qualify for services."

"This contract includes provisions that emphasize excellent customer service and ensure strong accountability for tax dollars," Hawkins said. "The payment is based on the volume of work done and the ability to meet strict standards for timeliness and accuracy."

HHSC will begin phasing in the new system in November when Accenture takes over processing CHIP applications. The CHIP application process, which was outsourced when the program was created in 2000, will be integrated with Medicaid, food stamps, TANF and long-term care as part of the contract with Accenture. The current CHIP call center's duties also will be folded into the new call centers to reduce duplication of services. The transition to the new office structure

will begin in January and will be phased in over a 10-month period. During that time, HHSC expects to reduce the state's eligibility workforce from about 5,800 employees to 2,900. Positions in the new system will be filled based on seniority. Employees who do not receive a new eligibility job will get priority consideration for more than 2,500 new state jobs with Child and Adult Protective Services and about 2,500 call center and related positions with the contractor.

HHSC's announcement was met with some skepticism. "This 14-month timeline may not allow adequate time to test the new technology needed to support the system or to assess clients' ability to grapple with a more automated approach to enrollment. Although pressure from the legislature (the final state budget for 2006-2007 assumed a reduction of more than 4,000 HHSC eligibility staff) may be driving such an aggressive timeline, a slower, more rational approach to such drastic changes would produce a better system in the long run while mitigating the risks of going too fast," warns the Center for Public Policy Priorities (CPPP), an Austin-based advocacy organization.

CPPP raised other concerns such as the capacity of the 2-1-1 Information and Referral System to handle the large volume of incoming calls, the ability of the new automated system that is currently being piloted to function properly, and whether Texas has obtained all the necessary federal approvals to implement this new model of service delivery.

HHSC has posted additional information, including office locations on the new system at www.hhs.state.tx.us/consolidation/IE/IE.shtml.

Program analysis by CPPP is available online at www.cppp.org/files/3/POP248%20call%20center%20contract.pdf.

U.S. CONFERENCE OF MAYORS ADOPTS NUTRITION ASSISTANCE AND OBESITY RESOLUTIONS

Two resolutions addressing nutrition issues were adopted at the annual meeting of the U.S. Conference of Mayors in June. One resolution addressed the Food Stamp Program and urged Congress and the Administration to protect the program against budget cuts. Another resolution supported the development of comprehensive policies addressing childhood obesity and urged Congress to enact legislation addressing child obesity as a health epidemic.

The resolution addressing the food stamp program, defines it as "...the cornerstone of the nation's anti-hunger safety net," and rejects both potential cuts to the program and structural changes. The resolution notes that the Food Stamp Program overwhelmingly serves needy households with incomes below the poverty level, with half of those who receive food stamps being children. Of households that receive food stamps, 18 percent have an elderly member and 23 percent have a disabled member. The resolution further notes that food stamps have a positive effect on local economies and could not be replaced by local organizations and charities.

The resolution addressing childhood obesity recognizes that the problem has reached epidemic levels. Among children and teens ages six through 19, 16 percent are overweight. This epidemic has resulted in a dramatic increase in risk factors for health problems, such as heart disease. The resolution also notes that the most immediate consequence of childhood obesity is the poor self-esteem and depression that many overweight children must deal with according to the United States Department of Health and Human Services.

***For a full copy of the resolution, go to
[www.usmayors.org/uscm/resolutions/
73rd_conference/
resolutions_adopted_2005.pdf](http://www.usmayors.org/uscm/resolutions/73rd_conference/resolutions_adopted_2005.pdf).***

DOES A FAMILY DINNER GUARANTEE SLIMMER KIDS?

One trend that has paralleled the rise of obesity in the last two decades has been the decline in frequency of children eating dinner with their families. Elsie Taveras, instructor in the Department of Ambulatory Care and Prevention at Harvard Medical School and Harvard Pilgrim Health Care, along with colleagues, surveyed the frequency of family dinner among more than 14,400 nine to 14 year olds and incidence of overweight. At the beginning of the three-year study, reported in the May issue of *Obesity Research*, the odds of being overweight were 15 percent lower among children who ate family dinner on "most days" or "every day" compared with those who ate family dinner "never" or "some days." However, longitudinally, the researchers found no association between likelihood of becoming overweight and frequency of family dinner.

