Maternal and Child Health (MCH) continues to monitor emerging child health issues, integrate best practices, and incorporate community feedback into programming. Based on our fiscal year (FY) 20 needs assessment (NA), Texas intends to focus future needs on injury and obesity prevention in children, increased access to developmental screenings, and decreased second-hand smoke exposure in FY 23.

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

The American Academy of Pediatrics (AAP) recommends all infants and children ages 9-35 months receive screenings for developmental delays during well-checks using standardized screening tools. These screenings involve a questionnaire administered by the child’s doctor to the parent and include age-appropriate questions for parents about their child’s development including communication and social development. The National Survey of Children’s Health (NSCH) includes a question about screening for developmental delays and their 2016-2018 data support parents’ perceptions regarding a need for a developmental screening for their child. In the U.S. and Texas, most parents (68% and 63%, respectively) reported that they did not complete a developmental screening with their doctor for their child.

Our state’s FY20 Title V NA identified the need for increased developmental screenings for Texas children during parent and provider focus groups. Some parents spoke from personal experience, explaining it was difficult to get their child developmental screenings. Other focus group participants explained these screenings need to be more widely available. An education component was also a focus group topic of discussion as participants explained both providers and families should be educated about milestones and developmental screening.

In FY22, MCH increased internal program capacity to support implementation and expansion of Help Me Grow (HMG) Texas by hiring a Title V-funded HMG Coordinator. This Coordinator is responsible for day-to-day operations of the program with a focus on integrating Title V performance measures and priorities. The HMG Coordinator is continuing support of the FY21 HMG Texas Cohort consisting of 6 Texas affiliates and planning for statewide expansion efforts beginning in FY23.
In FY23, MCH will provide technical assistance (TA) to the FY21 HMG Texas Cohort including:

- Guiding affiliates in the development of a one-year workplan;
- Leading quarterly 1-on-1 meetings;
- Convening affiliates every other month for group problem-solving and idea sharing;
- Facilitating monthly office hours for ad hoc TA;
- Hosting a mid-year workshop for skills learning and practice;
- Hosting an end-of-year celebration to acknowledge success and disseminate lessons learned; and
- Granting access to and maintaining Basecamp a resource-sharing platform that supports virtual collaboration.

To enhance state efforts, MCH contracted with the HMG National Center to provide specialized TA. Through FY23, HMG National Center will:

- Facilitate monthly Building Expertise in HMG Model Implementation (BEMI) community of practice meetings. BEMI serves as a crucial hub for exchanging approaches to refine and improve HMG efforts nationwide;
- Provide MCH monthly consultation and strategic support on state-led activities; and
- Lead 2 TA sessions for each of the six FY21 HMG Texas Cohort affiliate to explore individual HMG implementation priorities and challenges.

To expand the state’s affiliate network, HMG Texas released an application for a second cohort opportunity in FY22 modeled after the previous cohort. MCH plans to accept up to an additional 6 communities. MCH expects to support the FY23 cohort with the same activities as the FY21 Cohort including more frequent 1-on-1 meetings. The FY23 Cohort could also receive mentorship from existing affiliates. MCH will survey incoming affiliates’ needs and challenges then pair them with an experienced affiliate who has faced or overcome similar obstacles.

Once the FY23 Cohort is launched, MCH plans to accept applications from additional communities interested in joining the HMG Texas network. MCH will conduct exploratory calls to gauge infrastructure and readiness. MCH intends to offer selected communities twice-annual progress calls, send invitations to network-wide learning opportunities, and support ad hoc TA requests.

The HMG Texas Steering Committee is a cross-sector advisory group that supports MCH’s role as the HMG organizing entity for Texas. Convening at least quarterly, the group’s focus in FY23 is to:
• Strengthen family voice and engagement in state and local activities;
• Explore opportunities to address health disparities and disproportionate developmental screenings rates; and
• Increase state and local awareness of HMG Texas.

In FY22, Texas MCH was selected to serve on the national 2022 HMG Forum Planning Committee. Committee members represent HMG National Affiliate Network goals, interests, and needs to maximize virtual forum attendee experience. MCH will continue this role through September 2022, participating in presentation reviews, speaker selection, and event promotion.

