



# **DRAFT – FY24 Child Health Annual Report**

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**Maternal and Child Health**



**TEXAS**  
Health and Human  
Services

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Texas Department of  
State Health Services

**May 2025**

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# 1. Introduction

The Centers for Disease Control and Prevention (CDC) defines childhood as ages 1-12. Recent data from United States Census for Texas reported 7.8 million children under 18 years old. The Department of State Health Services (DSHS) created the Child and Adolescent Health Group (CAHG) framework based on the spectrum of prevention to support young Texans. The spectrum of prevention includes influencing policy and legislation, changing organizational practices, fostering coalitions and networks, educating providers, prompting community education and strengthening individual knowledge and skills. The Texas CAHG framework provides a strategic approach to improve the health and well-being of Texas children and adolescents.

CAHG framework includes:

- Strengthening knowledge and skills to increase health literacy and promote healthy lifestyle choices
- Informing and supporting providers to gain knowledge and understanding population needs and challenges
- Empowering communities to respond to priority needs, maximize resources, and develop family-driven programming
- Fostering collaboration to accelerate innovation and achieve collective impact
- Improving organizational practices to promote optimal health outcomes and achieve health goals

DSHS uses the CAHG framework as a comprehensive foundation for Title V child health activities. See Supporting Document #2 for more information on the CAHG framework.

## **2. Developmental Screening: Percent of children, age 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 to 35 months receive standardized developmental delay screenings during well checks. National Survey of Children's Health (NSCH) asks whether a parent completed a child's developmental screening in the past year. Based on 2022-2023 data for the United States and Texas, most parents (64.4% and 68.3%, respectively) reported not completing their child's developmental screening with their doctor. DSHS developed four State Action Plan strategies to increase the percentage of children receiving developmental screening. Guided by these strategies, DSHS implemented numerous projects to improve developmental outcomes.

### **State Action Plan Activities and Successes**

DSHS identified a state priority need to improve cognitive, behavioral, physical and mental health development for all DSHS populations. To address this priority, DSHS created Help Me Grow (HMG) Texas using the national HMG system model/framework to make developmental screening, monitoring tools, and information accessible to families. The national HMG system 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.

The HMG framework is adaptable to each community's needs, but includes the following national standardized components:

- A centralized access point (CAP) that connects children and their families to appropriate community-based programs and services through care coordination and family support
- Family and community outreach for families and local stakeholders' education to promote importance of developmental screenings

- Child health care provider outreach supports community-based health providers in early detection and intervention of developmental delays
- Data collection and analysis support evaluation, identify systemic gaps and guides quality improvement

In Fiscal Year 2024 (FY24), DSHS continued its HMG implementation for the fourth consecutive year. The program extended its reach with 12 HMG affiliates now serving 50 counties statewide reflecting a coverage increase compared to both FY23 and FY22. In FY23, these 12 affiliates served 42 counties and in FY22 DSHS operated six affiliates across 37 counties. Four affiliates (HMG Central Texas, HMG East Texas, HMG Gulf Coast, and HMG North Texas) expanded their service area to include additional counties. DSHS funded six HMG affiliates, provided technical assistance (TA) to three HMG affiliates, and funded an additional three affiliates through a partnership with the Texas Department of Family Protective Services-Prevention and Early Intervention (DFPS-PEI) and their Office of Early Childhood Development Preschool Development Grant Birth through Five (PDG B-5).

In FY23, HMG Texas partnered with DFPS-PEI, Texas Workforce Commission (TWC), Texas Education Agency (TEA) and HHSC's Texas Early Childhood Intervention Services (ECI) to expand the state's affiliate network and support implementation of Texas PDG B-5 using the HMG framework model. PDG funding helped states expand, build, and address early childhood system gaps. In January 2023, Texas was awarded \$16 million annually through December 2025. DFPS-PEI, in collaboration with HMG Texas, selected and awarded four Texas communities (an increase from three sites in FY23) to:

- Enhance local early childhood system and cross-sector collaboration
- Respond to family needs in their service delivery areas
- Reduce service delivery area, service duplication, and inefficiencies by implementing the HMG system model

Three of the four communities selected established their own HMG system and one merged with HMG Central Texas to create a robust CAP.

Each HMG affiliate completed 2024 HMG National Centers Annual Fidelity Assessments and submitted data via a Qualtrics survey. This data is a benchmark for performance trends that gauge Title V population impact, which informs the technical assistance type and degree provided to each affiliate.

HMG Texas communities improve developmental screening access and surveillance by:

- Expanding screening and referral services in pediatric offices, preschools, and childcare programs
- Promoting online developmental screening tool use
- Implementing public awareness campaigns on importance of screening and early childhood development
- Creating a data collection system to identify successes, gaps and program service delivery delays

In FY24, DSHS continued HMG Texas programming at state and community levels. State activities included:

- Serving as Texas' HMG National Center affiliate providing national and federal partnership opportunities to DSHS and HMG Texas communities.
- Operating as a community intake point for people interested in joining HMG Texas.
- Providing intensive TA and consultation to all 12 HMG Texas communities through office hours, one-on-one consultation calls, community convenings and a mid-year learning institute (MYLI) workshop.
- Drafting strategic statewide expansion plans and standardized state-level implementation approaches.

