Adolescent Health FY21 Annual Report

The Centers for Disease Control and Prevention (CDC) defines youth as ages 10-18 and young adults as ages 19-24. This report considers the adolescent domain as ages 10-24. According to U.S. Census Bureau data, one of every 10 adolescents, ages 10-24, in the U.S. lives in Texas.

Insights into brain development highlight adolescence as a critical developmental period in which youth grow, explore, learn, and develop important skills that prepare them for adulthood. While most youth and young adults are generally healthy, some may need additional support and resources to thrive. Resources and support are often provided through prevention or intervention programs designed to promote healthy behaviors and outcomes during adolescence. Specifically, programs using a holistic approach, such as Positive Youth Development (PYD), to support the whole person have been shown to achieve more broad-based impacts than narrowly defined “deficit model” frameworks.

PYD proactively promotes protective factors in youth and young adults. Research shows adolescents who possess these protective factors are less likely to put themselves at risk for negative health outcomes by engaging in unhealthy risk behaviors. Additionally, PYD involves youth as active agents, people that can improve their life by acting on their behavior, and engages every element of the community, acknowledging the interdependence of health behaviors and outcomes as well as the divers needs and experiences of youth.

Maternal and Child Health (MCH) uses PYD as the foundation for engaging and serving youth to address National Performance Measure (NPM) 7.2 and State Performance Measure (SPM) 2 described in this report. Promoting PYD along with NPM- and SPM-specific strategies, MCH takes a comprehensive approach to adolescent health activities and initiatives.

**NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19.**

According to the World Health Organization (WHO) and CDC, unintentional injuries are the leading cause of death and disability among adolescents in Texas and the U.S. and is the leading cause of non-fatal injury. Preventing and reducing injuries among adolescents can improve youth quality of life and life course trajectory while at the same time reducing the financial burden of associated health care costs. To improve on these findings, MCH developed 5 strategies (which can be found in the State Action Plan) to decrease non-fatal injury in youth and young adults. Guided by these
strategies, MCH implemented several initiatives focusing on injury and violence prevention programming and efforts.

In FY21, MCH funded Texas A&M University to implement the fourth year of the Texas Youth Action Network (TYAN). TYAN develops a statewide support infrastructure to promote Youth-Adult Partnerships (YAPs) that connect youth and young adults (between the ages of 10 and 24) with caring adults. The program aims to support change within individuals and organizations to increase youth voice in planning and decision-making while offering young people authentic experiences involving problem-solving, healthy experimentation, and risk-taking in collaboration with caring adults. TYAN aims to strengthen youth attachment, engagement, and sense of belonging, to promote resilient, healthy adolescents and adults.

TYAN’s four main interventions range from informal to formal engagement:
- Promoting PYD and YAPs online;
- Teaching at conferences;
- Creating and disseminating online tools; and
- Identifying and supporting community partners.

Through these varied approaches, TYAN staff had direct contact with over 4800 individuals this year interested in learning more about PYD and YAPs or becoming involved in the network. This change is a 27% increase in contacts compared to last year. TYAN also indirectly influenced 30,867 adults and youth. NOTE: Some individuals may be included in multiple counts if they were interested in being involved in the network in multiple ways.

Promoting PYD and YAPs online
TYAN develops internet-based resources including checklists, information guides, and activity sheets to share with Community Partners and promote PYD and YAPs. In FY21, TYAN created a Back-to-School Checklist that provides tips for youth-serving organizations to help recruit youth, manage administrative duties of the organization, and become larger parts of their community. Viewers can view the document on the agency website or download the PDF to their computer. TYAN is also creating an in-depth social media guide to share with community partners. Planned to be released in FY22, the guide provides detailed information on how to best use Twitter, Facebook, and Instagram and will include information like best times to post, hashtags, and the pros and cons of each platform.