To assess Texas HMG implementation progress and fidelity, MCH analyzes annual and quarterly assessment data, key informant interviews, and other state-level data. In FY23, MCH plans to compare annual fidelity assessment data from FY20-22 for outcome changes over time. Facilitated by the HMG National Center, the fidelity assessment captures impact indicators such as:
• Number of families and children served;
• Number of families reporting successful connection to a service or program through HMG;
• Number of children receiving a developmental screening; and
• Number of families’ whose needs were met with HMG services.

MCH will also disseminate key informant interview findings conducted with the FY21 HMG Texas Cohort. Interview questions assessed HMG’s impact on the implementing communities, MCH’s performance as the organizing entity, and key factors affecting each communities’ HMG System Model implementation. For trend analysis, MCH anticipates conducting another round of key informant interviews with all HMG Texas affiliates in FY23.

MCH also plans to review results from the FY22 Early Childhood Network Mapping (ECNM) project. The ECNM generated data demonstrating Texas’ HMG quantity, quality, and strength of early childhood partnerships and networks. These data provide MCH a baseline understanding of level of effective partnerships in place, the extent to which partners work together, and where untapped resources may exist. In FY23, MCH will use the ECNM results to:
• Inform strategic planning;
• Efficiently leverage resources;
• Enhance strengths and minimize gaps among partnerships; and
• Improve the network’s capacity to optimally address child development.
In FY23, MCH will lead the Developmental Screening Workgroup (DSW) for a 4th year. The DSW collaborates with the Early Childhood Interagency Workgroup (IAW) to increase cross-sector developmental screening data accessibility. MCH plans to use the *Early Childhood Integrated Data Systems (ECIDS) Toolkit: Guide* to conduct a developmental screening landscape assessment. The assessment will inform IAW ECIDS efforts. Additionally, the workgroup meets every other month to:

- Discuss new and existing developmental screening and monitoring initiatives;
- Share screening and monitoring resources like *Learn the Signs. Act Early.* (LTSAE); and
- Identify screening and monitoring trends.

In Fall 2022, the Centers for Disease Control and Prevention is requesting applications for Act Early Ambassador terms. MCH plans to reapply for one of the two Texas Act Early Ambassadors. If selected, MCH will create a work plan that includes:

- Training HMG Texas sites on developmental milestones using LTSAE resources, such as the *Watch Me! Celebrating Milestones and Sharing Concerns* modules;
- Integrating materials and promoting developmental milestones at MCH-led Ages and Stages Questionnaires trainings;
- Distributing materials through partnerships with existing initiatives, such as adding developmental milestone pamphlets in the Pregnancy Risk Assessment Monitoring System respondent incentive packets; and
- Continued support of the Texas Deputy Ambassadors network.

MCH will also measure the following LTSAE outcomes:

- Number of LTSAE materials distributed by ambassadors;
- Number of *Watch Me!* trainings completed; and
- Number of Milestone Moments app launches.

In FY23, MCH plans to maintain a webpage and conduct social media campaigns to increase awareness of child health topics related to developmental milestones. To gauge reach, MCH staff analyze social media post engagement and impressions, webpage views, and document downloads.

To complement HMG Texas state activities, MCH will fund My Health My Resources of Tarrant County (MHMR) for Year 3 of the HMG North Texas grant. In FY23, MHMR will:

- Provide implementation guidance to 15 rural community coalitions and 2 metropolitan expansion counties for an 18-county service region (inclusive of Tarrant County, HMG North Texas’ original implementation site);
• Strengthen father engagement in programming and services;
• Manage a central intake and referral system that provides developmental screenings, health and development information, referrals, and care coordination;
• Host community events that promote early developmental health;
• Evaluate services and outcomes to guide continuous quality improvement;
• Identify and implement evidence-based approaches to address health disparities in optimal child development; and
• Authentically engage stakeholders in driving change.

