

**Health and Human** 

Services

**Texas Department of State Health Services** 

# DRAFT: Child Health FY22 Annual Report

**Maternal and Child Health** 

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#### 1. Introduction

Texas Maternal and Child Health (MCH) defines childhood as ages 1-12. As of 2021, more than 7.4 million children under age 18 years live in Texas according to the National Survey of Children's Health (NSCH). To best support these young Texans, MCH created the Child and Adolescent Health Branch (CAHB) which guides all child, adolescent, and children with special health care needs programming. Building on the Prevention Institute's Spectrum of Prevention framework, MCH developed the CAHB framework which provides synergy and integration through the life course between the 3 population domains.

#### Framework pillars include:

- Strengthen individual knowledge and skills to increase health literacy and promote healthy lifestyle choices;
- Inform and support providers to gain knowledge and understanding of population needs and challenges;
- Empower communities to respond to priority needs, maximize available resources, and develop family-driven programming;
- Foster collaboration to accelerate innovation and achieve collective impact; and
- Improve organizational practices to promote optimal health outcomes and achieve health goals.

Texas MCH uses the CAHB Framework as a comprehensive foundation for Title V child health activities. See Supporting Document 3 for more information on the CAHB Framework.

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

The American Academy of Pediatrics (AAP) recommends all infants and children ages 9-35 months receive screenings for developmental delays using standardized screening tools during well checks. The NSCH includes a question about whether a parent completed a child's developmental screening in the past year. The 2020-2021 data showed less than half of parents (35% in the U.S. and 42% in Texas) complete a developmental screening for their child with their doctor. To improve on these findings, MCH developed 4 State Action Plan strategies (found in the State Action Plan) to increase the percentage of children receiving a developmental screen. Guided by these strategies, MCH implemented numerous projects to improve developmental outcomes.

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

MCH identified a state priority need to improve the cognitive, behavioral, physical, and mental health and development of all MCH populations. To address this priority, MCH created Help Me Grow (HMG) Texas, utilizing the national HMG System Model as a strategy to make developmental screening and 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.

In FY22, MCH implemented HMG Texas for a second year, and served communities across Texas. HMG Texas is adaptable to a specific community's needs, but follows components standardized with the national model:

- A centralized access point (CAP) connects children and their families to appropriate community-based programs and services through care coordination and family support;
- Family and community outreach supports families and local stakeholder education to advance developmental promotion;

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

HMG Texas communities improve access to developmental screening and surveillance by:

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

In FY22, MCH continued HMG Texas programming at the state and community levels. State activities included:

- Serving as Texas' HMG National Center affiliate which afforded MCH and HMG Texas communities national and federal partnership opportunities;
- Operating as the intake point for communities interested in joining HMG Texas;
- Providing intensive technical assistance (TA) and consultation to 6
  HMG Texas communities through monthly office hours, one-on-one
  consultation calls, community convenings, and a Mid-Year Learning
  Institute (MYLI) workshop; and
- Drafting strategic statewide expansion plans and standardized statelevel implementation approaches.

In FY22, HMG Texas communities continued enhancing local HMG System Model implementation 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) that provides families with care coordination and warm hand-offs to needed supports and resources;

- Establishing a centralized access point and outreach event data collection process; and
- Leveraging the HMG System Model in grant applications.

In FY22, HMG Texas communities served 8,363 families through their CAP (a 182% increase from FY21) and made 2,212 unique referrals (a 27% increase from the 2,212 unique FY21 referrals). This increase is due to more HMG Texas communities with an operational referral reporting platform or mechanism. Additionally, communities conducted 3,888 Ages & Stages Questionnaires® (ASQ®), Third Edition and 2,217 ASQ®: Social-Emotional, Second Edition screeners through HMG-led events or CAPs.

MCH contracted with HMG National Center to identify and explore HMG Texas implementation priorities and challenges. Simultaneously, HMG Texas communities participated in the MCH-administered state-level Early Childhood Network Mapping (ECNM) toolkit project. In FY22, with the support of HMG National Center, MCH helped communities visualize their existing early childhood system and assisted their network in addressing early childhood issues facing their community. The ECNM toolkit leveraged the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) survey tool from Visible Network Labs (VNL) to analyze HMG Texas communities' social network also known as a Social Network Analysis (SNA).