"Although family dinner seems to have multiple benefits and should be encouraged from the perspective of improving diet quality," Taveras said, "overweight prevention may not be one of the benefits."

Previous studies have shown that family dinners are associated with greater consumption of fruits and vegetables; less fried food, soda, and saturated and trans fat; lower glycemic load; and more fiber intake.

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TEXAS SERVES MORE SUMMER MEALS, BUT MORE IS NEEDED TO REACH NEEDY CHILDREN

About 2.9 million children from low-income families received lunches at parks, schools, religious congregations, and other community sites through either the Summer Food Service Program (SFSP) or the National School Lunch Program (NSLP) on an average day in July 2004 across the U.S. Unfortunately, that meant only 19 children were fed in the federal summer nutrition programs for every 100 who receive a free or reduced-price school lunch during the regular school year, according to the new report "Hunger Doesn't Take a Vacation" from the Food Research and Action Center (FRAC). Additionally, participation nationally in summer nutrition programs has declined in five consecutive years.

"There are still steps that community programs, city and state agencies, schools, advocates and others can take to boost participation in summer meals this year, and lay the groundwork for future summers as well," said FRAC President Jim Weill. He urged outreach efforts to inform families about program availability and site locations; kick-off events and site visits by public officials to get the word out; and work to get sites to extend the length of their programs so children can continue to receive meals for more weeks this summer.

Weill also pointed to the opportunities to grow summer nutrition programs through the so-called Simplified Summer Food Program ("Lugar pilot" program). This pilot program, originally introduced by Senator Lugar, has operated in 13 states since 2001, and was expanded to six more states in 2005. It simplifies cost accounting and paperwork and thereby often allows for modestly higher reimbursement rates. Nutrition participation (SFSP and NSLP combined) in the 13 states with the "Lugar pilot" program increased 1.8 percent from 2003 to 2004, while participation in the rest of the country decreased

two percent. From 2000 to 2004 there was 25.2 percent growth in pilot states and an 8.6 percent decline in the rest of the country. Had all states been able to operate the pilot program and achieve gains equal to the 13 pilot states from 2000 to 2004, an estimated one million more children would have been served each day in summer 2004.

Texas has increased the number of low-income children served by federally funded summer nutrition programs since 2000, but still lags far behind the performance of most states. Texas uses two federally funded meal programs to feed children for free during the summer: SFSP and NSLP.

According to the FRAC report, between 2000 and 2004, the number of Texas children fed by these programs increased by 5.9 percent. Texas also served 5.5 percent more meals in summer 2004 than in 2003. Despite these modest increases, in 2004 the summer food programs still only reached 8.2 percent, or 198,365, of the over 2.4 million low-income Texas school children who are eligible for free summer meals.

Texas lags behind other states in the number of eligible children reached by summer food programs. Nationwide, 19 percent of eligible low-income children, on average, were served by the summer food programs in 2004.

Texas ranks 45th in the nation in the percentage of eligible children reached by these programs. This gap means not only that a significant number of low-income children may go hungry during the summer, but also that Texas is continuing to leave federal funds (Texas taxpayers' money) unused in Washington, D.C.

Texas misses out on more federal money for summer food than any other state, according to the FRAC report. The report estimates that if Texas reached 40 percent of eligible schoolchildren (a goal reached by the top-performing states in the past few years), Texas summer food programs could feed another 578,798 low-in-

come children, which would in turn draw down almost \$30 million in additional federal funds. These funds could be used in poor neighborhoods as the foundation for broader summer programs that combine food with recreational and educational activities.

In summer 2004, Texas drew down \$24.9 million in federal funds to serve more than 11.4 million meals to low-income children.

"We applaud the progress Texas has made in ensuring that kids eat right during the summer," said Celia Hagert, senior policy analyst at the Center for Public Policy Priorities. "But, more is needed. This is not the time to leave federal dollars in Washington."

