NPM 6: Percent of children, ages 9 through 35 months, receiving a developmental screen using a parent-completed screening tool in the past year.

The American Academy of Pediatrics (AAP) recommends all infants and children from 9 to 35 months of age receive screenings for developmental delays during well checks using standardized screening tools. The National Survey of Children’s Health (NSCH) is sent to parents to gauge the parent’s perception of their child’s health. The survey includes a question about screening for developmental delays. 2016-2018 data supported the participant’s perceptions regarding a need for developmental screenings. Most parents (68% for the U.S. and 63% for Texas) reported that they did not complete a developmental screening with their doctor for their child. To improve on these findings, Texas Maternal and Child Health (MCH) developed 4 strategies which can be found in the State Action Plan aimed at increasing the percentage of children receiving a developmental screen. Guided by these strategies, MCH implemented numerous projects to improve developmental outcomes.

In FY21, MCH implemented the first year of Help Me Grow (HMG) Texas in consultation with the HMG National Center, the national resource to support implementation of the HMG System Model. The model helps states and communities leverage existing resources to improve communities’ capacity to identify vulnerable children, link families to community-based services, and empower families to support their children’s optimal development. Even though implementation looks different across communities, the following components characterize the model:

- A centralized access point connects children and their families to appropriate community-based programs and services through care coordination and family support;
- Family and community outreach supports education of families and local stakeholders to advance developmental promotion;
- Child health care provider outreach supports community-based health and care providers in early detection and intervention of developmental delays and concerns; and
- Data collection and analysis supports evaluation, helps identify systemic gaps, and guides quality improvement.

MCH simultaneously built HMG Texas programming at the state and community level. State activities included:

- Establishing a leadership team to guide MCH’s implementation of the HMG System Model;
• Serving as the HMG National Center affiliate, which afforded MCH and HMG Texas communities national and federal partnership opportunities;
• Operating as the intake point for communities interested in joining HMG Texas;
• Drafting strategic plans and standardized approaches to guide state-level implementation and inform future statewide expansion; and
• Designing a program evaluation plan through the Centers for Disease Control and Prevention (CDC)/Harvard School of Public Health practicum evaluation program.

To implement the model at the community level, MCH and HMG National led a cohort of 6 communities across Texas. MCH selected communities based on readiness, need, capacity, and infrastructure. Cohort activities included coordinating technical assistance (TA), one-on-one meetings, office hours, and community convenings. Despite lack of funding, the communities fully participated in all activities and engaged with each other.

HMG Texas communities leveraged the model’s core components to meet the increasing and evolving needs of families during COVID-19. Pandemic response activities included:
  • Promoting well-child visits and continued access to critical preventive care;
  • Maneuvering programs and services to virtual formats and educating families on how to support their child’s optimal development at home;
  • Operating up-to-date resource directories to support frontline workers in finding child care and meeting families’ basic needs; and
  • Providing family navigation to mental health services to support families experiencing high stress and anxiety.

HMG Texas challenges during the first year included:
  • Launching a new community program during the pandemic;
  • Lack of MCH funding to support 5 of the 6 cohort communities; and
  • Limited internal capacity to operate a new statewide program and support all interested communities.

To help MCH support other HMG Texas communities, MCH funded My Health My Resources of Tarrant County (MHMR), the first community in Texas to implement the model. MHMR utilized funding to provide TA to the other 5 HMG communities and pilot HMG model implementation strategies for future replication.

In FY21, MHMR expanded into 2 metropolitan and suburban counties through a partnership with the United Way of Metropolitan Dallas. Coalition
building in 12 surrounding rural counties also took place in preparation for the counties to implement the HMG model. MHMR now serves an 18-county region under the HMG North Texas umbrella.

To enhance partnerships, MHMR created a Partner Pledge for community members and organizations wanting to promote optimal development of young children. Since the release of the Partner Pledge in February 2021, MHMR has received 48 commitments. Additionally, MHMR formed a Family Advisory Council to foster inclusive practices in parent and caretaker leadership. The Council integrated into the existing leadership and program committee structure. MHMR solicited interest from local caretakers with lived experience through a Family Partner application. Of 36 applications, the organization selected seven volunteers. Through another grant, MHMR provided compensation indirectly to the Family Partners for their contributions and expertise.