In FY24, HMG Texas communities continued local HMG system model implementation enhancements to improve developmental screening access and service referrals. HMG Texas communities' activities included:

- Engaging community partners, families with lived experience and health providers in HMG workgroups and committees
- Planning and implementing family and community engagement events and training
- Creating or expanding a web-based early childhood community resource directory
- Identifying and establishing a central intake and referral system (i.e., call line) to provide families with care coordination, resources, and warm hand-offs to community resources
- Establishing CAP and outreach event data collection process
- Leveraging the HMG system model in grant applications

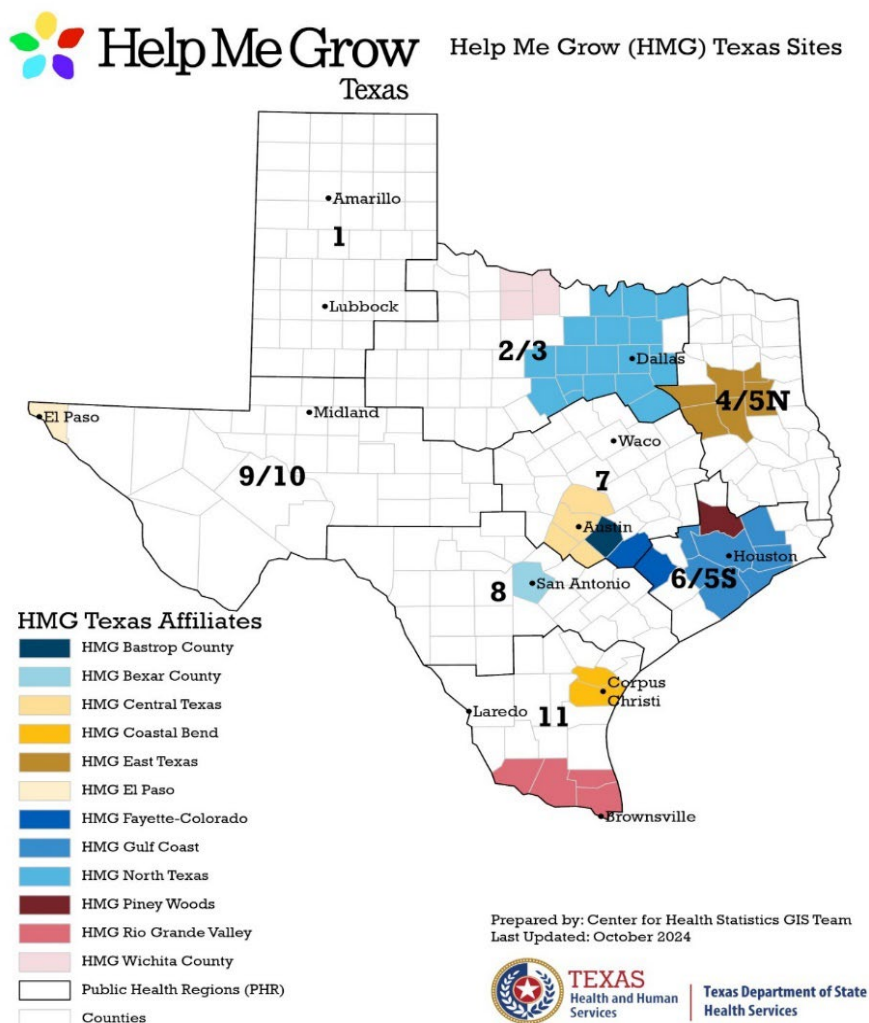
In FY24, HMG Texas affiliates served 11,249 families through their CAP (a 53% increase from 7,371 families in FY23) and made 21,025 unique referrals (a 279% increase from 5,541 unique referrals in FY23). A unique HMG referral is a way to connect a child to services that can help with development, basic needs and parenting. Affiliates conducted 7,259 Ages & Stages Questionnaires® (ASQ®) and screeners through HMG affiliate-led events or CAPs which is a 108% increase from 3,481 in FY23. HMG affiliates are refining their comprehensive resources directories, streamlining efforts to accurately capture data, and increasing family and healthcare provider outreach to increase promotion of developmental screenings. Also, affiliates indicated clients contacting their local CAP are primarily seeking resources rather than requesting a developmental screening. Additionally, HMG affiliates reached 17,318 individuals (parents, caregivers, family members, and children) through events coordinated by affiliates to promote awareness of child development. In FY24, HMG affiliates reached 5,232 families, an increase of 231%.

Significant increases in families served can be attributed to several HMG components. Affiliates proactively strengthened community connections through expanded CAP efforts enhancing program awareness and engagement. Additionally, affiliates broadened resource directories to include a range of services, so families receive comprehensive support tailored to their needs. Strategic partnerships with key organizations and stakeholders in the community further amplified reach and capacity. Affiliates collaborated with schools, healthcare providers and local healthcare organizations to identify and assist more families in need. Expanding service areas enabled HMG to extend support to previously underserved areas. These combined efforts support increases in the number of families benefiting from the HMG program.

HMG Texas transforms the early childhood landscape by building partnerships, enhancing community resources, and connecting families to critical developmental and support services. By the end of FY24, HMG Texas affiliates served Bastrop County, East Texas, El Paso, Central Texas, Gulf Coast, North Texas, Bexar County, Rio Grande Valley, Wichita County, Piney Woods, Coastal Bend and Fayette-Colorado County.