Teaching at Conferences

Conference presentations spread awareness of TYAN and increase knowledge around PYD and YAPs to youth and youth-serving individuals. In FY21, TYAN
saw success with this intervention strategy even with limited conference opportunities. By attending, presenting, and hosting conferences that bring together adults who work with and care about young people, TYAN was able to successfully interface with stakeholders who are potentially enthusiastic about the TYAN message and model. While presentations were successfully given virtually, audience engagement was more difficult. One mechanism that was met with a lot of positive feedback was the use of mentimeter.com as an easy way to poll participants as the presentation commenced.

TYAN exhibited at 4 conferences focused on topics such as health and public health, youth networking and programming, and teen pregnancy prevention. The conferences were held on virtual platforms with 3 offering virtual exhibit booths. Instead of an exhibit booth, the Texas Campaign South Texas Adolescent Health Summit allowed a 15-minute window for TYAN to present the program to attendees and answer questions. The conferences also included TYAN contact information in post-conference communications.

Due to COVID-19, TYAN did not host any conferences or large in-person events in FY21. When the pandemic dissipates, TYAN hopes to bring back such events, but will change the structure. Instead of hosting one large event for all participants across the state, the program plans to partner with local organizations to host smaller, more regional-level events and explore hybrid approaches to allow TYAN to spend more time and resources connecting and building stronger partnerships as opposed to planning events.

Creating and Disseminating Online Tools
TYAN offers 2 online tools, the Youth Development Training Series (YDTS) and the Adolescent Health Dashboard. The tools allow individuals and organizations to learn more about PYD, youth engagement, youth as active agents, and youth data and trends through advanced structured learning opportunities.

The YDTS is an online, no-cost curriculum devoted to the philosophies of PYD and youth engagement. As a series of modules, the YDTS allows individuals to complete modules individually or the whole series to earn a certificate of completion.

In FY21, new TYAN Community Partners continued to complete YDTS modules as the first step in training and technical assistance. This step provided a common foundation across all sites before identifying more specific training needs. Over 300 students enrolled in the YTDS modules in FY21 making up approximately 55% of total participants. However, students
often enroll in multiple modules. The most popular module was Diversity and Cultural Competency followed by Youth Development Approach.

Participants were asked to evaluate their training experiences as they completed modules. The responses were overwhelmingly positive in FY21. Out of 128 survey completions, 100% responded that the training was appropriate for their needs and skill and will be useful in their lives and work. Respondents also rated their change in knowledge. Participants’ knowledge grew the most via the Youth Development Approach module. The Foundations of Youth-Adult Partnerships module saw the lowest growth, but this is likely impacted by the low number of survey response rates (n=5).

The adolescent health dashboard tool launched in FY21. This dashboard compiles all publicly available data on adolescent health in Texas for users to query. With input from the public health regions (PHRs) and Community Partners, TYAN identified various publicly available data sources on adolescent health including:

- Texas School Survey of Drug and Alcohol;
- Youth Risk Behavior Surveillance System; and
- Robert Wood Johnson Foundation.

The tool showcases data at the county, regional, and state level. The tool is not finalized and development will continue in FY22.

**Identifying and Supporting Community Partners**

TYAN’s most intensive intervention is reserved for Community Partner organizations. TYAN aims to recruit at least 64 organizations as Community Partners by the end of the 5-year funding period (FY23). In FY21, TYAN refined the recruitment process and adjusted due the changes brought by COVID-19. Conference exhibiting was less effective than previous years, but other forms of networking, referrals, and virtual presentations proved to be strong recruitment strategies. Social media was the highest and most successful source of contact as many organizations turned to more social media-based engagement during the pandemic. These strategies combined resulted in 28 recruitment calls and 17 Community Partner commitments. As FY22 unfolds, TYAN will be monitoring if recruitment strategies need to be shifted again. Fortunately, the organization is set up to adjust as needed to best reach organizations where they are at.

In FY21, 17 new Community Partners joined the 28 existing Community Partners. The geographical distribution of the 45 Community Partners throughout Texas showed that the organizations cover all 8 PHRs. Most Community Partners that joined TYAN in FY21 were from PHR 6/5S (23%)
and PHR 7 (23%). Despite COVID-19 challenges, TYAN exceeded the annual goal of new Community Partners.

