In December 2011, Texas received federal approval of an 1115 waiver that would ultimately provide funding for healthcare related projects that would improve quality, access and affordability for its citizens. As a result, the state was divided into 20 regional partnerships (RHPs).

RHP 16 consists of these counties:
- Coryell
- Hamilton
- Bosque
- Falls
- Limestone
- Hill
- McLennan

This is a five year waiver program that will end in 2016. A significant number of dollars was distributed among the regions for transformation and quality improvement projects, including regional projects focusing on childhood obesity and health literacy.

It is our goal this year to start the planning process for the regional childhood obesity project. Our target population is children who are on Medicaid or considered Indigent or low income uninsured.

The regional childhood obesity and health literacy project will directly impact school districts within the region. School districts are asked to serve as partners in this program which will directly target youth in 4th grades, specifically defining and improving:

- Eating Behaviors.
- Food Preferences.
- Self-image.
- Physical Activity.
- Overall Health.

This program is designed to provide intervention programs in health curricula, dietary preferences, and physical activity to lessen the rate and effects of childhood obesity. Improving health as related to nutrition and physical activity can decrease health risks such obesity, diabetes, hypertension which are not only detrimental to health, but costly as well.
Texas A&M AgriLife Extension Service is delegated the responsibility of implementing and managing the program for RHP 16.

The regional project for RHP 16 is to Reduce and Prevent Obesity in Children and Adolescents.

Target population is children who are considered low income uninsured, Medicaid and Indigent in all 7 counties of RHP 16.

Project is not limited to this population but in reporting metrics and milestones back to the state for payment, we must demonstrate quality improvement in this population.

Determination must be made on how to reach these children and engage them in various programs to reduce and prevent obesity to improve quality of life scores and lower the rate of long term health complications.

Each year, specific metrics and milestones must be met in order to receive funding for the project.

It is unknown at this time if the project will continue beyond 2016 based on available funding and whether or not the program is successful in meeting its goals.

As a partner in this endeavor, school districts are asked to:

- Support the program which will provide health benefits to their students.
- Assist in identifying campuses with high number of Medicaid eligible students, uninsured students, or high percentage of students on free and reduced nutrition programs.
- Identify staff that will assist in implementation of programs.
- Allow AgriLife Extension educators to train and work with staff to manage the program. Extension educators will also implement programs and activities directly within the classroom or on campus.
- Provide reports as requested to utilize with 1115 Waiver requirements.
- Embrace a “culture of health” within their campuses which may result in necessary curricula, dietary and physical activity changes in order to improve overall student health.