Project Thrive, a new partnership between the Texas Institute for Excellence in Mental Health (TIEMH) and MCH, is a state initiative to promote the wellness of children ages zero to five by addressing social, emotional, cognitive, and physical development through community systems. The key goals for Project Thrive are to:

- Create a comprehensive implementation guide to expand community-based early childhood systems of care through a public health lens;
- Develop and enhance early childhood systems building in at least 3 Texas communities; and
- Identify opportunities at state and local levels to sustainably invest in effective early childhood practices.

In FY21, Project Thrive recruited Start Smart Hays and Caldwell and the Houston Infant Toddler Coalition to participate in a TA cohort. TIEMH developed TA plans with the communities based on their needs. TA topics included coalition development; diversity, equity, and inclusion integration; marketing and communication strategies; and centralized access point development. Lessons learned from the assistance to these communities will inform the planning and creation of the implementation guide. To begin this process, TIEMH organized a series of meetings to build rapport with key stakeholders, drafted a plan for a statewide scan of early childhood services and coalitions, and contracted with a family voice representative for ongoing
consultation. To expand the understanding of the fiscal landscape around early childhood services and supports in Texas and inform the implementation guide, TIEMH began data collection for a cross-agency fiscal map.

MCH facilitated the Texas Developmental Screening Workgroup (DSW) in FY21. The DSW consisted of representatives from early childhood state agencies, child health advocacy groups, the Texas chapter of the AAP, local communities leading efforts in early childhood screening, non-profits, and a university. The workgroup met every other month and focused on:

- Sharing cross-sector expertise on trends and initiatives related to developmental screening and surveillance efforts;
- Identifying mechanisms for coordinated early childhood data sharing related to developmental screening; and
- Supporting the integration of the CDC’s Learn the Signs. Act Early. (LTSAE) activities into state and local initiatives.

Beginning in FY21, MCH leveraged the DSW to support the work of the CDC’s Act Early Ambassadors to Texas and the state’s “Act Early Response to COVID-19" grant. The state’s Act Early Ambassadors identified the need to further promote the adoption and integration of LTSAE resources. This need led to the creation of the Texas Deputy Ambassador (DA) program, in which DAs assist the Act Early Ambassadors and “Act Early Response to COVID-19" grantee in disseminating LTSAE resources throughout the state. DAs accessed professional development opportunities, networked with other DAs, and disseminated free LTSAE materials for their organization or community. In FY21, 16 DAs received a combined total of 116,640 LTSAE materials for dissemination, 1,414 individuals across the state completed Watch Me! Training video on child developmental milestones, and the Milestone Moments app launched 135,473 times in Texas. In FY21, completed trainings increased almost 55% and app launches increased 71% compared to FY20.

Healthy Child Care Texas (HCCT) is a state-funded initiative, operated by the Texas Association for the Education of Young Children (TXAEYC), dedicated to promoting optimal health, safety, nutrition, and development for children attending out-of-home child care programs. The initiative consists of four core programs:

- Child Care Health Consultant (CCHC) train-the-trainer program, educating early childhood professionals to consult with child care directors and educators to improve care and early learning spaces;
- HCCT-Social Emotional Development (HCCT-SED) project, supporting early learning centers in developing developmental screening programs;
Texas Healthy Building Blocks (THBB), recognizing early care and education centers for their participation in obesity prevention activities; and

Outdoor Learning Environment (OLE!), promoting healthful, nature-based outdoor learning spaces at child care facilities.

Information about the THBB and OLE! projects can be found in State Performance Measure 2.

The CCHC certification curriculum equips CCHCs to provide health and safety training and consultation to early childhood professionals. The curriculum includes a 3-day in-person training, 10-week distance learning modules, and a capstone experience. In FY21, HCCT trained 41 CCHCs. As of August 2021, 131 certified CCHCs in 33 counties provided statewide in-person and virtual training, consultation, and supportive services to early childhood programs.