HMG Texas map below shows geographic coverage:



During FY24 their fifth year of implementing HMG model, HMG North Texas achieved full fidelity by implementing all HMG system model components across 18 counties. Fidelity is the core of system-building efforts that seeks to replicate and expand evidence-informed and/or evidence-based models. In the case of HMG, fidelity confirms replication of core program components and structural requirements that support successful implementation and optimal impact. HMG North Texas was appointed to the HMG Advisory Board, which shares affiliate perspectives during national-level discussions and with National Center partners. Additionally, My Health My Resources of Tarrant County (MHMR) continues building HMG North Texas free online training platform, Teachable, for providers and parents serving and caring for children during their first five years. Through Teachable, MHMR offered



continuing education units and completion certificates, updated quarterly training topics included fatherhood engagement, adverse childhood experiences, perinatal mood and anxiety disorders, developmental screening, and providers' roles in early hearing loss.

HMG Central Texas successfully launched and established a coordinated CAP with Community Action Inc. HMG Central Texas identified key early childhood organizations and services across Williamson, Hays, and Caldwell counties. HMG Central Texas partnered with three school districts and is a vital resource for families and educators. Additionally, HMG co-hosted a minority-led community event focused on early detection and developmental screenings leveraging tools like "Pre-K Prescription Pads" to connect families with Early Childhood Intervention (ECI) services and community clinics through a prescription concept.

In December 2023, HMG Bexar County officially launched with a Learn & Play event designed to engage families and community partners. The event featured child-led activities, program information, and resource distribution to promote child development. During the year, HMG Bexar County identified a physician champion to introduce clinics to HMG system model. United Way of San Antonio served as an intake call-line to field caregiver calls needing to access HMG Bexar County crisis nursery services. Community partners collaborated to expand and share United Way of San Antonio's system.

HMG El Paso made significant strides in integrating the HMG model as a first connection or first contact within their local system. A first connection program establishes an initial point of contact or support for individuals or families at a critical juncture often providing early intervention services or connecting them with necessary resources. Key activities include fostering relationships with community partners, maintaining an updated resource database, and launching HMG El Paso CAP. Care Coordinators generated 350 resource referrals and offered free developmental screening access via their ASQ® Family Access Portal.

HMG Rio Grande Valley established strong collaboration with 20 community partners by focusing on data analysis, family events, and professional development. The coalition introduced HMG project to the community with a vignette featured during the 2024 EasterSeals Telethon. Outreach events emphasized early social-emotional development. HMG Rio Grande Valley onboarded a local food bank to their resource database, improved referral tracking, and strengthened healthcare provider partnerships to support early intervention efforts.

In October 2023, HMG Wichita County marked a significant milestone with the grand opening of its' family resource center (FRC). FRC provides resources, education, services, and support to strengthen families and promote well-being. HMG Wichita County purchased a data and developmental screening platform, strengthened community support, and provided timely and effective connections to necessary services.

In FY24, DSHS continued facilitating a Texas Developmental Screening Workgroup (DSW), consisting of early childhood state agencies, child health advocacy groups, Texas American Academy of Pediatrics chapter, local communities leading early childhood screening efforts, nonprofits and representatives from multiple Texas universities. Cross-sector participants provided agency and regional specific developmental screening trend expertise and initiatives and surveillance efforts. DSW also explored opportunities for creating a statewide data system to house screening data and a registry of trained professionals to administer screenings.

During FY24 DSHS partnered with Texas' Act Early Ambassador to integrate CDC's *Learn the Signs. Act Early.* (LTSAE) program. LTSAE promotes early developmental detection and intervention. The State Child Health Coordinator recommended LTSAE materials as the standard for developmental screening strategy outlined in the Texas Early Learning Strategic Plan and Prenatal-to-Three Collaborative's Texas Plan. In FY24, the State Child Health Coordinator applied to be one of two Texas Act Early Ambassadors and was not selected ultimately leading to DSHS relinquishing its Act Early Ambassador position.

In FY24, DSHS continued supporting the LTSAE Deputy Ambassador (DA) program to support Act Early Ambassadors and disseminate CDC LTSAE developmental surveillance resources and materials. The DA program grew its network and emphasized strategic planning and infrastructure development. In FY24, DSHS contributed to the following:

- 22 DAs (increase of three from FY23) distributed 14,200 LTSAE materials which is an increase of 13.1% from 12,560 in FY23. This increase is due to DA network growth and sustainability
- 665 participants completed Watch Me! training videos which is a 29.9% decrease from 948 in FY23. This decrease could be due to transition of Act Early Ambassadors and potential TA gaps during this transition
- Between September 2023 and July 2024 Texans utilized Milestone Moments app 57,455 times

In FY24, DSHS continued to fund, produce, and disseminate *A Parent's Guide to Raising Healthy, Happy Children*. Per Texas legislation, a free physical copy of the guide is available for providers to distribute to their Medicaid prenatal care or delivery patients. Eligible providers include hospitals, birthing centers, physicians, nurse-midwives and midwives. Other providers can order the physical guide at cost or download a free digital version. The guide is available in English and Spanish and includes information on key child development stages, a place to record family experiences, helpful tips for doctor visits, and Texas-specific resources such as health care and childcare.