MHMR will support MCH’s HMG Texas system expansion by mentoring new affiliates. MHMR’s mentorship provides new affiliates expertise in community coalition development, capacity building, and other key implementation activities. MHMR will continue to lead HMG Texas’ monthly office hours to provide ad hoc TA.

MCH will fund the Texas Institute for Excellence in Mental Health (TIEMH) program, Project Thrive. In FY23, TIEMH will produce an early childhood systems of care implementation guide for MCH and state agency partners. Project Thrive supports communities by mapping existing activities and resources, identifying shared goals and objectives, and creating pathways to enhance current and past success. The guide is expected to provide recommendations that support early childhood coalition development, such as:
• Blending and braiding funding;
• Selecting strategies to articulate funding flows related to location and vitality of early childhood coalitions and services;
• Assessing community readiness to establish an early childhood system of care;
• Implementing best practices early childhood coalitions may consider when establishing an early childhood system of care; and
• Engaging diverse families who have experiences with early childhood systems.

In Year 3, TIEMH expects to gather lessons learned, operational data, and programmatic data from the 3 Project Thrive communities to inform implementation guide recommendations. Additionally, TIEMH anticipates collecting early childhood program and fiscal data from state agencies. These data will demonstrate the continuum of public funding and programming to support the developmental and social-emotional health of Texas children birth to 5 years old.
In FY23, MCH is funding the University of Texas Health Science Center at Tyler (UTHSC Tyler) to organize, facilitate, and develop content for the 4th annual Pediatric Brain Health Summit (PBHS). Planned for Spring 2023, PBHS’s goal is to support pediatric providers with by putting early brain development science and research into action. MCH participates on the planning committee to generate a conference theme, identify and secure presenters, and support event marketing and promotion. UTHSC Tyler measures the success of the PBHS by participant numbers, the number of continuing education units completed, and conference participant evaluation summaries.

In addition to funding the PBHS, MCH anticipates funding UTHSC Tyler to create and implement a community health worker (CHW) developmental screen pilot program in at least one Texas Public Health Region (PHR). In this pilot program, UTHSC Tyler will train CHWs to properly conduct child developmental screenings. UTHSC Tyler expects to increase the number of children screened and referred to services by providing developmental screen administration and care coordination TA to CHWs. During Year 1 of the pilot, UTHSC Tyler determines outcome measures. Potential measures include:

- Number of CHWs trained to complete a developmental screen;
- Number of children receiving a CHW-administered developmental screen;
- Number of referrals made by CHWs; and
- Parent participant experience.

MCH will fund the printing and distribution of A Parent’s Guide to Raising Healthy, Happy Children booklet to promote optimal child development, health, and safety. In FY23, MCH staff must review and update resource and immunizations lists quarterly. To increase the number of guides distributed, MCH plans to promote the guide to state agency partners, Medicaid providers, and other stakeholders via a marketing campaign. To evaluate campaign effectiveness, MCH expects to analyze social media post engagement and impressions, webpage views, guide downloads, new versus repeat guide orders, and regional distribution of orders.

MCH will partner with the IAW by attending meetings every other week to advance the following strategic priorities:

- Increase cross-agency data coordination to improve programs and services;
- Maximize existing federal and state funding through project and program coordination to increase program access and quality;
• Provide families with cross-agency data and information about developmental milestones and ways to support children’s learning and development;
• Create and disseminate cross-agency information to early childhood professionals and others about developmental milestones and ways to support children’s learning and development;
• Align programs to simplify requirements for providers and families; and
• Create guidance documents to support:
  o Braiding and/or blending funding at the local level; and
  o Establishing and maintaining partnerships.

MCH anticipates leveraging HMG Texas, ECNM results, Project Thrive, the DSW’s developmental screening landscape scan, and LTSAE activities to support the IAW’s goals.

MCH staff will promote and provide subject matter expertise for Texas Health Steps Online Provider Education (THSteps) early childhood development module updates. THSteps module topics include:
  • 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.

MCH promotes and disseminates modules through the developmental screening workgroup (DSW), HMG Texas, and other stakeholders. MCH monitors reach of dissemination efforts and the number of participants completing THSteps modules.

