



Medical and Research Library News September 2026

[Training opportunities](#)

[Websites and reports on trending topics](#)

[Journal articles of note](#)

Training opportunities

The webinars and online classes listed here are shared solely as opportunities to learn more information of interest to public health personnel. All times listed are in Central Time.

September 10, 2026; 1–2 p.m. Data Analysis Tools in Practice: How Local Health Departments Use Data Analysis Platforms.

This webinar from the National Association of County and City Health Officials (NACCHO) will explore how local health department staff use data analysis platforms to support program planning, evaluation, workforce development, and community engagement. Presenters will share practical examples using Power BI, ArcGIS, and R including how their agencies gained access to these tools, built internal capacity, and selected platforms based on project needs. A panel discussion will highlight the strengths, limitations, and key considerations of each platform to help public health professionals make informed decisions about data analysis software in their own settings.

September 17, 2026; 1–2 p.m. Greatest Crimes in Statistics.

Join this session from the Network of the National Library of Medicine (NNLM) to learn about common pitfalls in statistics to look out for when reading scientific articles. Using a mix of lecture, discussion, and practice activities, participants will learn to identify misleading aspects of data visualizations, evidence of p-hacking, problems with pseudoreplication, and omissions in reporting of results.

September 22, 2026; 1–2 p.m. Metabolic Dysfunction-Associated Steatosis Liver Disease (MASLD): Clinical Interventions.

This webinar from the Health Resources and Services Administration (HRSA) will explore the cardiometabolic risk factors associated with MASLD—previously known as fatty liver disease—and emphasize the importance of screening for this frequently underdiagnosed condition in primary care settings. Participants will gain an overview of current approaches to screening, diagnosis, and management of MASLD, including evidence-based strategies focused on lifestyle modification, comorbidity management, and pharmacotherapy.

September 26, 2026; 11 a.m.–12:30 p.m. Supporting Family Caregivers from Recognition to Preparedness.

This presentation from the DSHS Grand Rounds program will highlight practical, evidence-based strategies to identify caregiver needs, strengthen communication, improve disaster preparedness, and connect caregivers with available supports and services. Visit the Grand Rounds calendar to see information on upcoming sessions. Held monthly on the fourth Wednesday, sessions last 90 minutes with the final 20 minutes reserved for Q&A.

Websites and reports on trending topics

The Community Guide: The Guide to Community Preventive Services is a collection of evidence-based findings of the Community Preventive Services Task Force. It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.

Images from the History of Medicine provides access to nearly 70,000 images from the National Library of Medicine. The collection includes image files of a wide variety of visual media including fine art, photographs, engravings, and posters that illustrate the social and historical aspects of medicine dating from the 15th to 21st century.

Lexidrug is designed to be a one-stop shop for anyone needing information about medications. It encompasses a vast array of drug monographs, interactions, and patient education materials, all curated and constantly updated by a team of clinical experts.

ProQuest Health Research Premium offers a unique mix of training content, scholarly literature, and clinical reference materials for those seeking health information. This database offers a broad collection of journals, evidence-based resources, and full-text dissertations, and includes the top ProQuest health and medical databases.

Journal articles of note

Allred R, Nebergall B, Yantz C, Howell R, Shumate C. Comparison of critical congenital heart defect case ascertainment in Texas using 2 data sources. *J Public Health Manag Pract*. Published online August 11, 2026.

doi:10.1097/PHH.0000000000002428

Abstract

The Texas Birth Defects Epidemiology and Surveillance Branch routinely requests facility discharge lists across the state of Texas to capture potential cases in the registry following established surveillance processes. Electronic case reporting (eCR) was implemented for birth defects surveillance in 2023. Electronic initial case reports (eICRs) are triggered in near time, permitting timely notification of potential birth defect cases. The purpose of the present evaluation was to determine case ascertainment of critical congenital heart

defects in Texas across 2 data sources, a facility discharge list, and the eCR data for the same facility. Results indicate a more complete capture of potential diagnoses in the eCR data, although not all eCR-identified diagnoses were confirmed via medical chart abstraction or within the eICR. Thus, although eCR is a timelier, and potentially more complete source for potential case/diagnosis identification, it is not currently a viable source for diagnosis confirmation.