**For a copy of the full report, visit
www.frac.org.**

NUTRITIONAL INFORMATION HELPS TEENS MAKE BETTER CHOICES

Mystery meat notwithstanding, high school cafeterias can provide nutritional, balanced and healthful meals, but students have to choose correctly. Now, researchers at Pennsylvania State University have found that point-of-selection nutrition information cards can prompt students to make better food selection choices.

"Nutrition information is already used in most school districts to meet the Healthy School Meals Initiative," says Dr. Martha T. Conklin, associate professor of hospitality management. "This same information could be made available at the point of selection with very little additional cost."

The researchers displayed the nutrition information in the standard U.S. Food and Drug Administration's style for Nutrition Facts Labels found on all packaged foods.

"We used the Nutrition Facts Label because students might already be familiar with nutrition information in this format," says Conklin.

Supplying nutrition information seemed to influence food selection as students increasingly opted for more healthful entrees. While students did not switch from cheeseburgers and pepperoni pizza to salad, they did choose foods with less fat and fewer calories, the researchers report in a recent issue of the *Journal of Child Nutrition and Management*.

"There was a significant switch from pepperoni pizza to plain cheese pizza," says Conklin. "The sale of cheeseburgers and bacon cheeseburgers decreased, while sales of hamburgers and veggie burgers increased."

The researchers, who included Conklin, Dr. David A. Cranage, assistant professor of hospitality management, and Dr. Carolyn U. Lambert, associate professor of food systems management, conducted their study in four school districts in Pennsylvania. Two of the districts had two high schools with one school becoming a control.

For the first six weeks of the fall semester, the cafeterias operated normally. These cafeterias were in schools that ran the gamut from traditional, straight-line cafeterias to those with a scramble system and many 'a la carte' offerings. The next six weeks, the second time through the menu cycle, the cafeterias posted point-of-selection nutrition information for each entree. For pasta, sandwich and potato bars, cafeterias posted nutrient contents of typical choices for comparison.

Labels included information on serving size, calories, total and saturated fat, cholesterol, sodium, total carbohydrate, dietary fiber, protein, vitamins A and C, calcium and iron. While the study showed that the fiber, Vitamin A, C, iron and sodium content did not influence student choices, calorie and fat levels appeared to be especially persuasive.

The shift in food preferences after the point-of-selection nutrition information appeared was slight to moderate. In the two control schools where cafeterias did not provide nutrition information, the same shifts did not occur.

During the second menu cycle, all entrees showed a slight dip in sales, probably due to boredom. However, there was a significant increase in sales of items lower in fat and calories in schools providing nutrition information. Point-of-sale nutrition information did not just influence sales of traditional teenage fare. In one school, chicken entree choices changed as well, apparently based on fat content.

Chicken dishes containing 20 or more grams of fat, such as chicken nuggets, popcorn chicken and chicken quesadillas, were less popular after the institution of the nutrition information signs. Chicken dishes with less than 20 grams of fat seemed to be chosen based on a second criterion – calories. Those dishes with more than 500 calories, such as chicken stromboli or chicken fajitas, were chosen less often. Those with the same fat content, but fewer calories, oven-baked chicken or kabobs, were chosen more often. For very low-fat dishes, sweet and sour chicken or roast chicken salad, calories seemed not to matter, but consumption of these healthier dishes also increased.

The researchers noted that cafeterias only provided nutrition information for entrees, not side dishes or desserts. They also believe that more research is necessary to decide if similar results would occur with high school students across the country and whether younger students will react the same. There were similar results with high school students from a variety of ethnic backgrounds who live in rural, suburban and urban areas of the state, according to the researchers.

“Overweight adolescents are a major public health concern in the U.S.,” says Conklin. “Students who change their eating behaviors to choose more healthful food will have an increased chance of maintaining an appropriate weight and developing healthy eating habits that last a lifetime.”

To review the study on line, go to <http://docs.schoolnutrition.org/newsroom/jcnm/05spring/conklin/index.asp>.