In FY23, MCH meets quarterly as part of the Texas Early Learning Council (TELC) to increase coordination and collaboration across state agencies and local entities. Guided by the Texas Early Learning Strategic Plan goals and strategies, the TELC aims to improve the quality of and access to early childhood services across Texas.

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

The Texas Title V FY20 NA identified several statewide needs related to injury prevention. First, the top causes for child fatalities in Texas included preventable deaths such as accidental drowning and motor vehicle incidents.
Additionally, adverse childhood experiences (ACEs) were a top concern among Texas focus group participants. ACEs are recognized as contributors to chronic disease, depressive disorders, and even early death. In Texas and nationwide, 2017-2018 NSCH data showed almost 20% of children experienced two or more adverse childhood experiences.

Child mental health was also identified as one of the major needs in Texas through key informant interviews and focus groups. Participants expressed concern over the lack of mental health resources and expressed the need for mental health resources geared specifically towards children. All PHRs conduct injury prevention activities. In FY23, PHRs plan to focus on child maltreatment prevention, child passenger safety, water safety, bike safety, and hyperthermia prevention.

PHRs will conduct the following child maltreatment prevention activities:

- PHR 1 will distribute Periods of PURPLE Crying (POPC) and abusive head trauma educational materials to parents and caregivers via child passenger safety seat (CPSS) installations and inspections, PHR offices, 9 rural birthing hospitals, and multimedia communication methods. POPC helps parents understand the risk factors, triggers, and coping strategies for a crying infant.
- PHR 4/5N expects to provide educational presentations on abusive head trauma and safe sleep to child fatality review teams (CFRT), child care providers, and health care providers.
- PHR 7 plans to partner with local pregnancy centers, hospitals, child care centers, and other infant-serving agencies to provide evidence-based Reality Works baby simulators and curriculum. Trainings provide coping strategies to manage parental frustration and stress caused by crying babies.

Many PHRs’ FY23 plans for child passenger safety activities plans include:

- PHR 2/3 conducting at least 2 Safe Riders CPSS distribution classes to give out a minimum of 50 CPSSs in rural, non-local health department counties. PHR 2/3 plans to partner with nursing staff who are certified passenger safety technicians (CPST) to facilitate monthly education events at DSHS clinics across the region. Staff also anticipate recruiting and providing training and TA to health care providers and community organizations to become Safe Riders distribution sites.
- PHR 6/5S collaborating with and participating in local CFRT child injury prevention event planning and implementation. Staff partner with Safe Riders to distribute and install CPSSs and establish new Safe Riders distribution sites.
• PHR 7 partnering with local CPSTs who provide monthly CPSS installation and inspection events with emergency medical services, hospitals, fire departments, and Safe Riders distribution sites.
• PHR 8 increasing CPSS inspections by 10%, establish and maintain 1 CPST in each field office, host 2 community CPSS events, and co-host 1-2 CPST certification and continuing education events.
• PHR 9/10 offering CPSS inspection stations at every DSHS clinic in the region.
• PHR 11 conducting bi-weekly CPSS trainings, installations, and inspections. PHR 11 CPSTs plan to set 100 appointments at the annual Operation Lone Star (OLS) event. OLS is a week-long public health preparedness operation providing free medical and dental services to low-income and uninsured Texans. At the event, staff will make CPSS inspection appointments for OLS participants. Staff also plan to connect with 4 hospitals, fire stations, or police stations to recruit and provide guidance on becoming a Safe Riders distribution center.

PHR plans in 4/5N, 7, and 11 water safety promotion activities include:
• PHR 4/5N addressing drowning incidents among children ages 5 through 12 years via American Red Cross’ Longfellow WHALE Tales curriculum. WHALE is an acronym for Water Habits Are Learned Easily. The curriculum promotes safety in, on, and around water in different environments like pools and lakes. The program features fun animated videos; colorful posters; stickers; activity worksheets; illustrated, color fact sheets; and completion certificates. In addition to educational lessons, PHR 4/5N expects to continue a life jacket loaner program. Staff provide loaner life jackets to apartment complexes, community pools, boating marinas, and children’s camps.
• PHR 7 distributing 60 life jackets to local community pools and apartment complexes and provide an American Red Cross water safety curriculum.
• PHR 11 providing water safety education to 7 facilities with pools and distribute Colin’s Hope water safety kits to another 7 facilities with pools. The water safety kit contains 12 life jackets in varying sizes, pool safety education materials, and water guardian bracelets (physical reminders for parents and guardians who are “on watch” over kids in the pool).