SNA is a quantitative methodology that focuses on relationships between and among organizations measuring and mapping relationships and functionality. The VNL created individualized reports for HMG Texas communities that used ECNM results in strategic planning to invest in relationships that leverage resources, reduce redundancies, and maximize collaboration. In addition to individualized reports, MCH received an aggregate report that showed Texas has trusting, reliable, and valuable partnerships that are cooperative, coordinated, and integrated. MCH analyzed VNL data to inform and guide positive systemic change and promote optimal child development.

In FY22, MCH continued funding My Health My Resources of Tarrant County (MHMR) in its 3rd year of implementing the HMG System Model in North Texas. With the funding, MHMR enhanced HMG implementation efforts and built strong community partnerships by hiring an HMG Program Director and an HMG Community Alignment Coordinator. Additionally, MHMR hired a Family Partner Community Alignment Coordinator to lead the integration of family voice, family-driven care, and oversee the Family Advisory Council. MHMR also recruited an active father in the community as a Family Partner

to strengthen fatherhood engagement in developmental screening programming and services.

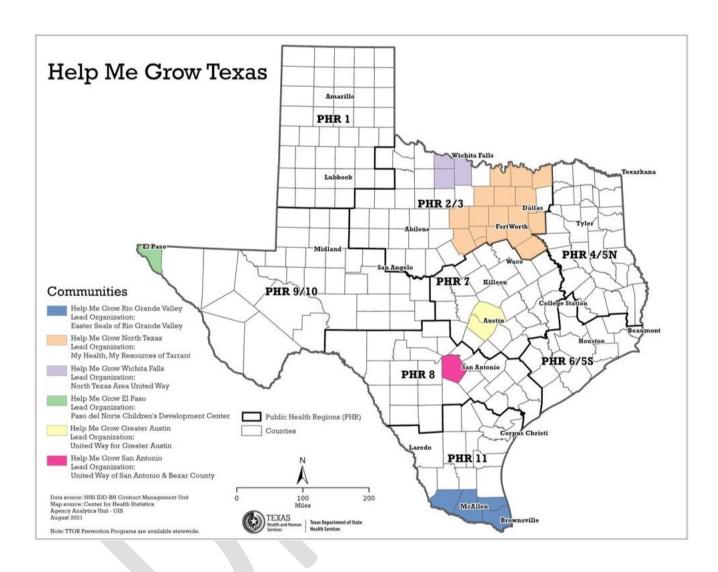
With Title V funds in FY22, MHMR continued leading HMG System Model replication efforts in the 14 surrounding rural counties they added in FY21. To increase provider support and training, MHMR created the HMG North Texas ASQ Workgroup and hosted a Brazelton Touchpoints Act Early Learning Series cohort titled Partnering with Families on Developmental Screening and Referrals. MHMR invited the other 5 HMG Texas affiliates to participate in the cohort. During the learning series, cohort participants explored strategies and tools needed to engage families to "act early" in developmental screening and referral process. Additionally, MHMR launched the HMG North Texas free online training platform, *Teachable*, for providers and parents serving and caring for children ages 0-5. Through this training platform, MHMR offered continuing education units and completion certificates. Updated quarterly, training topics included fatherhood engagement, adverse childhood experiences, perinatal mood and anxiety disorders, empowering parents during COVID, and understanding providers' role in early hearing loss.

In June 2022, MCH released a request for application to support FY21 cohort sustainability. Eligible applicants had at least 1 years' of experience implementing the HMG System Model and were not already receiving MCH funds. MCH selected 5 HMG Texas communities to:

- Build and enhance their local early childhood system and cross-sector collaboration;
- Respond to the needs of families in their service delivery areas; and
- Reduce resource and support duplication and inefficiencies through HMG System Model implementation.

To reach more Texas families with young children, MCH released the FY23 HMG Texas Cohort application in the last quarter of FY22. A committee, including MCH staff and the Inter-Agency Deputy Director of Early Childhood Support, selected 3 new HMG Texas communities supporting 8 counties in Central, East, and Southeast Texas. As of October 2022, MCH supports 9 HMG Texas communities serving 37 Texas counties.

#### **FY22 Help Me Grow Texas coverage:**



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

- Create a public health-focused implementation guide to give resources to early childhood systems of care professionals and expand their services;
- Develop and enhance early childhood systems building in at least 3 Texas communities; and
- Identify opportunities at state and local levels to sustainably invest in effective early childhood practices.