SUMMARY OF TEXAS FY 2006-2007 HEALTH AND HUMAN SERVICES COMMISSION BUDGET

The Center for Public Policy Priorities released a review of the Texas budget adopted by the 79th Legislature and the potential impact of budget decisions on Health and Human Services Commission (HHSC) programs. Key budget decisions for the FY 2006-2007 biennium include:

- **The restoration of eyeglasses, hearing aids, mental health professional services, and podiatry benefits for adult Medicaid clients (78% of whom are elderly or disabled), which had been eliminated in September 2003.**
- **The Medically Needy Spend-Down Program for Parents (temporary coverage for poor families with catastrophic medical bills) may be partially restored.** The budget assumes that the program will only be partially restored if local governments voluntarily put up \$35 million in local tax funds.
- **The budget restores Children's Health Insurance Program (CHIP) vision and dental care, and mental health coverage to 2003 levels, and assumes an enrollment fee for families instead of a monthly premium. This policy will be simpler and more affordable for families.**
- **The budget assumes the continuous eligibility period for CHIP and children's Medicaid remains at six months.**
- **The budget assumes reductions in HHSC eligibility workers.** Eligibility workers are assumed to drop by 3,980 in 2007, related to implementation of the “Integrated Eligibility” process. These cuts follow a drop of more than 2,500 state HHSC workers from 2003 to 2005.
- **The budget assumes lower Medicaid and CHIP caseloads and cost-per-client than HHSC projected in February.** The budget includes significantly lower Legislative Bud-

get Board (LBB) caseload projections, and assumes the HHSC projection for cost-per-client in 2006, but allows for no inflation in that cost for 2007.

- **The budget includes funding for the Department of Aging and Disability Services (DADS) and several programs at other agencies to reduce waiting lists for those programs.** Senate Bill 1 provides funds to increase enrollment in a number of non-entitlement community care and health programs that the 2003 legislature had reduced. However, caseloads for some community care programs will still remain below 2003 levels.
- **The budget reduces Medicaid funding by \$109.5 million in General Revenue based on assumed savings from greater management of care for aged, blind and disabled Medicaid clients, via three models of care.** The three models of care include a modified HMO model, a new Integrated Care Management approach, or Primary Care Case Management (PCCM). The HMO model must be modified to protect special federal payments to public hospitals.
- **Proposed funding of direct service programs at the Department of State Health Services (DSHS) varies from one program to the next.** The budget increases funding and caseloads for immunizations, the HIV drug program, Children with Special Health Care Needs, substance abuse services, and state mental hospitals. Several programs including kidney health, primary health care, and community mental health care for adults and children will still serve fewer clients than in 2003, despite increased funding.

To view the full report, visit www.cppp.org and see Policy Page #249.

FEDERAL REGISTER

- **U.S. Department of Agriculture (USDA), 06/15/05, p. 34627.** The Food and Nutrition Service (FNS) announces this interim rule to reflect amendments which require schools participating in the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) to increase the number of food safety inspections to two inspections per year; to post the most recent inspection report in a visible location; and to release a copy of the report to members of the public upon request. This interim rule also reflects the statutory amendment, which requires State agencies to annually monitor schools' compliance with the inspection requirement (through a consolidated report from the school food authority), and to submit a report on the results of the review to the FNS. The effective date is 07/15/05 and compliance date is 07/01/05. For further information, contact Todd Barrett at 703/305-2590.
- **USDA, 06/15/05, p. 34630.** FNS announces this final rule that amends the Child and Adult Care Food Program (CACFP) regulations to implement a provision of the Child Nutrition and WIC Reauthorization Act of 2004 which stipulates that the agreement between a sponsoring organization and family or group day care home participating in the CACFP is permanent and remains in effect until terminated by either party. This change will reduce the administrative workload and paperwork burden of sponsoring organizations, by eliminating the periodic renewal of agreements with their family or group day care homes. For further information, contact Keith Churchill, at 703/305-2590.
- **USDA, 07/05/2005, p. 38645.** FNS announces its intention to request the Office of Management and Budget to extend the information collection for the Special Milk Program for Children. Comments must be received by 09/06/05. For further information, contact Terry Hallberg at 703/305-2590.



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