PHR plans in 4/5N, 7, and 11 to participate in bike safety activities include:
• PHR 4/5N conducting bicycle safety clinics, known as Bike Rodeos, that offer safety inspections, educational presentations, interactive safety-promoting trainings, and bicycle helmet giveaways. Anticipated partners include Texas Department of Transportation, Texas Medical
Association’s Hard Hats for Little Heads program, and Texas A&M AgriLife Extension.

- PHR 7 collaborating with Helmets of Love, a non-profit organization that provides youth with biking and all-terrain vehicle helmets, to provide safety awareness programming at helmet distribution events. This region also plans to support local Bike Rodeos.
- PHR 11 providing Bike Rodeo train-the-trainer events for community-based organizations, non-profits, schools, and police and fire departments.

Additionally, PHR plans to conduct hyperthermia prevention activities include:

- PHR 4/5N conducting hyperthermia prevention presentations at child passenger safety events, water safety events, and parenting classes using Kid Safe Heatstroke Prevention curriculum.
- PHR 7 providing hyperthermia education to elementary schools, childcare centers, pregnancy centers, and other community partners. Staff will use awareness pamphlets, fact sheets, and digital thermometer displays that show outside and car temperature differences.

MCH’s Office of Injury Prevention’s (OIP) long-term goal is to establish CFRT coverage in all 254 Texas counties. In partnership with MCH and PHRs, OIP anticipates expanding coverage by adding or re-establishing 3 local or regional CFRTs in FY23. OIP will also provide TA to local CFRTs to increase the quality and quantity of Texas child death reviews. To streamline the death review process, OIP will provide a training webinar on electronic death certificate distribution, child death review processes, and death review data entry. OIP will also promote continuing education opportunities for local CFRTs to improve death review processes and address Texas preventable deaths. PHRs will plan and implement prevention events and activities with CFRTs, attend local meetings, and provide subject matter expertise. These activities support OIP’s goal of increasing the percentage of child deaths reviewed each year.

In FY23, MCH will fund the printing and dissemination of *A Parent’s Guide to Raising Healthy, Happy Children* which provides valuable child safety information for Texans starting their journey as a new parent. MCH plans to partner with OIP, Safe Riders, and the Texas Department of Family and Protective Services (DFPS), Prevention and Early Intervention (PEI) Division to market the guide. Refer to NPM 6 for more information about the guide.

To educate Texans on injury prevention and reduction of non-fatal injuries that lead to hospital visits, MCH partners with THSteps. MCH serves as a
subject matter expert for FY23 THSteps module reviews as needed. Injury prevention module topics include:

- Concussion: Diagnosis, Treatment, and Prevention;
- Pediatric Head Injury;
- Preventing Unintentional Injury; and
- Recognizing, Reporting, and Preventing Child Abuse.

Refer to NPM 6 for more information about THSteps.

MCH represents DSHS on the Children and Youth Behavioral Health Subcommittee to the Behavioral Health Advisory Committee. In FY23, MCH will provide subject matter expertise related to community-based service systems, care coordination, and family-driven and child-centered approaches to mental and behavioral health.

The *Friday Beat* is a weekly e-newsletter that aligns with the 10 components of the Whole School, Whole Community, Whole Child model. The newsletter connects people interested in school health to training, funding opportunities, and resources. MCH plans to share injury prevention content and promote newsletter subscription to increase readership.

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

The Behavioral Risk Factor Surveillance System indicates children ages 3 to 11 years old 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 infactions, sudden infant death syndrome, and severe asthma.