As part of implementation guide development, TIEMH collected data to create a fiscal map, a coalition survey, and an early childhood community coalition map. According to the Children's Funding Project, a fiscal map is a tool to analyze state and local public spending, identify funding gaps, and generate gap-filling funding strategies. TIEMH collected data from Texas state agencies and entities including, the Texas Department of Family and Protective Services (DFPS), the Texas Education Agency (TEA), the Texas Head Start State Collaboration Office, the Texas Health and Human Services Commission (HHSC), and the Texas Workforce Commission (TWC). Project Thrive collected data on existing programs within these state agencies and entities, program funding sources, and primary program goals.

The data showed Texas early childhood program funding is largely supported by state legislature-appropriated general revenue funds and federal grants including block grants, federal state allocations, and formula grants. Most Texas early childhood programs are overseen by a state agency and administered through a community-based organization or local education agency.

In FY22, Project Thrive continued to work with Start Smart Hays & Caldwell (SSHC) and the Houston Infant Toddler Coalition (HITC). Additionally, Project Thrive began working with Early Matters El Paso Action Network (EMEPAN). TIEMH developed TA plans with these communities based on their needs.

SSHC's TA focused on re-launching their program post-COVID due to high staff turnover, leadership changes, and new coalition priorities. SSHC used ThoughtExchange, a platform that asks participants questions and then turns the answers into data for strategic planning and community priority identification. TIEMH utilized the ThoughtExchange data to provide customized research and resources on successful infant and early childhood mental health consultant programs based on participant needs. Staff also assisted with grant application planning and budget discussions. Project Thrive supported the SSHC lead in completing an ASQ® Training of Trainers (TOT).

TIEMH provided intensive 1:1 and group consultation to HITC which focused on including family voices in their work. This consultation led to the Family Leadership Council's development which meets regularly to inform coalition work. The HITC Family Lead received TA to connect community family groups with family voice coalition members to develop into a larger community coalition. Additionally, TIEMH trained HITC to analyze large

group discussions with the ThoughtExchange tool. TIEMH sent out a ThoughtExchange survey before a June 2022 Houston childcare event. After the event, the Project Thrive team assisted with analyzing data and taught HITC leads how to interpret the results.

Project Thrive also provided a TA plan to EMEPAN which included workgroup facilitation best practices, shared leadership, and advocacy protocol creation. In June 2022, TIEMH and MCH partnered to give an introductory ASQ® training to 16 EMEPAN providers.

During FY22, MCH facilitated a bi-monthly Texas Developmental Screening Workgroup (DSW). The DSW consisted of representatives from early childhood state agencies, child health advocacy groups, the Texas AAP chapter, local communities leading early childhood screening efforts, non-profits, and University of Texas-Austin. The workgroup focused on applying the Early Childhood Integrated Data System (ECIDS) Toolkit Guide to conduct a developmental screening data environmental scan. Additionally, the group supported state and local *Learn the Signs. Act Early.* (LTSAE) activities. The Centers for Disease Control and Prevention's (CDC) LTSAE program improves early identification of developmental delays and disabilities.

In FY22, the MCH State Child Health Coordinator was selected as 1 of 2 Texas Act Early Ambassadors to continue promoting LTSAE resource adoption and integration. MCH supported the Texas Deputy Ambassador (DA) program, a network of early childhood professionals assisting the Act Early Ambassadors and the "Act Early Response to COVID-19" grantee in LTSAE resource dissemination. In September 2020, the CDC established the "Act Early Response to COVID-19" grant to mitigate the negative effects of the COVID-19 pandemic on developmental delay and disability identification. In FY22, 50 participants across 3 cohorts received family-engaged developmental monitoring and screening training from Brazelton Touchpoints. The Brazelton Touchpoints Center provides evidence-based professional development, research, evaluation, technical assistance, and collaborative consultation about early childhood and relational development. Participants included pediatric health care providers, childcare providers, home visitors, and HMG Texas sites. Additionally, 15 new partners received information on family-engaged developmental monitoring and resiliency as a part of the Brazelton training. DAs accessed professional development opportunities, networked with other DAs, and disseminated free LTSAE materials for their organization or community.

In FY22, MCH contributed to LTSAE materials distribution:

- 11 DAs distributed 32,118 LTSAE materials as part of the "Act Early Response to COVID-19" grant;
- 1,683 individuals completed the Watch Me! Training video on child developmental milestones; and
- The Milestone Moments app launched 84,177 times in Texas.