Once Community Partners officially join the program, TYAN offers training, technical assistance, and funding support. Partners are required to complete an evaluation training, take at least 2 of the 5 YDTS modules, and host a site visit. The average time Community Partners took to complete these tasks was about 3 months yet 40% organizations completed within 2 months, and 70% within 3 months. Organizations that have been with TYAN for greater than 3 months but have not completed these deliverables have maintained contact with TYAN and have asked for more time for various reasons mostly related to COVID-19 restrictions and delays.

Once these activities are completed, Community Partners are invited to the TYAN online learning collaborative. The TYAN learning collaborative, a 12-month interactive curriculum, is currently structured into 3 cohorts and allows Community Partners to:

- Gain knowledge on the current evidence-based practices for YAPs;
- Network, share expertise, and learn from other cohort organizations;
- Practice using tools and strategies in their YAPs and organizations, which include identifying and creating a YAP structure;
- Learn strategies on how to recruit and retain youth; and
- Understand how to involve youth in the evaluation and sustainability of their organizations.

The learning collaborative model allows the partners to review the information with their peers in the cohort, to learn through sharing of ideas, knowledge, skills, and experiences, and how to use the training tools offered. In FY21, TYAN completed all scheduled monthly modules for Cohorts 1 and 2. The 3rd cohort started on September 22, 2021. The first cohort had 14 Community Partners while the second cohort currently has 11 Community Partners.

Community Partners also receive up to $10,000 (in the form of mini-grants) over 2 years, distributed after the completion of TYAN deliverables. In FY21, the funding was used for personnel costs, YAP activities and events, and office or meeting supplies. Several organizations experienced drastic budget cuts that led to personnel shortages. These factors decreased the funding for YAP activities to instead pay for remaining staff. TYAN funding was essential to Community Partners with very small operations of 1-5 staff, those without meeting spaces, and those who were not prepared for virtual programming youth.

**Impact of COVID-19**
In FY 21, Community Partners were still greatly affected by COVID-19. Common themes among partners consisted of:
- Limited or no access to youth;
- Space limitations due to COVID-19 restrictions;
- Ineffective programming due to program structure and restrictions;
- Youth virtual burnout from school and YAP online activities; and
- The complete pausing of programming until 2022.

Out of 27 sites that TYAN had regular contact with, there were varying abilities to complete the work. Some partners were able to fully transition to virtual methods while others used a combination of virtual and in-person activities. Still others halted all programming until the pandemic subsides. Some partners attempted to transition to virtual, but met challenges such as low participation, virtual burnout, or lack of internet/computers. Community Partners able to operate with a hybrid approach proved to be more successful in their programming during FY20-21. However, those organizations had YAPs that were firmly structured before the COVID-19 pandemic.

Although COVID-19 limited access to youth and face-to-face interaction, previous programming with PYD approaches helped the organizations more than other organizations without firmly structured YAPs. Community Partners that transitioned to virtual programming in FY21 had trouble initially. Some of the difficulty experienced derived from the coordinator’s limited understanding of technology, limited knowledge of online meeting apparatuses, effective online meeting engagement, lack of understanding in online program marketing strategies, and virtual burnout for students from school and site. To remedy the difficulties experienced, technical assistance was given to Community Partners depending on their area of need as well as training and resources from the collaborative.

Because of the COVID-19 pandemic, TYAN put plans to partner with DSHS PHRs on hold for most of FY 21, so PHRs could focus on the pandemic needs in their areas.

Program Evaluation

The TYAN evaluation tests the logic that when youth have opportunities to take chances and explore new things in partnership with caring adults, they will develop positive attributes and resiliency that prepare them for success in all stages of life. Among the Community Partners assisted by TYAN over the past year, 1 in 5 entities were preparing, but had not yet begun, to enroll young people in their programs. This will be among the most
important priorities and challenges facing both the sites and TYAN in the coming year. In addition, several Community Partners that do have youth participants need to improve rates of enrollment in the evaluation study and survey completion rates for those that are enrolled to fully assess their work.