In FY21, TXAEYC started the third pilot of the HCCT-SED project in Bexar County while supporting the conclusion of the second pilot in Harris County. Due to delays caused by the pandemic, many child care facilities in Harris County did not complete their requirements by August 2020. DSHS granted a no-cost extension to TXAEYC for completion and close out of the second pilot. The scholarship program covered the cost of general CCHC services, a 6-hour ASQ® training, ASQ® screening kits, and 10 hours of TA.

Of the 50 Harris County pilot participants, 44 centers completed the project. To complete the Harris County pilot, CCHCs provided 92.5 hours of consultation and trained 11 teachers on ASQ® administration in FY21. Consultation included an implementation plan for the developmental screening program, needs assessment for training and support, parent engagement, and ASQ® support and sustainability planning. Bexar County received the same TA over the course of FY21, for a total of 624 hours of training and consultation provided to 923 teachers. Harris County administered 635 ASQ® screenings to 427 children during the no-cost extension. Bexar County screened 1,100 children using an ASQ®. Child care teachers, with the support of CCHCs, shared the results of screeners with parents. Of the 1,100 children screened, the ASQ® screeners identified 283 children who required additional monitoring and 121 children potentially experiencing a delay. The CCHCs made suggestions for developmental and learning activities, installed plans for continued screening and monitoring, and discussed with parents the need for further evaluation and services. As a result of these screenings, Bexar County referred 131 children to services such as speech therapy. Child care directors and teachers stated the implementation of the developmental screening program at their facility
strengthened parent and teacher partnerships and promoted conversation about child development.

MCH funded the production and dissemination of *A Parent’s Guide to Raising Healthy, Happy Children*. Per legislation, a physical copy of the guide is available for free for providers who provide prenatal care or deliver an infant of a pregnant person enrolled in Medicaid. Eligible providers include hospitals, birthing centers, physicians, nurse midwives, and midwives. Ineligible providers can order the physical guide at cost or download a digital version. The guide, available in English and Spanish, includes information on:

- Essential stages of a child’s development, from birth to age five, and a place to record family experiences;
- Developmental milestones, with helpful tips for doctor visits and building literacy; and
- Texas-specific resources, such as health care and child care.

The total number of guides distributed to providers during FY21 increased by 17.9% from the previous year. In FY20, 62,050 guides were distributed compared to 75,600 guides distributed in FY21. As recommended in the December 2020 legislative report *Parent Resource Guide Status Update*, MCH created a communications and dissemination plan to promote the guide. The plan includes:

- Cross-promotional activities with other related programs and initiatives, such as informational presentations to HMG Texas communities and the Medical Home Learning Collaborative;
- Creating a media kit for cross-agency promotion with social media posts, newsletter blurbs, and infographics; and
- Requesting partners assist in advertising the FY22 release of the updated guide.

The Early Childhood Interagency Workgroup (IAW) is a collaboration of early childhood state agencies coordinating initiatives to achieve a significant collective impact in the early care and education sector. In FY21, the IAW met 23 times to work on the following priorities and activities:

- Improve cross-agency coordination of data to improve programs and services;
- Maximize federal and state funding by coordinating projects and programs to increase access to and quality of programs;
- Provide families and early childhood professionals with cross-agency data and program information;
- Creating a cross-agency informational website, Early Childhood Texas, expected to launch in 2022 for which MCH provided content on health topics including developmental awareness and education; and
• Reviewing and researching existing data coordination to develop an early childhood integrated data system.

The Texas Early Learning Council (TELC) serves as the state’s advisory council, as required by the federal Improving Head Start for School Readiness Act of 2007, to improve the quality of and access to early childhood services across Texas. The TELC is comprised of cross-sector stakeholders, including MCH staff, working to increase coordination and collaboration across state agencies and local entities. In the absence of the Preschool Development Grant Birth through Five Implementation Grant award, the TELC continued using the state’s Early Learning Strategic Plan to guide priorities. The TELC met five times in FY21 to discuss strategic plan progress, COVID-19 impacts on early childhood, and state agency federal stimulus funding plans.