In FY24, guide distribution decreased by 21.5% with 51,175 guides distributed compared to 65,200 guides distributed in FY23. FY24 guide distribution included 37,125 English and 14,050 Spanish compared to 53,450 English and 12,750 Spanish in FY23. A potential cause for the reduction of physical guide distribution is decreased awareness and less need for replacement paper guides.

DSHS partnered with other organizations and agencies to address developmental screening, including membership of the Texas Early Learning Council (TELC), participation in Early Childhood Interagency Workgroup (ECIAW), and attendance at Build Initiative state meetings.

TELC serves as the state's advisory council to improve quality of and access to Texas early childhood services. TELC is comprised of cross-sector stakeholders (including DSHS staff) to increase coordination and collaboration across state agencies and local entities. DSHS has an officially appointed member of TELC through the Office of the Texas Governor. TELC continues to use the state's Early Learning Strategic Plan to guide priorities. In FY24, TELC met four times (down from eight in FY23) to discuss strategic plan progress, federal stimulus funding updates, data roadmap workgroup activities, HMG affiliate updates, and upcoming early childhood events.

ECIAW is a coalition of early childhood state agencies including DSHS, DFPS, Texas Health and Human Services Commission (HHSC), TEA, and TWC. The coalition coordinates initiatives to foster meaningful collaboration and drive positive outcomes in child wellness, and DSHS has an officially appointed member on the workgroup. In FY24, ECIAW met monthly (10 times) to discuss ongoing activities and align agency work with other statewide efforts such as the Texas Early Learning Strategic Plan. ECIAW continued work on a state Early Childhood Integrated Data System (ECIDS) to support data integration and partnered with TELC to develop an ECIDS roadmap.

In FY24, DSHS attended two Build Initiative meetings. Build Initiative provides state leaders with policies, infrastructure, and connections across agencies and organizations to advance high-quality, comprehensive and equitable programs and services to support young children, their families, and communities. DSHS offers support and resources to this group including HMG developmental screening and surveillance monitoring.

Children and Youth Behavioral Health Subcommittee (CYBHS) is a subgroup of HHSC's Behavioral Health Advisory Committee (BHAC). BHAC is the state mental health planning council providing consumer and stakeholder input into the HHSC system. As the Texas System of Care (TxSOC) advisory body, CYBHS provides children and youth behavioral health topics and service recommendations serving as primary advisory voice for mental health and substance use issues for Texans of all ages. In FY24, DSHS attended eight CYBHS meetings. DSHS provided program updates (including CYBHS recommendations from past years) HMG Texas expansion information, and DSW goals. CYBHS drafted a children's behavioral health strategic plan and provided it to the Statewide Behavioral Health Coordinating Council.

In FY24, a total of 19,302 Texas Health Steps Online Provider Education (THSteps) modules on early childhood development and screening were completed by primary care providers and health professionals which is comparable to the 19,360 modules completed in FY23. THSteps' award-winning online program offers free provider continuing education courses with updated clinical, regulatory and best practice guidelines for a range of preventative health topics. Child development module topics included:

- Adverse childhood experiences
- Attention-deficit/hyperactivity disorder
- Autism spectrum disorder
- Behavioral health screening and intervention
- Childhood anxiety
- Childhood and adolescent depression
- Developmental surveillance and screening
- Newborn Hearing and Vision Screening

During FY24, DSHS provided subject matter expertise and module revisions for Adverse Childhood Experiences, Developmental Surveillance and Screenings, and Newborn Hearing and Vision Screening.

In FY24, DSHS continued its University of Texas at Tyler Health Science Center (UT Tyler) contract to pilot a Community Health Worker (CHW) training program in a Texas Public Health Region (PHR) to increase developmental screening administration, referrals, and care coordination. In FY24, 11 CHW trainings included expanding knowledge on available community, governmental, and/or state resources. Continuing conference education included professional presentations on Early Childhood CHW project, ASQ® training, and continuing education at state and national level public health conferences. A new CHW was trained and eight program referrals were made. Five of eight referred families expressed interest in daycare payment assistance, food insecurity support, and Medicaid application assistance.

In FY24, DSHS collaborated with University of Texas Health San Antonio (UTHSA) to plan for Texas Developmental Screening and Surveillance Extension for Community Health Outcomes (Tx DSS ECHO). Tx DSS ECHO is an online professional development series that provides communities with pertinent developmental screening information and best practices. Participants receive mentorship from a multidisciplinary team of experts including one of the Texas LTSAE Act Early Ambassadors. This program includes information about early childhood education, developmental screenings, and early childhood intervention. Tx DSS ECHO is set to launch September FY25.

## Performance Analysis

**Objective 1:** By 2025, increase the percentage of children ages 9 months through 35 months who received a developmental screening in the past year to 60% (NSCH 2018-2019 baseline = 46.4%).

Increasing awareness and access to developmental screening remains a DSHS priority. DSW, LTSAE, HMG Texas, ECIW and other initiatives continue to increase developmental screening and surveillance recognition knowledge. The 2022-2023 NSCH data showed 31.7% of Texas children aged 9 months through 35 months received a developmental screening in the past year which is a 2.8% decrease from 2021-2022 data of 34.5%. In FY24, HMG Texas affiliates administered 7,259 developmental screenings which is a 108% increase compared to the 3,481 screenings conducted in FY23. Substantial increase in developmental screenings administered by HMG Texas affiliates could be attributed to expanded outreach efforts, increased community partnerships, and enhanced awareness among families and providers about the importance of early childhood developmental

screenings. Additionally, expansion into new counties significantly broadened the program's reach allowing more families to access services. DSHS anticipates developmental screening rates to increase as HMG Texas expands and other contracts build on the FY24 initiatives.