Comparing FY21 to FY22, completed trainings increased almost 19%. Milestone Moments app launches decreased 38% due to a CDC update which resulted in limited access for part of the year.

In FY22, the Healthy Child Care Texas (HCCT) grant contract ended. HCCT was a state-funded initiative, operated by the Texas Association for the Education of Young Children (TxAEYC), to promote optimal health, safety, nutrition, and development for children attending out-of-home childcare programs. The initiative had four core programs:

- Child Care Health Consultant (CCHC) train-the-trainer program, educating early childhood professionals to consult with childcare directors and educators to improve their care and early learning spaces;
- HCCT-Social Emotional Development (HCCT-SED) project, supporting early learning centers in developing developmental screening programs;
- Texas Healthy Building Blocks (THBB), recognizing early care and education centers for their participation in obesity prevention activities; and
- Outdoor Learning Environment (OLE!), promoting healthful, naturebased outdoor learning spaces at childcare facilities.

Refer to SPM 2 for more information about the THBB and OLE!.

The CCHC certification curriculum equipped CCHCs to provide health and safety training and consultation to early childhood professionals. The curriculum included a 3-day in-person training, 10-week distance learning modules, and a capstone experience. In FY22, HCCT trained 41 CCHCs. By January 2022, the CCHCs were trained and started conducting consultations. As of August 2022, 146 certified CCHCs in 40 counties provided in-person and virtual training, consultation, and supportive services to early childhood programs.

The CCHCs contributed to the HCCT-SED project through ASQ® training facilitation. In FY22, the CCHCs held 23 6-hour trainings on the ASQ®-3 and

ASQ®:SE-2 for 49 of the 50 child centers participating in the regional HCCT-SED Project. CCHCs trained 431 early childhood professionals on ASQ® administration.

MCH funded *A Parent's Guide to Raising Healthy, Happy Children's* production and dissemination. Per legislation, a free physical copy of the guide is available for providers who provide prenatal care or deliver an infant of a pregnant person enrolled in Medicaid. Eligible providers include hospitals, birthing centers, physicians, nurse midwives, and midwives. Ineligible providers can order the physical guide at cost or download a digital version. The guide, available in English and Spanish, included information on essential stages of a child's development, a place to record family experiences, helpful tips for doctor visits, and Texas-specific resources, such as health care and childcare.

In FY21 and FY22, MCH and 16 other early childhood experts provided an intensive guide update. The updated guide has new information on:

- How to clean, sanitize, and store infant feeding items;
- Safe Riders, a program that advises on proper car seat selection, installation, and use;
- How to reduce sudden infant death syndrome risk, such as placing your baby on their back to sleep and not putting any toys in the baby's sleep space;
- How to prevent and navigate tantrums and advice on when to talk to your doctor if tantrums get worse;
- Simple, low-cost parent self-care tips; and
- Child hygiene recommendations based on the CDC's five easy steps to handwashing.

In FY22, guide distribution decreased by 16.5% with a total of 63,175 guides distributed compared to 75,600 guides distributed in FY21. When compared to previous distribution trends, this follows the pattern of a decrease in guide distribution in even-numbered fiscal years.

The Early Childhood Interagency Workgroup (ECIAW) is a collaboration of early childhood state agencies coordinating initiatives to achieve a significant collective impact in the early care and education sector. ECIAW representation includes MCH, DFPS, HHSC, TEA, and TWC.

In FY22, the ECIAW met 21 times to improve cross-agency data coordination and provide families and early childhood professionals with program information. In support of data integration efforts, ECIAW generated a purpose and vision for a potential state ECIDS and partnered with the Texas

Early Learning Council to develop an ECIDS roadmap. ECIAW will publish the roadmap in early 2023 with data integration recommendations to better serve children and families. MCH provided public health content for the ECIAW's cross-agency Early Childhood Texas website that launched in March 2022.

The Texas Early Learning Council (TELC) serves as the state's advisory council (as required by the federal Improving Head Start for School Readiness Act of 2007) to improve the quality of and access to Texas early childhood services. The TELC is comprised of cross-sector stakeholders, including MCH staff, working to increase coordination and collaboration across state agencies and local entities. TELC continued using the state's Early Learning Strategic Plan to guide priorities. In FY22, TELC met 5 times to discuss strategic plan progress, federal stimulus funding updates, data roadmap workgroup activities, and upcoming early childhood events.