Children and Youth Behavioral Health Subcommittee (CYBHS) is a subgroup of Texas Health and Human Services Commission’s (HHSC) Behavioral Health Advisory Committee (BHAC). BHAC serves as the primary advisory voice for issues related to mental health and substance use for Texans of all ages. CYBHS provides recommendations on children and youth behavioral health topics and services as the advisory body for Texas System of Care (TxSOC), a spectrum of accessible, responsive, and effective services and supports for children, youth, and young adults with or at risk for mental health challenges. MCH represents DSHS on the CYBHS.

In FY21, providers completed 22,274 Texas Health Steps Online Provider Education (THSteps) early childhood development and screening modules. THSteps’ award-winning online program offers free continuing education courses for primary care providers and other health professionals. These courses offer updated clinical, regulatory, and best practice guidelines for a range of preventive health topics. The module topics related to child development included:

• Adverse childhood experiences;
• Attention-deficit/hyperactivity disorder;
• Autism spectrum disorder;
• Behavioral health screening and intervention;
• Childhood anxiety;
• Childhood depression;
• Developmental surveillance and screening;
• Pediatric newborn hearing and vision screening; and
• Using developmental screening tools.

Performance Analysis
Objective: By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening in the past year to 60%. (NSCH 2018-2019 baseline = 46.4%)

Increasing awareness of and access to developmental screening remains an MCH priority. The DSW, LTSAE, HMG Texas, IAW, and other initiatives continue to help improve recognition and implementation of developmental screening and surveillance programs. The 2019-2020 NSCH reported the "percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year" was 47.5%. Locally, 60% of clients reached by HMG North Texas completed a screening and 50 local early care and education programs implemented a developmental screening program because of participation in HCCT-SED.

Challenges/Opportunities
Limited staff and program capacity, lack of funding available for community empowerment and family engagement, and the pandemic impacted MCH’s implementation of initiatives targeting NPM 6. COVID-19 continues to impact communities and MCH’s ability to travel and meet with local communities. While virtual meetings are useful, not all key stakeholders have unimpeded access to computers, high-speed internet, or virtual meeting platforms. Family voice is essential to the work of establishing effective and efficient state and local initiatives, but MCH is currently unable to directly compensate family leaders. Adaptation and innovation are crucial in pivoting programs to continue meeting the needs of Texas children and families during FY21. An opportunity exists for MCH to identify alternative options to traditional program implementation, develop strategies to overcome challenges in family engagement, and create or enhance different developmental screening avenues that can be sustained even during crises.

**NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9.**

The Title V 2020 Needs Assessment identified several statewide injury prevention areas of concern. The top causes for child fatalities included preventable deaths such as accidental drowning and motor vehicle incidents. Additionally, adverse childhood experiences (ACEs) were a top concern among focus group participants. ACEs are a set of ten experiences reflecting childhood adversity that are linked to negative health outcomes later in life. Household dysfunction, abuse, and neglect are examples of ACEs. ACEs are recognized as contributors to chronic disease, depressive disorders, and even early death. In Texas and nationwide, the 2017-2018 NSCH data
showed that almost 20% of children have experienced two or more adverse childhood experiences.

Another focus of injury prevention among parents and providers of children’s health in Texas includes bullying and its relation to child mental health. Children’s mental health was also identified as one of the major needs in Texas through key informant and focus group interviews. Participants expressed concern over the lack of mental health resources and addressed the need for mental health resources geared specifically towards children.

There is also a racial health disparity among child injury and fatalities. Non-Hispanic Black children are disproportionately affected by ACEs, experience more injuries and greater fatalities, and are at a greater risk for long-term complications because of injury or violence. To improve on these findings, MCH developed 4 strategies which can be found in the State Action Plan aimed at decreasing the rate of non-fatal hospitalizations. Guided by the strategies, MCH implemented numerous projects focused on injury prevention.