## **Challenges**

Resources shortages in local child health programs hindered program progress by disrupting continuity of care, creating service gaps, and increased workloads for remaining staff. Challenges reduced strategic improvement resources collaboration, and long-term initiatives. Inconsistent staffing also weakened relationships with families and community partners limiting trust and engagement. Additionally, frequent onboarding of new staff strained resources and decreased institutional knowledge which delayed child health outcome advancements. Staff turnover at state, contractor and community levels continues to impact developmental screening activity implementation. Despite these challenges, DSHS staff remain committed to providing TA and ongoing support to provide continuity and stability within programs.

## **Opportunities**

Texas demonstrated HMG system model implementation can sustain developmental screenings and family support practices at community levels. DSHS can leverage local lessons learned in state-level programming and initiatives like HMG Texas and the DSW. Additionally, DSHS can increase developmental screening awareness and capacity through Act Early Ambassador activities, ASQ® trainings, and hiring staff to increase capacity and expand HMG.



### **3. Injury Prevention: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9**

Title V 2020 Needs Assessment (NA) identified statewide need related to injury prevention. Top causes for preventable child fatalities included accidental drowning and motor vehicle incidents. Additionally, adverse childhood experiences (ACEs) were a top concern among focus group participants. ACEs are a set of 10 experiences reflecting childhood adversity that are linked to negative health outcomes later in life. Household dysfunction, abuse, and neglect are examples of ACEs. The CDC recognizes ACEs as contributors to chronic disease, depressive disorders, and even early death. ACEs are contributors to chronic disease, depressive disorders and early death (such as household dysfunction, abuse and neglect). NSCH Texas data showed increases for children who have experienced two or more ACEs from 16.7% in 2021-2022 to 18.3% in 2022-2023 and 17.4% to 17.5% nationwide.

Key informant and focus group interviews identified children's mental health programs and resources availability and access (including screening and access to mental health providers) as a significant Texas need. Participants expressed concern over the lack of mental health resources and need for child mental health services. ACEs disproportionately affect Texas Non-Hispanic Black children with 20.7% experiencing 2 or more ACEs and 23.9% nationwide.

To reduce child non-fatal hospitalizations, DSHS developed four State Action Plan strategies. The four strategies are: 1) Assess and monitor injury prevention data and trends, factors that impact injury prevention, community needs, and assets to reducing injuries among children; 2) Lead state and national initiatives including child safety learning collaboratives (CSLC) and state child fatality review team committee (SCFRT); 3) Lead, fund, and partner on dissemination of injury prevention information, trainings, and resources to stakeholders; and 4) Support safe riders and public health regional staff with existing child passenger safety seat education and distribution programming.

Guided by these strategies, DSHS implemented numerous injury prevention projects and DSHS PHR staff led several initiatives to reduce hospitalization rates by including child passenger safety checkups, safe sleeping initiatives,



water safety education, bike safety, and participating in CSLC cohort focusing on motor vehicle injury prevention.

## **State Action Plan Activities and Successes**

The purpose of state and local child fatality review teams (CFRTs) is to improve state's response to child fatalities, provide accurate Texas child fatalities information and reduce the number of preventable child deaths by applying prevention practice data trends. The SCFRT is a professional group representing law enforcement, the medical community, child advocacy organizations, the court system, the behavioral health community and state agencies including DSHS. SCFRT makes recommendations to the Texas legislature through their biennial report. Local CFRTs have similar memberships and review fatality cases in their chosen area, plan community events, and suggest SCFRT recommendations.

Given the size of Texas and population of nearly 30 million people (Census, 2023), PHRs help provide a local perspective to DSHS programming. All eight PHRs are involved in local CFRT efforts. In FY24, PHRs participated in 456 local child death reviews which is an 83% increase as compared to FY23. PHR staff support member recruitment, attend local review meetings, and provide new review team technical assistance and oversight. In FY24, 68 PHR staff attended a tailored training to support community CFRT efforts hosted by the SCFRT Coordinator and DSHS Regional Program Coordinator. Only three PHR teams were re-established in FY24 which is a decrease of 40% compared to FY23 due to focused review activities expansion within existing teams.

PHRs also participated in 655 injury prevention education, community outreach, and activities related to hyperthermia, water safety, and bike safety. This is a 163% increase compared to FY23 due to improved community relationships and interest.

Bike safety efforts expanded in FY24 to include regions of North Central, Northwest, South Central, South and West Texas. Bike safety included education on the importance of wearing a helmet, helmet fittings, and distribution of safety items like helmets and flashing bike lights to 953 children (a 4% increase from FY23). Staff also expanded head injury prevention efforts by educating All-Terrain Vehicle (ATV) riders in rural communities on the importance of wearing a helmet.