In FY23, PHRs will implement strategies to reduce the percentage of children who live in households where someone smokes. PHR secondhand smoke prevention activities include:

- PHR 6/5S plans to partner with local housing authorities and apartment complexes to educate staff and residents on comprehensive smoke-free policies and enforcement methods, the dangers of tobacco and secondhand smoke, and use of the Texas Tobacco Quitline.
- PHR 7 will continue assessing field clinic client tobacco use via the Whole Person Assessment Form, displaying and distributing Texas Tobacco Quitline promotional materials, and facilitating clinic staff trainings by the Regional Tobacco Coordinator.
- PHR 8 anticipates using the Ask, Advise, Refer approach designed to facilitate routine client smoking status assessments, deliver brief advice to quit smoking, and refer the smoker to evidence-based
cessation treatment. Staff also plan to promote tobacco and e-cigarette prevention and cessation in schools, Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) programs, and Regional Tobacco Subject Matter Expert Workgroup recommended strategies.

- PHR 11 will coordinate additional training and resources for local housing authority staff previously trained in tobacco-free housing policies. Staff plan to implement or improve smoke-free child care center policies. PHR 11 expects to increase the number of tobacco users accessing the Texas Tobacco Quitline via OLS promotional events. Refer to NPM 7.1 for more information about OLS.

In FY23, MCH will fund *A Parent’s Guide to Raising Healthy, Happy Children* printing and distribution. The guide provides tips on creating a smoke-free environment for babies and toddlers. Refer to NPM 6 for more information about the guide.

In FY23, MCH plans to support secondhand smoke exposure prevention and smoking cessation content creation for the *Friday Beat* and promote newsletter subscription. Refer to NPM 7.1 for more information about the *Friday Beat*.

**SPM 2: Percent of overweight and obesity in Texas children ages 2-21.**

Based on body mass index calculations for 2nd and 4th graders from the 2015-2016 Texas School Physical Activity and Nutrition (SPAN) data, DSHS estimates that about 40% of students are over the normal weight range for their height and about 1 in 4 students are obese.

Child nutrition also emerged as a Texas FY20 Title V NA theme in both the key informant interviews and focus group conversations. Discussions included what children were eating at school and home, nutrition education and resources for children, and food security concerns. When looking at child nutrition needs, the focus was mostly on addressing food insecurity and increasing nutrition education and awareness.

The U.S. Department of Health and Human Services set a national child physical activity recommendation for 60 minutes or more of physical activity daily. For youth, physical activity is associated with stronger bones, lower body fat, and thus reduced risk of obesity, reduced risk of chronic health conditions, improved cognitive function, and enhanced mental health. Based on 2015-2016 Texas SPAN data only 22% of 2nd grade students and 9% of 4th grade students currently meet this recommendation.
In FY23, PHRs plan to implement strategies to reduce and prevention childhood obesity:

- PHR 2/3 will participate in obesity prevention coalitions and school health advisory councils (SHAC).
- PHR 4/5N intends to continue supporting Texas SPAN project’s school recruitment and data collection, a childhood obesity surveillance system. Staff plan to continue Learn, Grow, Eat & Go! (LGEG) school implementation. LGEG is an interdisciplinary program combining academic achievement, gardening, nutrient-dense food experiences, physical activity, and school and family engagement.
- PHR 6/5S also plans to continue supporting Texas SPAN school recruitment and data collection. Staff plan to provide TA and professional development to schools implementing Coordinated Approaches to Child Health (CATCH), an evidence-based coordinated school health program. Staff anticipate promoting the adoption of CATCH and other evidence-based school obesity prevention strategies in school wellness policies. To increase school health professionals’ knowledge, PHR 6/5S will disseminate obesity prevention information to SHACs.
- PHR 8 expects to promote the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to increase physical activity and healthy eating environments, policies, and practices of child care facilities. Staff hope to recruit one new community and one new school district to participate in It’s Time Texas Community Challenge, an annual 8-week statewide competition aiming to bring the topic of health to the forefront of Texans’ lives.
- PHR 9/10 will educate health care providers, community partners, school districts, and families on obesity prevention and nutrition via THSteps modules and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services.