The Children and Youth Behavioral Health Subcommittee (CYBHS) is a subgroup of HHSC's Behavioral Health Advisory Committee (BHAC). BHAC serves as the primary advisory voice for mental health and substance use issues for Texans of all ages. CYBHS provides recommendations on children and youth behavioral health topics and services as the Texas System of Care (TxSOC) advisory body. TxSOC is a spectrum of accessible, responsive, and effective services and support for children, youth, and young adults with or at-risk for mental health challenges. In FY22, MCH represented DSHS on the CYBHS and attended 3 of the 4 meetings. At these meetings, MCH provided DSHS program updates related to CYBHS recommendations from past years including information about HMG expansion, DSW goals, and Project Thrive activities.

MCH continued to promote Texas Health Steps Online Provider Education (THSteps) modules. THSteps' award-winning online program offers free continuing education courses for primary care providers and other health professionals. These courses offer updated clinical, regulatory, and best practice guidelines for a range of preventive health topics. In FY22, providers completed 20,666 early childhood development and screening modules. The 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;
- Trauma-informed care for children in foster care; and
- Using developmental screening tools.

In FY22, MCH was a subject matter expert for Childhood Anxiety Disorder and Child and Adolescent Depression module revisions. Compared to FY21, there was a 7% decrease in module completion in FY22. While modules are revised, they are removed from the website, contributing to the completion rate decrease.

In FY22, MCH prepared a new contract with the University of Texas Tyler Health Science Center (UT Tyler). Beginning in FY23, UT Tyler will pilot a community health worker training program in at least 1 Texas Public Health Region (PHR) to increase developmental screening administration, referrals, and care coordination.

#### **Performance Analysis**

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

Increasing awareness of and access to developmental screening remains an MCH priority. The DSW, LTSAE, HMG Texas, ECIAW, and other initiatives continue to help improve developmental screening and surveillance recognition and program implementation. The 2020-2021 NSCH reported 42.1% of Texas children ages nine through 35 months received a developmental screening in the past year. This decrease is likely due to fewer families seeking regular medical care, attending childcare, or otherwise frequenting places during the COVID-19 pandemic in which children are normally screened. In FY22, HMG Texas affiliates administered 6,105 developmental screenings and served 8,363 families. Of the HMG Texas affiliates reporting on this measure, HMG Texas met 89.7% of families' needs.

Both the 2020-2021 NSCH data is lower than baseline and Texas saw a 5.2% decrease in the number of children receiving a developmental screening compared to 2019-2020. During the pandemic, fewer children were going to places where they may usually receive a screening like well child visits. As Texas adapted to the pandemic, families slowly accessed these places. During this time, HMG Texas, HCCT, and ECIAW partners continued providing screenings. MCH anticipates the developmental

screening rate will continue to increase as HMG Texas expands and other contracts build on their FY22 successes.

#### **Challenges**

MCH's NPM 6 program implementation was impacted by staff turnover at the state, contractor, and community levels. Staff turnover delayed some programming and required pivoting activities in some cases. New MCH staff were hired to lead child health activities. During the transition, the new state staff required time to properly onboard. At a contractor and community level, TIEMH reported turnover with most of their sub-contractors. Once the roles were filled, new staff needed time to learn about community efforts and goals before effectively continuing the work. In FY22, COVID-19 restrictions continued to impact MCH's ability to travel and meet with contractors and community stakeholders. Family voice is essential to establishing and strengthening state and local initiatives. However, MCH is unable to provide direct family leader compensation.

#### **Opportunities**

Adaptation and innovation are crucial in pivoting Texas programs to meet the needs of children and families. Texas has proven HMG System Model implementation can sustain developmental screening and family support practices during crises like pandemics and natural disasters. MCH can leverage local lessons learned in state-level programming and initiatives like HMG Texas and the DSW. MCH can also increase developmental screening awareness and capacity through Act Early Ambassador activities and ASQ® trainings, as well as continue to hire new staff to increase capacity and expand HMG. Participation in the CDC's Act Early Ambassador program continues to afford Texas national networking opportunities and allows MCH to build on existing LTSAE work. MCH staff also completed ASQ® Training of Trainers which increased internal capacity to increase ASQ® administration.