Despite these limitations, evaluation results found YAPs were making a positive difference. Process evaluation results affirm that TYAN-assisted Youth-Adult Partnerships were achieving many of the important milestones of the YAP model. Members agreed that young people had opportunities for authentic participation in group leadership and decision-making. In genuine partnerships with adults, they were learning critical life skills needed to establish a solid foundation for the future. Outcome data showed young YAP members reported a stronger presence of caring mentor-like figures in their lives. As a result, these same youths were also increasing their PYD skills and competencies compared to before joining the YAP. Stronger core values, better decision-making skills, and increased self-esteem, self-confidence, and self-efficacy gained through partnerships with adults seemed to make youth more resilient, thereby validating the YAP model. Community Partners also described their organizations as being well integrated into their communities with a wide scope of impact within their respective domains. Another example of MCH efforts to increase programs using youth voice and approaching youth education with a PYD lens, is the CDC’s Rape Prevention and Education (RPE) Program. MCH collaborates with the Texas Office of the Attorney General (OAG), Texas Association Against Sexual Assault (TAASA), and local rape crisis centers to implement primary prevention strategies to reduce sexual violence, one of the main causes of intentional injury among adolescents and correlated to suicide ideation and suicide. Texas A&M University’s Center for Community Health Development serves as the third-party evaluation of the program. In FY21, RPE continued to identify common data points for funded rape crisis centers to aid in a state-level evaluation and analysis process. Throughout the year, RPE-funded rape crisis centers held 893 educational seminars with 9,983 participants, 257 training programs for professionals, and 341 internal and external workshops on the topics of primary prevention, consent, bystander intervention, and youth voice. Through these activities, RPE reached 45,482 participants.

MCH contracted with the Texas Juvenile Justice Department (TJJD) in FY21 to support youth in 5 TJJD secure detention sites. The goal of the TJJD project is to bring all youth in care to “secure attachment” with a caring trustworthy adult and build skills that allow them to develop secure attachment with other caring adults once they leave TJJD’s care. Most TJJD youth in detention have experienced significant childhood trauma. Unrelenting threats of violence and stress can hamper brain development
and make youth believe they are in constant danger. TJJD is implementing a Texas Model: TBRI (trust-based relational intervention) focused strategy for youth development. TBRI® is designed for children from “hard places” such as abuse, neglect, or trauma. Because of their histories, it is often difficult for these children to trust the adults in their lives which can result in perplexing behaviors. TBRI® offers practical tools for parents, caregivers, teachers, or anyone who works with children, to see the “whole child” in their care and help that child reach his/her highest potential.

In FY21, MCH funded equipment purchases in all 5 TJJD secure detention facilities to further the Texas TBRI® Model activities. TJJD utilized the equipment to set up team-building exercises and friendly competitive events between facilities. The replacement of “downtime” with meaningful, skill-based activities has allowed the youth to build better connections with the caregivers and develop skills that will serve them in their lives such as, teamwork, communication, and regulation. Due to the pandemic, TJJD was not able to use the activity kits to the full extent as expected upon purchasing them. As conditions return to pre-pandemic routines, there will be an increase in the use of the activity kits thus an increase in youth-staff connection and healing and ultimately create youth-adult connection.

MCH participated in the National Child Safety Learning Collaborative (CSLC) throughout FY21 as part of Cohort 2. Cohort 2 efforts included collaboration and prevention work in motor vehicle safety and suicide/self-harm injury prevention. A motor vehicle success story included, with the help and collaboration from CSLC teams, alignment of Texas Safe Riders recommended no contact seat distribution procedures with other state and national recommendations. These recommendations helped protect child passenger safety seat technicians from COVID-19 exposures while conducting safety seat inspections and installations. Additionally, better collaboration efforts were formed between Texas Office of Injury Prevention and the PHRs.