After a 1-year hiatus due to COVID-19, child safety seat (CSS) distribution restarted slowly in the Public Health Regions (PHR) in April 2021. PHR staff conducted in-person and virtual CSS education classes, with TA from the MCH Safe Rider Program, to distribute seats. In FY21, PHR staff conducted 20 virtual classes and 20 in-person classes. These efforts helped distribute 238 CSSs (140 funded by Title V). Additionally, PHR staff conducted 120 CSS inspections to analyze proper fit and installation. Despite a Certified Passenger Safety Technician (CPST) class shortage, three new MCH staff became CPSTs. Two additional MCH staff became Special Needs CPSTs, which is a special certification that allows CPSTs to check and install CSS for children with special health care needs.

PHR injury prevention efforts also focused on decreasing hyperthermia and drowning. PHR staff partnered with local state parks and cities to establish 8 life jacket loaner stations with approximately 300 life jackets. PHR staff conducted 7 water safety, life jacket, sun safety, and cardiopulmonary resuscitation trainings. Staff partnered throughout FY21 to conduct 4 hyperthermia events for an estimated 1,000 people. Efforts included education and demonstrations on how quickly a car can heat up in the Texas heat.

PHR staff also conducted 3 Bike Rodeo activities which included providing free helmets and helmet fitting education. PHR 11 provided 2 Bike Rodeo kits which included 50 helmets, stop signs, hazard cones, flags, and chalk, to
Brownsville and Roma Police Departments allowing them to conduct their own Bike Rodeo events.

The purpose of the state and local child fatality review teams (CFRT) is to improve the state’s response to child fatalities, provide accurate information on how and why Texas children are dying, and reduce the number of preventable child deaths by applying data trends into prevention practice. In 1995, Texas enacted legislation establishing the State Child Fatality Review Team (SCFRT) Committee. The SCFRT is a multidisciplinary group of professionals representing law enforcement, the medical community, child advocacy organizations, the court system, the behavioral health community, and state agencies including MCH. In FY21, the group met quarterly (except for one meeting canceled due to inclement weather) to:

- Develop an understanding of the causes and incidences of child death in Texas;
- Identify procedures within agencies represented on the committee to reduce the number of preventable child deaths; and
- Promote public awareness and make recommendations to the Governor and Texas Legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

Local CFRTs mirror the SCFRT in purpose and composition. The volunteer groups conduct retrospective reviews of deaths of children 17 years of age or younger in their geographic areas. These reviews aim to determine if a child’s death was preventable. As of August 2021, 83 active local CFRTs covered 207 of the 254 counties in Texas (or 81% of the state). Local CFRTs also submit recommendations to the SCFRT for consideration. Team recommendations are voted on by the SCFRT for inclusion in the committee’s biennial report. In FY21, the SCFRT prepared additional recommendations which will be reviewed and voted on in FY22.

MCH continued to fund the distribution of *A Parent’s Guide to Raising Healthy, Happy Children* in FY21. Per legislation, a physical copy of the guide is available free for providers to distribute to their prenatal care or delivery patients enrolled in Medicaid. The guide includes age-appropriate tips on how to keep a baby and toddler safe such as:

- Safe sleeping positions;
- Baby-proofing the home;
- Reducing choking hazards;
- Car seat and bike safety; and
- Safe sibling play.

In FY21, MCH distributed 75,600 guides to Medicaid providers. Further information about the guide can be found in NPM 6.
Funding continued for the HCCT grant in FY21. MCH utilized the HCCT grant to provide CCHC certification and training. This training increased the availability of qualified health and child care professionals who provide health and safety assessments to out-of-home child care facilities in Texas. CCHCs are trained in injury prevention in child care settings, including:

- Drowning;
- Poisoning;
- Falls;
- Recognizing abuse and neglect; and
- Toxin- and chemical-free environments.

In FY21, HCCT trained 41 CCHCs. Further information about the HCCT grant can be found in NPM 6.

In FY21, MCH completed the final year of the Medical Child Abuse Resources and Education System (MedCARES) Grant Program. The program developed and supported regional initiatives providing a comprehensive approach to preventing, assessing, diagnosing, and treating child abuse and neglect. MedCARES grantees also built infrastructure that increased access to medical child abuse experts and improved timely and accurate child abuse diagnoses. Due to the fiscal impact of the COVID-19 pandemic on Texas’ budget, all state agencies were required to reduce their general revenue budget by 5%. 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. MedCARES mainly focused on supporting direct client medical services which does not align with DSHS’s core public health mission or current guidance from HRSA’s Maternal and Child Health Bureau around funding such services.