Betancourt D, Shumate C, Gandhi H, et al. Inpatient hospitalization charges for children with birth defects in Texas, 2021-2023. *Birth Defects Res.* 2026;118(8):e70098. doi:10.1002/bdr2.70098

Abstract

Introduction: Children with birth defects often require complex medical care, contributing to increased healthcare costs. Understanding the economic burden of birth defects is important for resource planning, but recent Texas-specific data are lacking.

Methods: A retrospective data analysis was conducted using the Texas Hospital Inpatient Discharge Public Use Data File (PUDF) for all pediatric discharges (ages 0-17 years) documented between 2021 and 2023. We identified hospitalizations with birth defects based on the presence of an ICD-10 code (Q00-Q99) in any of the 26 diagnosis code fields. Median inflation-adjusted hospitalization charges were calculated for hospitalizations with and without birth defects and were then stratified by characteristics of interest. Median charges were compared using the Wilcoxon-rank sum test. Among hospitalizations of children with a birth defect in the principal diagnosis code field, charges were examined by birth defect phenotype. A sub-analysis assessed charges for hospitalizations that occurred primarily in the Intensive Care Unit (ICU).

Results: In Texas, 12.5% of all pediatric hospitalizations were for children with a birth defect. Aggregate total charges for these hospitalizations exceeded \$26 billion and comprised 34.9% of all pediatric hospitalization charges. Hospitalizations for children with a birth defect had significantly higher median charges (\$12,876 vs. \$7,813) compared to hospitalizations for children without birth defects ($p < 0.001$). Higher charges were observed for hospitalizations among several subgroups (e.g., ICU hospitalizations).

Conclusion: Inpatient hospitalization charges for children with birth defects had a disproportionately high impact on hospitalization charges in Texas.

Collier A, Buendia J, Ferrel C, Bhakta N. Determinants of high screen time use and physical inactivity among high school students in Texas: A 2001-2023 cross-sectional study. *Am J Health Promot.* Published online August 4, 2026. doi:10.1177/08901171261474441

Abstract

Purpose: To examine demographic, socioeconomic, and health related correlates of the combined behavioral pattern of high screen time and physical inactivity among Texas high school students.

Design: Cross-sectional study using Youth Risk Behavior Survey data.

Setting: Texas high schools.

Sample: 32,227 students in grades 9-12 from 2001-2023.

Measures: Screen time was dichotomized as high (≥ 3 hours/day) vs low (< 3 hours/day). Physical activity was categorized as low (0-3 days/week) vs high (> 3 days/week of ≥ 60 minutes/day). Demographic, body mass index, mental health, substance use, and dietary variables were assessed.

Analysis: Weighted prevalence estimates and multivariable logistic regression models were used, adjusting for potential confounders.

Results: Approximately 25% of students exhibited both high screen time and low physical activity. Female students had 75% higher odds (95% CI: 1.54-2.00) of this behavioral combination compared to males. Black, Hispanic, and Other/Multiracial students had 2-3 times higher odds compared to White students. Students perceiving themselves as very overweight had 2.5 times higher odds of both high screen time and low physical activity (95% CI: 1.82-3.50) compared to those who perceived themselves as having about the right weight. Depression and drug use were associated with increased odds, while fruit and vegetable consumption showed protective effects.

Conclusion: Comprehensive, culturally tailored interventions targeting both behaviors simultaneously are needed, particularly among underrepresented racial/ethnic groups and students with mental health challenges.

Filatov S, Mayes B, Gunter SM, Kneubehl AR, Lopez JE. Human exposure to spirochete-infected *Ornithodoros turicata* in a residential setting in the Austin, Texas metropolitan area. *Open Forum Infect Dis*.

2026;13(7):ofag428. Published 2026 Jul 24. doi:10.1093/ofid/ofag428
Abstract

A central Texas resident found an engorged *Ornithodoros turicata* tick attached to their ankle while at home. The tick tested positive for *Borrelia turicatae*, an agent for soft tick-borne relapsing fever. Three weeks earlier, the patient started experiencing febrile episodes, rash, and nausea, yet the etiological agent went undiagnosed.

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