CSLC also helped MCH think outside the box regarding suicide prevention efforts. MCH, with recommendations from CSLC participants, began to form better collaboration efforts between internal suicide prevention programs. Collaboration requests were accepted and monthly suicide prevention meetings now occur with: Texas Health and Human Services Commission (HHSC) Suicide Prevention program, HHSC’s Child Mental Health program, The Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) program, DSHS Office of Injury Prevention, and MCH staff.
Suicide and the prevention of suicide-related deaths was a focus among PHRs. PHR 2/3 collaborated with Grant Halliburton Foundation to provide 8 Suicide Prevention presentations to 46 parents and 6 presentations to 1,443 students. Presentations included: #SAFE: Join the conversation (Student) - Straight talk about adolescent stress, peer pressure, mental health, and other issues facing youth today. PHR 1 recognized, through partnerships and collaboration efforts, youth suicide clusters in 2 different and distant rural communities. PHR1 were unable, due to COVID-19 restrictions, to provide in-person trainings to address the suicide clusters. However, both physical and digital suicide prevention resources and educational materials were made available to community stakeholders (key informants, educators, providers, and community members).

The Texas Human Trafficking Prevention Task Force is a collaborative, multidisciplinary body aimed at coordinating anti-human trafficking efforts across local, state, and federal levels. Containing more than 50 member organizations, including state agencies, local law enforcement agencies, district attorney’s offices, and non-governmental organizations, the Task Force has an expanded network of local and regional efforts focused on educating the public to recognize human trafficking, identifying victims and directing them to services, and advocating for effective investigation and prosecution of . In FY21, PHRs continued to partner with community organizations to increase the awareness around human trafficking.

PHRs are actively involved in their region’s Child Fatality Review Team (CFRT) efforts. In FY21, staff attended numerous CFRT meetings and activities and reviewed approximately 91 child fatality deaths. Further information about CFRTs can be found in NPM 7.1.

MCH completed the final year of the Medical Child Abuse Resources and Education System (MedCARES) Grant Program in FY21. After a thorough review of agency activities to protect core public health programs and key agency priorities, DSHS made the difficult decision to end the MedCARES grant program. Further information about MedCARES can be found in NPM 7.1.

MCH collaborated with the DSHS School Health program in the creation and distribution of Friday Beat, an e-newsletter that is sent to school health stakeholders every Friday. In FY21, the Friday Beat provided 74 unique articles, resources, and educational opportunities related to injury prevention to 9,499 weekly. Further information about the Friday Beat can be found in NPM 7.1.
MCH, PHR staff, and the Office of Injury Prevention continued to promote Texas Health Steps (THSteps) injury prevention modules to stakeholders statewide. In FY21, providers completed a total of 28,785 adolescent injury prevention THSteps modules. The module topics included:

- Addressing Adverse Childhood Experiences through Trauma-Informed Care;
- Adolescent Substance Use;
- Behavioral Health: Screening and Intervention;
- Childhood and Adolescent Depression;
- Concussion: Diagnosis, Treatment, and Prevention;
- Culturally Effective Health Care;
- High-Risk Behaviors in Young People: Screening and Intervention;
- Interpersonal Youth Violence;
- Motivational Interviewing;
- Preventing Unintentional Injury; and
- Promoting Adolescent Health.

In FY21, MCH provided subject matter expertise for updates to the following modules:

- Texas Health Steps Overview;
- Interpersonal Youth Violence; and
- Adolescent Substance Use High-Risk Behaviors in Young People: Screening and Intervention.

The review process included kickoff meetings with stakeholders, module manuscript reviews and feedback on three separate versions, pre-and post-test question reviews, and beta-testing of the course. Further information about THSteps can be found in NPM 7.1.

Performance Analysis

Objective 1: By 2025, increase the number of programs utilizing positive youth development in their programs by 55 organizations. (FY20 TYAN Baseline = 9 Community Partners)

Objective 2: By 2025, decrease the rate of emergency room visits among children ages 0-19 years by 5% (Texas Hospital Outpatient Emergency Department Public Use Data 2019 baseline = 8,291 per 100,00).