In FY21, MedCARES contractors provided education and training in their communities to individuals who work with children at risk of abuse and neglect and other members of the public. Examples of stakeholders included: medical professionals, case workers, law enforcement, the judiciary, and nonprofessionals. MedCARES grantees completed 1,135 trainings and presentations totaling over 1,711 hours of education to 17,970 attendees. Training topics included:

- Identification of various types of abuse;
- Abuse or neglect reporting requirements;
- Medical conditions that mimic abuse or neglect; and
- Child safety.

Additionally, MedCARES grantees participated in the following prevention activities:
• Provided fellowship training to pediatricians who opt to specialize in the field of child abuse pediatrics;
• Developed partnerships with psychology, psychiatry, and developmental pediatricians to increase patient access to behavioral health; and
• Completed a 5-part series of community education publications on ACEs.

The total estimated number of individuals reached through prevention program activities was 229,612.

MCH, PHR staff, and the Office of Injury Prevention continued to promote THSteps injury prevention modules to stakeholders statewide. In FY21, providers completed a total of 9,484 pediatric injury prevention THSteps modules. The module topics included:
• Childhood trauma and toxic stress;
• Pediatric head injury;
• Preventing unintentional injury; and
• Reporting and prevention of child abuse.

Further information about THSteps can be found in NPM 6.

MCH collaborated with the DSHS School Health program to create and distribute Friday Beat, an e-newsletter sent to school health stakeholders every Friday. In FY21, DSHS released 48 issues and featured injury prevention resources and articles in 45 editions. Friday Beat provided 74 unique articles, resources, and educational opportunities related to injury prevention to 9,499 weekly users by the end of FY21. Compared to FY20, this was an increase of about 41% in the number of injury prevention resources to a nearly 14% increase in number of weekly users. The information provided school stakeholders with resources on student safety, emerging best practices, and programs to implement within a school setting. FY21 Friday Beat resources and topics included:
• Brain injury awareness and prevention;
• Suicide risk and prevention;
• Car seat safety courses;
• Sun and pool safety lesson plans;
• Virtual violence prevention programs;
• Safe routes to school;
• Child safety during holidays; and
• Safe disinfectant use.

MCH represents DSHS on the Prevention Framework Workgroup and the Violence Prevention Advisory Group, both facilitated by the Texas Department of Family and Protective Services (DFPS). The Prevention
Framework Workgroup, comprised of state agencies, local organizations, and community leaders, formed to delineate the state’s and communities’ roles in supporting injury and violence prevention efforts to strengthen families. Created in FY20 in response to COVID-19, the Violence Prevention Advisory Group provided practical advice to parents that addresses the struggles of challenged and stressed families. Since its creation, the advisory group has evolved to address broader violence prevention efforts throughout the state. Both group efforts allowed DFPS to maintain a real-time pulse on trends and concerns related to violence impacting Texas families. At the end of FY21, the workgroup and advisory group combined due to duplication of efforts and partnerships.

Performance Analysis
Objective: 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 100,000).

Efforts to integrate injury prevention strategies in a wide array of programs continued. MCH provided education, TA, and resources to families, community-based contractors, and other partners to help improve awareness of common injuries and how to prevent them. Educational resources such as A Parent’s Guide to Raising Healthy, Happy Children and the weekly Friday Beat newsletter increased dissemination during FY21. 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 27.8% 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 much 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
The COVID-19 pandemic provided a challenge for contractors. In-person services and programming were suspended for the majority of FY21. CCHCs operating under the HCCT grant for the most part could not enter child care facilities, leading to a decrease in the number of children served by a facility receiving health and safety assessments. However, staff and contractors
quickly pivoted in-person trainings to virtual alternatives, allowing for continuation of many initiatives and in some cases increased 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.

**NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes.**

The Behavioral Risk Factor Surveillance System indicated the overall prevalence rate of current childhood asthma for ages 0-17 in Texas was 7.9% in 2015. Of children ages 3- to 17-years old, 3- to 11-year-olds have the highest exposure to secondhand smoke, with a disproportionately higher exposure among non-Hispanic Black children. Children with secondhand exposure experience increased frequency of ear infections, acute respiratory illnesses, lower respiratory tract infections, sudden infant death syndrome, and severe asthma.

National asthma guidelines recommend people with asthma avoid exposure to secondhand smoke. More than half of children (54%) with asthma are exposed to secondhand smoke in the home and this exposure is linked to a 63% increase in asthma-related emergency department visits. Secondhand smoke exposure before birth is a risk factor for childhood asthma. Therefore, national asthma guidelines recommend pregnant women avoid both smoking and exposure to secondhand smoke. To improve on these findings, MCH developed 3 strategies which can be found in the State Action Plan aimed at decreasing the percentage of children who live in a household where someone smokes. Guided by the strategies, MCH implemented numerous projects focused on smoking prevention and cessation.

A Parent's Guide to Raising Healthy, Happy Children is legislatively mandated to be distributed by healthcare professionals who provide prenatal care or deliver an infant of a pregnant woman who is enrolled in Medicaid. The guide includes age-appropriate tips on how to keep a baby and toddler safe such as creating a smoke-free environment. In FY21, Medicaid providers requested 75,600 guides. MCH also worked with DSHS Tobacco Prevention and Control Program (TPCP) to include additional secondhand smoke and smoking cessation information during the FY21 revision process. Further information about the guide can be found in NPM 6.
MCH transitioned from meeting monthly with TPCP in FY20 to meeting quarterly in FY21. Meetings included updates from each program, dissemination of emerging trends or knowledge, assistance requests, and promotion of collaboration opportunities. TPCP asked MCH to review safe sleep documents that identified smoking and secondhand smoke as risk factors for babies. MCH also worked with TPCP to identify ways to integrate smoking cessation and secondhand smoke prevention into HMG Texas. This effort resulted in a plan to promote the Texas Quitline as a resource in HMG Texas service areas. Preparations also began for hosting TPCP at a HMG Texas Community Convening in FY22 to promote tobacco prevention services for families with young children.

In FY21, MCH participated in the Texas Asthma Control Collaborative (TACC). The collaborative met twice to review Strategic Plan for Asthma Control in Texas, 2021-2024, identify prospective workgroups, and discuss the health hazards of electronic cigarettes and vaping. In addition to the collaborative meetings, MCH participated in the asthma education work group, focusing on expanding access to asthma education in Texas, particularly in schools. The work groups began meeting monthly in May 2021.

MCH continued to promote THSteps tobacco modules to stakeholders statewide. In FY21, providers completed a total of 1,049 THSteps modules related to secondhand smoke. The module topics included childhood asthma and dyspnea triggers and treatments. Further information about THSteps can be found in NPM 6.

MCH collaborated with the DSHS School Health program in the creation and distribution of Friday Beat, an e-newsletter that is sent to 9,499 school health stakeholders every Friday. The newsletter provided 41 unique articles, resources, and educational opportunities related to smoking prevention and cessation. Compared to FY20, this is a nearly 44% increase in the number of relevant resources shared. FY21 Friday Beat resources and topics included:

- An article on secondhand smoke in the home and vehicles;
- Say What! Texas Tobacco-Free Conference for youth advocates;
- DSHS-created vaping and e-cigarette materials; and
- Tobacco education resources for parents and teachers.

Further information about the Friday Beat can be found in NPM 7.

Performance Analysis
Objective: By 2025, decrease the number of children living in a household where someone smokes to 13.9% (NSCH 2019 baseline=14.6%)

Increasing awareness of secondhand smoke remained an MCH priority. MCH continued to promote tobacco prevention and control strategies, supports, and services to families, community-based contractors, and partners. The 2019-2020 NSCH reported the “percent of children, ages 0 through 17, who live in households where someone smokes” was 16.3%. This is both higher than the baseline and the 2019 data point. The increase compared to baseline could reflect the decrease in families accessing regular preventive health care, increased triggers to smoking uptake, and disruption to smoking cessation program or therapy participation because of COVID-19.