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

The Title V 2020 needs assessment identified several statewide injury prevention areas of concern. Top child fatality causes included preventable deaths such as accidental drowning and motor vehicle incidents. Additionally, adverse childhood experiences (ACEs) were a top concern among focus group participants. ACEs are a set of ten experiences reflecting childhood adversity that are linked to negative health outcomes later in life. Household dysfunction, abuse, and neglect are examples of ACEs. The CDC recognizes ACEs as contributors to chronic disease, depressive disorders, and even early death. In Texas, the 2020-2021 NSCH data showed that 16.2% of children have experienced two or more adverse childhood experiences.

Key informant and focus group interviews identified children's mental health as one of Texas' major needs. Participants expressed concern over the lack of mental health resources and mentioned the need for child mental health resources.

There is also a racial health disparity among child injury and fatalities. Non-Hispanic Black children are disproportionately affected by ACEs, experience more injuries and greater fatalities, and are at a greater risk for long-term complications because of injury or violence. To decrease child non-fatal hospitalizations, MCH developed 4 State Action Plan strategies (Found in the State Action Plan). Guided by these strategies, MCH implemented numerous injury prevention projects.

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

The state and local child fatality review team's (CFRTs) purpose is to improve the state's response to child fatalities, provide accurate information on how and why Texas children are dying, and reduce the number of preventable child deaths by applying data trends to prevention practice. The State Child Fatality Review Team (SCFRT) Committee is a professional group representing law enforcement, the medical community, child advocacy organizations, the court system, the behavioral health community, and state agencies including MCH. The SCFRT makes recommendations to the legislature through a biennial report. Local CFRTs have a similar membership

and review fatality cases in their chosen area, plan events in their communities, and suggest recommendations to the SCFRT.

Given the size of Texas and the population of almost 30 million people, PHRs provide a local perspective to MCH programming. All 8 PHRs are heavily involved in local CFRT efforts. They participated in 200 local child death reviews across the state, as well as helped with member recruitment and attending local review meetings. PHRs were integral in establishing or reinstating 3 CFRT teams to expand prevention activities.

PHRs also participated in 256 activities on different topics, such as motor vehicle safety, water safety, safe sleep, and bike safety prevention. Four of the 8 PHRs trained 15 staff to become certified passenger safety technicians (CPSTs). Clinics and regional offices across the state provided monthly car seat education and distribution classes. PHRs also collaborated with the Texas Department of Transportation, Texas A&M AgriLife, and other local organizations to conduct community-wide car seat checkup events. These collaborative efforts brought local CPSTs together to educate and provide car seats to Texas families. The events included an important discussion about child safety in and around cars, heat stroke prevention, safe sleep practices, well child exams, immunizations, secondhand smoke dangers, and the family's need for additional services and referrals as appropriate. In FY22, PHRs inspected 836 car seats and installed and distributed 502 car seats which is more than double last year's total of 238 (99 of which were Title V-funded).

PHRs also facilitated hyperthermia education events. PHRs hosted 25 Safe Kids events reaching at least 1,900 individuals, which is almost double last year's participation of 1,000 individuals. Safe Kids is a global nonprofit with local chapters dedicated to protecting kids at home, on the road, and at play from preventable injuries by educating families and raising awareness to create safer environments. Learning materials included vehicle versus outside temperature displays and printed materials. Additional educational events included bike safety and proper helmet fittings for 484 children. PHRs also participated in bike rodeos where children received free helmets and taught basic bike safety lessons. In FY22, PHRs hosted 4 bike rodeos serving 221 children.

During FY22, PHRs conducted 12 water safety education and prevention activities to over 600 children and staff at apartment complexes, community events, summer programs, and Boys & Girls Clubs. Staff used the 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. Local CFRTs recommended life jacket loaning stands as a prevention strategy. PHRs established and reinforced the use of life jacket loaner stations by adding 6 life jacket stands and distributing approximately 340 life jackets during FY22.

MCH updated A Parent's Guide to Raising Healthy, Happy Children in FY22. The guide included age-appropriate tips on how to keep a baby and toddler safe such as:

- Baby-proofing the home;
- · Reducing choking hazards; and
- Safe sibling play.

Refer to NPM 6 for more information about the guide.

In FY22, funding concluded for the HCCT grant. MCH used the HCCT grant to provide CCHC certification and training. This training increased the availability of qualified health and child care professionals who provide health and safety assessments to Texas out-of-home child care facilities. CCHCs were trained in injury prevention in child care settings including:

- Drowning;
- Poisoning;
- Falls;
- · Abuse and neglect recognition; and
- Toxin- and chemical-free environments.