The MCH Nutrition Toolkit is designed to enhance PHRs’ workforce capacity to address childhood obesity. In FY23, MCH intends to pilot test the FY21 toolkit. Once piloted, MCH will revise and finalize the toolkit materials. MCH then plans to evaluate PHRs’ needs for the development of toolkit materials specific to younger children. Based on feedback, MCH will create appropriate supplemental materials. Refer to SPM 2 in the FY23 Adolescent Health Plan for more information about the toolkit.

MCH intends to fund the University of Texas Health Science Center at Houston (UTHealth) to conduct the 3rd year of the Texas SPAN project. In FY23, UTHealth will continue data collection, begin data analysis, and disseminate results. UTHealth anticipates pilot testing an online survey with parents of 2nd grade children and 4th graders. The pilot test assesses digital
survey efficiency and effectiveness in these groups. Refer to SPM 2 in the FY23 Adolescent Health Plan for more information about Texas SPAN.

At the end of FY22, the Healthy Child Care Texas contract concluded. MCH shifted its focus from Child Care Health Consultant training and the social-emotional development project to Texas Healthy Building Blocks (THBB). THBB’s purpose is to support early care and education centers (ECE) in meeting the 2019 Senate Bill 952 requiring child care facility minimum standards comply with AAP and Child and Adult Care Food Program recommendations. Beginning in FY23, MCH expects to fund the DSHS Obesity Prevention Program (OPP) to manage THBB implementation over 3 years. OPP plans to use funding to:

- Improve nutrition across the life course through ECE environment and policy enhancements with NAP SACC training and consultation;
- Support health education and resources for families and ECE providers; and
- Recognize ECEs meeting additional obesity prevention practices, beyond minimum standards.

In FY22, THBB successfully trained a cohort of TA consultants to implement NAP SACC in a select group of OPP-funded communities. OPP contracted with an organization in FY22 to begin statewide roll out in January 2023. The contractor will:

- Replicate the successful pilot implementation;
- Train more TA consultants to support ECEs;
- Recruit ECEs to participate in THBB; and
- Support ECEs in achieving multi-tiered program recognition for NAP SACC implementation.

The OPP THBB evaluation plan includes the following metrics:

- Number of ECEs participating in THBB;
- Number of children enrolled in a THBB ECEs;
- Number of ECE sites awarded THBB recognition;
- Number of people completing THBB online training courses, such as ECE staff, THBB TA consultants, or community partners;
- Number of participating ECEs with written policies related to NAPSACC modules topics.
- ECE and TA consultant success stories; and
- Changes in family knowledge, skills, and behaviors related to NAP SACC topics.

MCH will fund *A Parent’s Guide to Raising Healthy, Happy Children* printing and dissemination. The resource guide contains child nutrition and physical activity information. MCH plans to increase guide distribution by partnering
with WIC, DSHS OPP, and other child nutrition and obesity prevention programs. Refer to NPM 6 for more information about the guide.

To educate Texan health care providers on obesity prevention and reduction, MCH partners with THSteps in training promotion. MCH may serve as a subject matter expert for FY23 module updates as needed. Modules related to SPM 2 include:

- Management of Overweight and Obesity in Children and Adolescents;
- Diabetes Screening, Diagnosis and Management; and
- Nutrition.

Refer to NPM 6 for more information about THSteps.

The Early Childhood Obesity Prevention Committee (ECOPC) focuses on intervention at numerous levels of the socio-ecological model, including policy, community, infrastructure, and workforce development. By addressing obesity prevention from multiple levels, Texas will make healthier choices easier choices. MCH expects to attend monthly meetings in FY23 to contribute to ECOPC’s goal of creating an obesity prevention resource hub for child care providers, early care professionals, TA providers, and parents. MCH plans to provide ECOPC resources in both English and Spanish and promote the resource hub through partners.

In FY23, MCH plans to support obesity prevention content creation for the *Friday Beat* and promote newsletter subscription. Refer to NPM 7.1 for more information about the *Friday Beat*. 