In FY24, PHRs conducted 48 water safety education and prevention activities for 2,104 children, families, and staff at apartment complexes, community events, summer programs, and Boys & Girls Clubs. This was an 84% event and 43% attendance increase compared to FY23. Staff used American Red Cross Water Habits Are Learned Early (WHALE) Tales curriculum and American Heart Association cardiopulmonary resuscitation training to increase water safety awareness and intervention while waiting for emergency services in the case of drowning. Staff also expanded drowning prevention education to include bathtub drowning for families of newborns and young children.

In FY24, local CFRTs recommended life jacket loaning stands as a prevention strategy. PHRs established and reinforced use of life jacket loaner stations by monitoring and restocking life jackets as needed. In FY24, 158 new life jackets were added to life jacket loaner stations which is a 58% increase compared to FY23. However, new life jacket loaner station creation proved challenging due to increased life jacket prices. Staff also worked to address water safety by providing Water Watcher cards that identify individuals actively responsible for monitoring child safety in and around pools or bodies of water as parental educational reinforcement.

PHRs also facilitated hyperthermia education events. In FY24, PHRs hosted 13 hyperthermia related events reaching 909 individuals which is a 5% decrease in attendance from FY23. The decrease is due to widespread integration of hyperthermia education into car seat and water safety classes rather than standalone events.

PHRs provided child passenger safety education, inspections, and distribution of free car seats to families in need. Child passenger safety outreach is a critical connection with local communities. Staff use these events to screen families for additional services like immunizations, smoking cessation, and additional education on nutrition, safe sleep and household safety. In FY24, PHRs enrolled 12 clinic sites into safe riders program. The safe riders program is a DSHS collaboration with Texas Department of Transportation to provide free car seats to distribute to individuals lacking safe transport for their child. Enrollment in this program allowed offices to reallocate Title V funds previously spent on car seats into other high-need program areas. In Northwest Texas, after enrolling in safe riders, the program was able to launch a new initiative, Safe Travel for the Smallest. DSHS also provides specialty car seats for families of infants affected by prematurity, small for gestational age (SGA) or low birth weight (LBW). SGA

and LBW babies cannot be discharged from Neonatal Intensive Care Unit (NICU) until they have the respiratory capacity to sit in a car seat. Prematurity, SGA, and LBW are unanticipated outcomes for a pregnancy and are unexpected family events. Specially trained child passenger safety technicians (CPSTs) provide 25 appropriate seats and hands-on demonstrations for families and mothers on-site at hospitals. In FY24, PHRs conducted 891 education sessions, serving 2,739 individuals, inspected 1,456 car seats, and distributed 1,158 car seats to families in need. This was an 8% inspection decrease and a 63% distribution increase largely due to increased Safe Riders car seat distribution program regional enrollment.

DSHS and PHRs promoted THSteps injury prevention modules to stakeholders statewide. Injury prevention module topics included:

- Bullying
- Infant safe sleep
- Preventing unintentional injury
- Recognizing, reporting, and preventing child abuse
- Sports-related concussion
- Water safety and drowning prevention

In FY24, providers completed 11,176 injury prevention modules which is a 7.1% increase from 10,438 modules completed in FY23. The increase could be due to the addition of the water safety and drowning prevention module. Additionally, in FY24, DSHS provided subject matter expertise and module revisions for preventing unintentional injuries: birth through 20 years.

Refer to Developmental Screening for more information about THSteps.

DSHS collaborated with the DSHS School Health program to create and distribute *Friday Beat*, a bimonthly e-newsletter sent to school health stakeholders. In FY24, DSHS released 25 editions and featured injury prevention resources and articles in each edition and had 11,823 subscribers up 11.2% from the 10,179 subscribers in FY23. FY24 *Friday Beat* resources and topics included:

- Suicide risk and prevention
- Safety during holidays
- Mental health
- Outdoor safety
- Safety during times of disruption

## Performance Analysis

**Objective 1:** By 2025, decrease the rate of emergency department visits among children ages 0-19 years by 5% (Texas Hospital Outpatient Emergency Department Public Use Data 2019 baseline = 8,291 per 100,00).

In FY24, DSHS and PHRs provided education, TA, and resources to families, community-based contractors and other partners to improve awareness of common preventable injuries and how to prevent them. In 2023, the rate of hospitalization for non-fatal injury among children ages 0-19 was 8,603 per 100,000 which is a 3.76% increase from baseline (8,291 per 100,000). Texas emergency department data is available on a one-year lag and FY24 data will be available next year. DSHS will continue to lead, fund, partner and support efforts to engage and educate families, professionals, and other stakeholders on injury prevention to reduce the rate of emergency department visits.

## Challenges

Resource shortages at state, PHR, contractor, and community levels impacted DSHS's Injury Prevention program implementation. In some cases, employee turnover also delayed programming. In FY23, DSHS hired staff requiring onboarding and time to acclimate to injury prevention initiatives. For example, newly hired PHR staff that were not CPSTs could not conduct car seat education and distribution activities for part of the fiscal year.

## Opportunities

DSHS plans to continue collaboration and interagency work with DSHS Injury Prevention Unit (IPU) and PHRs particularly in motor-vehicle injury prevention. This includes new projects with the CSLC. Additional efforts include work supporting the HHSC Suicide Prevention Program to address suicide related injuries.