Efforts to integrate injury prevention strategies in a wide array of programs continued. MCH provided education, technical assistance, and resources to families, community-based contractors, and other partners to help improve awareness of common injuries and how to prevent them. TYAN exceeded their yearly Community Partner recruitment goal and expanded to 45 community partners. Texas emergency department data is available on a 1-year lag. This report uses the 2019 baseline rate of 8,291 non-fatal injuries.
per 100,000. The projected decrease in non-fatal injuries from 2019 to 2020 was 1.7%. The 2020 data point for emergency room visits is about 5,984 non-fatal injuries per 100,000 or a 27% decrease from baseline. The decline may be due to avoiding emergency care from COVID-19 infection risk concerns or for injuries that were manageable through primary care. The decline could also represent actual reductions in injuries due to changing activity patterns during the pandemic, such as lower risks for motor vehicle injuries. While realized 2020 non-fatal injury rates in Texas were lower than target 2020 rates, MCH expects 2021 and 2022 rates to increase. MCH will continue to lead, fund, partner, and support efforts to engage and educate families, professionals, and other stakeholders on injury prevention with the goal of reducing the rate of emergency room visits.

Challenges/Opportunities
COVID-19 provided a challenge for contractors. In-person services and programming were suspended for the majority of FY21. Travel restrictions and lack of in-person conferences prevented TYAN from conducting activities in person. PHRs served as frontline pandemic response staff, limiting capacity to implement PYD and YAP activities. However, staff and contractors quickly pivoted in-person trainings to virtual alternatives, allowing for continuation of many initiatives and in some cases an increase in diverse and non-traditional participation. Continuing some virtual aspects is a significant opportunity to widen reach for MCH.

Although MedCARES mainly focused on supporting direct client medical services, the grant program did have an injury prevention and education component. The discontinuation of MedCARES will leave a gap in MCH injury prevention programming but presents an opportunity for MCH to strengthen existing collaborations and forge new partnerships.

**SPM 2: Reduce the prevalence of overweight and obesity in Texas children ages 2-21.**

Based on body mass index (BMI) calculations for 8th and 11th graders from the 2019-2020 Texas School Physical Activity and Nutrition (TXSPAN) data, DSHS estimated about 40% of students are over the normal weight range for their height and about one out of four students are obese.

Youth and young adult nutrition also emerged as a theme in both the key informant interviews and focus group conversations for the Title V 2020 Needs Assessment. The 2015-2016 TXSPAN data estimated that only 22% of 8th grade students, and only 9% of 11th grade students are meeting daily physical activity recommendations. To improve on these findings, MCH developed 4 strategies (which can be found in the State Action Plan) aimed
at reducing the prevalence of overweight and obesity in children. Guided by the strategies, MCH implemented numerous projects focused on nutrition and physical activity.

MCH participated in the 2019-2020 Children’s Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN) led by the Association of State Public Health Nutritionists (ASPHN). The CHW-CoIIN aimed to enhance state workforce capacity to address obesity in children, adolescents, and children and youth with special health care needs. Building on the work from the CHW-CoIIN, MCH developed a nutrition presentation in a box (PiaB) for PHR staff. Partners included PHR staff, DSHS Obesity Prevention Program, Texas Parent to Parent, and the Texas Youth Action Network. To increase the relevancy of the PiaB for PHRs, the team designed and implemented an informal needs assessment. The assessment identified the following:

- Nutritional and obesity prevention and reduction needs in each of the 8 PHRs;
- Recommendations for special populations to consider when creating materials;
- Impact of the pandemic on PHRs’ approach to community engagement; and
- Most desired materials and topics for the toolkit.

Due to a majority of PHRs working on COVID-19 response efforts, MCH delayed piloting PiaB in FY21. The pilot test of materials will not begin until PHR staff return to regular Title V activities. As part of the CHW-CoIIN, MCH presented a poster on PiaB efforts at the virtual 2021 ASPHN Annual Meeting. As a result of this presentation, MCH was asked by ASPHN to present Texas’ process to 3 CHW-CoIIN intensive state participants.