Challenges/Opportunities
Because DSHS has a dedicated tobacco prevention and control program, MCH is not the primary subject matter expert on this performance measure. MCH has struggled to strengthen a course of action due to concerns of duplicative efforts. Through ongoing conversations with the DSHS Tobacco Prevention and Control Branch, MCH has identified several key opportunities to collaborate and support existing efforts. There are opportunities to continue these conversations and begin implementing action plans that integrate both areas of the agency.

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

Based on body mass index (BMI) calculations for 2nd and 4th graders from the 2015-2016 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.

Child nutrition 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 second grade students, and only 9% of 4th 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.

PHR staff continued to address childhood obesity. FY21 activities included:

- Implementing 5-2-1-0 Healthy Children program trainings designed to improve families’ and children’s health by promoting behaviors where
families work, live, and play, and helps parents learn how they can aid in supporting children’s health. The 5-2-1-0 campaign promotes four key daily goals for healthy eating and active living including consuming 5 or more servings of fruit and vegetables, limiting screen time to no more than 2 hours, engaging in at least 1 hour of physical activity, and consuming 0 sugar sweetened beverages;

- 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 developed a nutrition presentation in a box (PiaB) for PHR staff. The PiaB consists of a standard presentation template on nutrition across the life course, state and regional nutrition data trends, and state and regional nutrition programs and resources. Further information about the PiaB can be found in SPM 2 in the adolescent report.

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. Further information on TXSPAN can be found in SPM 2 in the adolescent report.

To address obesity in early child care, MCH funded, in partnership with DSHS’ Obesity Prevention Program, TXAEYC to implement the HCCT grant. In FY21, TXAEYC created obesity prevention online training modules for child care staff, parents, CCHCs, and trainers on the Texas Trainer Registry. The CCHCs educated child care professionals on the Texas Rising Star child care quality rating system standards regarding healthy eating and active living. The grant provided TA to help create better child care environments that support healthy habits. Two programs focused on obesity are incorporated into the HCCT grant. First, the OLE! initiative improves outdoor spaces at child care centers by adding design elements that encourage children to be active, learn in nature, and develop motor skills. Second, THBB recognizes early care and education centers for their participation in obesity prevention activities as part of the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) curriculum. Go NAPSACC is a resource that helps programs improve practices, policies, and environments to instill healthy habits for children in child care centers, provide an avenue for child care centers to assess their facility, and identify topics of TA need. With the statewide rollout of Go NAPSACC, HCCT designed a designation system to
highlight centers that are going beyond basic health recommendations. Further information about the HCCT grant and CCHCs can be found in NPM 6.

MCH funded the production and dissemination of *A Parent’s Guide to Raising Healthy, Happy Children*. Per legislation, a physical copy of the guide is available for free for providers to distribute to their prenatal care or delivery patients enrolled in Medicaid. The guide includes information on healthy nutrition and feeding practices for children ages 0 to 5 years. In FY21, MCH distributed 76,500 guides to Medicaid providers. Further information about the guide can be found in NPM 6.

The Early Childhood Obesity Prevention Committee (ECOPC) is a multisector collaboration to improve the weight status of children in early child care settings in Texas. The committee is divided into 4 subgroups: community, facility, professional, and policy. MCH participated in the community and professional subgroups. In FY21, the ECOPC only met once due to COVID-19 and had a committee chair vacancy. The members discussed the conclusion of the Texas legislative session, created an FY22 workplan and group goals, and brainstormed about an obesity prevention resource hub for the state.

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 6.

MCH collaborated with the DSHS School Health program in the creation and distribution of *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**

Objective: By 2025, decrease the percent of children in 4th grade with a BMI in the overweight or obese range from 45.9% to 44.5% (SPAN 2019-2020)
Increasing awareness of childhood 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**

The COVID-19 pandemic created a challenge for contractors and regional staff. In-person services, programming, and research were suspended for the majority of FY21. Child care facilities participating in the HCCT grant were often delayed in implementation or struggled with regular closures of their facilities due to COVID outbreaks. Also, 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.