## **4. Household Smoking: Percent of children, ages 0 through 17, who live in households where someone smokes**

The 2021 Texas Youth Risk Behavior Study (YRBS) indicated 20.7% of Texas children ages 0-17 experience childhood asthma which is a decrease from 22.6% in 2019. Among children ages 3-17, 3 to 11-year-olds experienced highest secondhand smoke exposure with non-Hispanic Black children experiencing a disproportionately higher exposure. According to the CDC, children with secondary exposure experience ear infections, acute respiratory illnesses, lower respiratory tract infections, sudden infant death syndrome, and severe asthma at an increased rate as compared to children with no secondhand smoke exposure.

National asthma guidelines recommend people with asthma avoid secondhand smoke exposure. According to the CDC's Education Xtinguishing Home Achievement Linkage Environment (EXHALE) Guide, more than half of U.S. children (54%) with asthma were exposed to secondhand smoke in the home and this exposure was 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 smoking and exposure to secondhand smoke. To improve these findings, DSHS developed three State Action Plan strategies to decrease the rate of children living in a household where someone smokes. Guided by these strategies, DSHS implemented numerous projects focused on smoking prevention and cessation.

### **State Action Plan Activities and Successes**

DSHS funded, produced and disseminated *A Parent's Guide to Raising Healthy, Happy Children*. The guide includes age-appropriate tips to create a smoke-free environment for children. Refer to Developmental Screening for more information about the guide.

In FY24, DSHS continued quarterly Tobacco Prevention and Control Program (TPCP) collaboration meetings. Meetings included program updates, emerging trends or knowledge dissemination, assistance requests, and

promotion of collaboration opportunities. HMG Texas affiliates continued promoting the Texas Tobacco Quitline as part of their local resource directories a referral option for pregnant women and caregivers wanting to quit smoking.

During 2024, DSHS continued to promote THSteps tobacco prevention and cessation modules to statewide stakeholders. Module topics included identifying and treating children with asthma and exercise-induced dyspnea. In FY24, providers completed 1,464 modules related to secondhand smoke, comparable to the 1,513 modules completed in FY23. Refer to Developmental Screening for more information about THSteps.

DSHS collaborated on *Friday Beat* newsletter creation and distribution. In FY24, the newsletter provided 29 unique smoking prevention and cessation articles, resources, and educational opportunities compared to 31 in FY23. Topics included:

- On-campus student tobacco use
- Tobacco's targeted marketing
- Vaping prevention
- Resources to quit vaping and smoking
- Tobacco prevention and education resources for parents and teachers

Refer to Injury Prevention for more information about the *Friday Beat*.

## Performance Analysis

**Objective 1:** By 2025, decrease the number of children living in a household where someone smokes to 13.9% (NSCH 2019 baseline=14.6%)

DSHS continued to promote tobacco prevention and control strategies and services to families, community-based contractors, and partners. 2022-2023 NSCH data showed approximately 10.5% of children in Texas ages 0-17 lived in households where someone smokes, a decrease from 2021-2022 NSCH data of 12.8% in FY23. This decrease could reflect an increase in effectiveness of and access to smoking cessation programs or an increase in knowledge of dangers of secondhand smoke exposure.

## Challenges

Resource shortages at state and regional levels impacted activities for Household Smoking. DSHS continued PHRs collaboration with regional tobacco coordinators (RTC) to accomplish tobacco prevention and cessation activities impacting household smoking.

## Opportunities

Through quarterly conversations and collaborative meetings with TPCP, DSHS identified opportunities to enhance tobacco-related prevention efforts. Staff will continue to meet quarterly to implement action plans addressing household smoking. DSHS plans to maintain continued coordination with DSHS School Health to integrate secondhand smoke education materials in *Friday Beat*.



## **5. Obesity Prevention: Percent of overweight and obesity in Texas children ages 2-21**

Based on body mass index (BMI) calculations from 2021–2023 Texas School Physical Activity and Nutrition (SPAN) data, an estimated 31.9% of second graders and 39% of fourth graders were above normal weight range for their height and weight compared to the 2019-2020 date estimating 38.9% of second graders and 45.9% of fourth graders were above a normal weight.

Child nutrition continues to be a critical issue to address. 2021-2023 SPAN data estimates that 39.4% of second graders and 38.8% of fourth graders did not participate in any team sports compared to 2019-2020 SPAN data which estimated 50% of second grade students and 35% of fourth grade students did not participate in any team sports. To improve on these numbers, DSHS developed four State Action Plan strategies to reduce childhood overweight and obesity. The four strategies are: 1) Assess and monitor injury prevention data and trends, factors that impact injury prevention, community needs, and assets to reducing injuries among children; 2) Lead state and national initiatives including Child Safety Learning Collaboratives and State Child Fatality Review Team Committee; 3) Lead, fund, and partner on dissemination of injury prevention information, trainings, and resources to stakeholders; and 4) Support the promotion of best practices to increase recommended nutrition and other healthy behaviors to reduce and prevent overweight and obesity in children. Guided by these strategies, DSHS implemented numerous nutrition and physical activity projects.