MCH continued to contract with the University of Texas Health Science Center at Houston (UTHealth) in FY21 to lead the activities of the TXSPAN project. TXSPAN is a statewide surveillance system that monitors trends in body mass index and health behaviors of children in 2nd, 4th, 8th, and 11th grades. The project includes the collection of height and weight measurements of students and the administration of a questionnaire featuring questions about:

- Dietary behaviors;
- Nutrition knowledge and attitudes;
- Physical activity;
- Social and environmental factors impacting health;
- Body image;
- Depressions and other psychological impacts on health;
- Sleep patterns; and
Screen time.

COVID-19 significantly impacted data collection in FY20 and FY21. While unable to collect new data, UTHealth continued recruiting schools to participate and refined safety protocols and data collection methods. By the end of FY21, UTHealth recruited almost 37% of the needed school districts. PHRs assisted UTHealth in networking with school districts and recruiting schools to participate in the project. UTHealth also developed and beta-tested a virtual survey with 8th and 11th graders to provide feasible data collection options if the pandemic continues.

UTHealth also continued analysis and dissemination of the 2019-2020 TXSPAN data in FY21. In conjunction with MCH, UTHealth published 2 papers and has 10 manuscripts in progress. UTHealth released or updated the following one-pager topics to educate policymakers on the importance of child health in Texas:
- Child nutrition;
- Child screen time;
- Child sleep quality;
- Child sugar-sweetened drinks consumption; and
- Eating away from home behaviors.

MCH participated on the TXSPAN Advisory Committee in FY21. In this role, MCH provided subject matter expertise to UTHealth on the creation and revision of survey instruments, sample design, project implementation, and other aspects of the statewide surveillance system. MCH also helped identify contingency plans for conducting statewide data collection during and after COVID-19.

PHR staff continued to address childhood obesity. FY21 activities included:
- Establishing community and worksite walking groups;
- Promoting resources from It’s Time Texas including free telephone wellness coaching and grant funding opportunities that encourages friendly competition between school districts and communities to engage their constituents in healthy behaviors, particularly healthy eating and active living; and
- Conducting 18 sessions of the award-winning program Learn, Grow, Eat & Go! in coordination with AgriLife.

MCH promoted THSteps modules. In FY21, providers completed a total of 5,600 obesity prevention modules. Further information about THSteps can be found in NPM 7.
MCH collaborated with the DSHS School Health program in the creation and distribution of the *Friday Beat*, an e-newsletter that is sent to 9,499 school health stakeholders every Friday. In FY21, the newsletter provided 32 unique articles, resources, and educational opportunities including:
- Making family mealtime fun;
- Youth sports participation and physical activity while social distancing;
- Facts about sugar sweetened drinks and their impact on child health;
- Kids gardening lessons; and
- School salad bar assessment tool.

Compared to the previous year, FY21 saw a 20% decrease in the number of relevant resources shared. MCH will continue to work with the School Health program to include obesity and nutrition resources. Further information about the *Friday Beat* can be found in NPM 7.

**Performance Analysis**

**By 2025, decrease the percent of adolescents in 11th grade with a BMI in the overweight or obese range from 42.1% to 41.5% (SPAN 2019 – 2020).**

Increasing awareness of youth and young adult obesity remained an MCH priority. MCH continued to promote obesity prevention strategies, supports, and services to families, community-based contractors, and partners. Although the pandemic delayed many initiatives, staff successfully completed the MCH Nutrition Toolkit draft. Virtual creation of this tool allowed for greater collaboration amongst partners from across the state. Updated information related to the SPAN baseline is not available due to COVID-19.

**Challenges/Opportunities**

COVID-19 created a challenge for contractors and regional staff. In-person services, programming, and research were suspended for the majority of FY21. Staff turnover stalled development of the Nutrition Toolkit. Public schools operated virtually for the majority of FY21 and allowed limited-to-no visitation by TXSPAN researchers. These challenges complicated implementation of planned activities. However, methods of engagement quickly pivoted to virtual alternatives, allowing for continuation of many initiatives. Continuing some virtual aspects is a significant opportunity to widen the reach of MCH.