### **State Action Plan Activities and Successes**

In FY24 PHRs partnered with Texas A&M AgriLife for the seventh year to implement Learn, Grow, Eat, & Go! (LGEG) in local schools. LGEG is an evidence-based curriculum combining gardening, nutrition, and physical activity education. LGEG curriculum has classroom lessons on composting, planting, watering, fertilizing, healthy foods, fresh vegetables, cooking healthy foods and more. In FY24, one campus in Pineywoods, Texas, was selected to host LGEG which provided 14 education sessions to 592 students. This was a decrease of 77% and 68% respectively, compared to FY23. However, Pineywoods, Texas, provided an additional 63 nutrition

education events serving 1,255 individuals. New education programs used by Pineywoods Texas included using Better Me Within (a nutrition and weight loss program utilizing faith-based leaders), Love Your Heart (a heart health nutrition curriculum) and a local juvenile diabetes camp.

Four additional PHRs supported community nutrition and physical activity events like community nutrition classes, diabetes summer camp, and obstacle courses at health fairs to share nutrition information with over 1,000 event participants. Details of PHR specific activities are below.

Northwest Texas utilized DSHS Nutrition Toolkit to educate 40 families seeking community resources.

North Central Texas created five obstacle courses at community events serving 64 children to increase physical activity and provide parents easy, inexpensive physical activity ideas to recreate at home. Staff also provided nutrition information at health fairs and expositions, engaged 1,966 individuals and provided health snacks and lessons to 44 children and 32 parents at local head start centers.

In FY23, North Central Texas piloted oral health education in conjunction with nutrition education to children ages 3-9. In FY24, PHR staff expanded the program and provided oral health education to 1,952 children and caregivers and distributed 1,522 dental kits (included a toothbrush, dental floss, toothpaste, timer and/or dental mirror).

South Central PHR staff promoted active and healthy living through Garden Days, walking initiatives like Walk across Texas, and It's Time Texas Community Challenge. PHR staff partnered with Texas A&M AgriLife extension to launch a community garden and Growing and Nourishing Healthy Communities Gardening curriculum in Bandera County. Four field office staff participated in Coordinated Approach to Child Health (CATCH) training, focused on physical education, physical activity, and nutrition. In addition, two staff members trained and served as TA Consultants in Texas Healthy Building Blocks program a statewide program designed to support early childhood education programs working to adopt evidence-based obesity prevention practices to improve health of children 0 to 5 years old. The goal for FY25 is to pilot both CATCH and Healthy Building Blocks at select field sites to increase community education and participation in healthy eating and active living activities.

West Texas and South Texas provided nutrition education and resources to children and caregivers.

In FY24, DSHS continued to contract with University of Texas Health Science Center at Houston (UTHealth) to lead Texas School Physical Activity and Nutrition (SPAN) project activities. Refer to Obesity Prevention in the adolescent health report for more information about SPAN.

In FY24, DSHS continued to fund, produce and disseminate *A Parent's Guide to Raising Healthy, Happy Children's*. This guide includes information on healthy nutrition and feeding practices for children up to age 5. Refer to Developmental Screening for more details about the guide.

Early Childhood Obesity Prevention Committee (ECOPC) is a multisector collaboration focused on improving weight status of Texas children in early childcare settings. In FY24, ECOPC met virtually four times, compared to meeting seven times in FY23. This group worked on a Texas obesity prevention resource hub to identify, assess and disseminate existing early childhood obesity prevention resources.

In FY24, healthcare providers completed 1,427 obesity and overweight management modules up 14.4% from the 1,247 completed modules in FY23. This increase could be due to a newly revised and released obesity module. DSHS expects module completions to increase in coming years as the new module is promoted through website advertisement and email distribution. Refer to Developmental Screening for more information about the THSteps.

DSHS collaborated on *Friday Beat* newsletter creation and distribution. In FY24, the newsletter provided 55 unique obesity prevention articles, resources and educational opportunities. Topics included:

- National obesity awareness month
- Evidence-based strategies to improve school nutrition and physical activity
- Family exercise ideas
- Breakfast menu planner
- National nutrition month
- Starting a school garden

Refer to Injury Prevention for more information about the *Friday Beat*.

## Performance Analysis

**Objective 1:** By 2025, decrease the percentage of children in fourth grade with a BMI in the overweight or obese range from 45.9% to 44.5% (SPAN 2019-2020).

In FY24, DSHS continued to promote obesity and overweight prevention strategies, education, and support to families, community-based contractors and partners. FY23 NSCH data showed approximately 21% of Texas children ages 6 to 11 are obese a slight decrease compared to 22.3% in 2021-2022. Data also showed 76.9% of children ages 6 to 17 do not get at least 60 minutes of physical activity per day another slight decrease compared to 79.4% in 2021-2022. DSHS supported *Friday Beat* newsletter and encouraged inclusion of obesity and overweight prevention and management articles in each issue. Additionally, SPAN completed 2021-2023 Texas-wide surveillance system measuring child health and related behaviors of school-aged children. Finally, PHRs utilized community connections to increase use of LGEG curriculum in elementary schools and community partnerships.

## Challenges

In FY24, contractors and PHR staff noted budget constraints combined with increased travel costs made it difficult to offer in-person community engagement opportunities (including data collection efforts, obesity related presentations and TA). Additionally, resource shortages at state and regional levels impacted activities for Obesity Prevention.

## Opportunities

In FY24, DSHS, PHRs, and contractors continue to find virtual opportunities to connect with community organizations and maximize budgetary restraints. With updated 2021-2023 SPAN data, DSHS, contractors, and PHR staff can share findings, recommend evidence-based and best-practice approaches and increase collaboration opportunities for TA to communities and schools around obesity prevention efforts and activities.