In FY22, HCCT trained 41 CCHCs. Refer to NPM 6 for more information about HCCT.

MCH and PHRs continued to promote THSteps injury prevention modules to stakeholders statewide. In FY22, providers completed 9,936 pediatric injury prevention modules, a 4% increase from FY21. The module topics included:

- Infant safe sleep;
- Pediatric head injury;
- Unintentional injury prevention; and
- Child abuse prevention and reporting.

Refer to NPM 6 for more information about THSteps.

MCH collaborated with the DSHS School Health program to create and distribute *Friday Beat*, an e-newsletter sent to school health stakeholders every Friday. In FY22, DSHS released 43 issues and featured injury prevention resources and articles in 41 editions. *Friday Beat* provided 97

unique injury prevention articles, resources, and educational opportunities to 10,179 weekly users by the end of FY22. Compared to FY21, this was a 31% increase in the number of injury prevention resources and nearly 7% increase in the number of weekly users. FY22 *Friday Beat* resources and topics included:

- Brain injury awareness and prevention;
- Suicide risk and prevention;
- Water safety;
- Domestic violence;
- Mental health; and
- Child safety during holidays.

MCH staff is collaborating with DSHS Injury Prevention Unit (IPU) and PHRs to plan an FY24 injury prevention conference. MCH created a scope of work and identified conference session topics.

#### **Performance Analysis**

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

Efforts to integrate injury prevention strategies in a wide array of programs continued. MCH provided education, TA, and resources to families, community-based contractors, and other partners to help improve awareness of common injuries and how to prevent them. Educational resource dissemination such as *A Parent's Guide to Raising Healthy, Happy Children* and the weekly *Friday Beat* newsletter increased during FY22. Texas emergency department data is available on a 1-year lag. This report uses the 2019 baseline rate of 8,291 non-fatal injuries per 100,000. The 2021 data point for emergency room visits was 7,413 non-fatal injuries per 100,000, a 10.6% decrease from baseline. This decline may be due to avoiding emergency care from COVID-19 infection risk concerns or for injuries that were manageable through primary care. The decline could also represent actual reductions in injuries due to changing activity patterns during the pandemic, such as lower risks for motor vehicle injuries.

While 2021 Texas non-fatal injury rates were lower than the 2019 baseline, there was a 24% increase compared to 2020 non-fatal injury rate. This increase is likely due to children and families resuming pre-pandemic activities and seeking care at greater rates than during COVID. MCH will continue to lead, fund, partner, and support efforts to engage and educate

families, professionals, and other stakeholders on injury prevention with the goal of reducing the rate of emergency room visits.

#### **Challenges**

MCH's NPM 7 program implementation was impacted by staff turnover at the state, PHR, contractor, and community levels. Staff turnover delayed some programming and required pivoting activities in some cases. New DSHS staff were hired in FY22 and required time to be introduced to injury prevention staff and learn about their projects. For example, many newly hired PHR staff were not CPSTs and could not conduct car seat education and distribution activities for part of the FY.

In FY22, in-person activities due to the COVID-19 pandemic were still limited. However, MCH staff and contractors applied experience deploying virtual alternatives which allowed for the continuation of many initiatives and, in some cases, increased diverse and non-traditional participation.

#### **Opportunities**

Although there was a decrease of in-person activities, the COVID-19 restrictions became less strict in FY22 allowing for more in-person activities. Continuing virtual aspects is a significant opportunity for MCH to widen its reach. MCH also plans to continue increasing IPU collaboration. Injury prevention conference planning in FY24 will strengthen this partnership.

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

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

National asthma guidelines recommend people with asthma avoid secondhand smoke exposure. 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 on these findings, MCH developed 3 State Action Plan strategies (Found in the State Action Plan) to decrease the percentage of children who live in a household where someone smokes. Guided by these strategies, MCH implemented numerous projects focused on smoking prevention and cessation.

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

MCH funded *A Parent's Guide to Raising Healthy, Happy Children's* production and dissemination. The guide includes age-appropriate tips on creating a smoke-free environment for children. Refer to NPM 6 for more information about the guide.

In FY22, MCH continued to meet quarterly with DSHS Tobacco Prevention and Control Program (TPCP). Meetings included program updates, emerging trends or knowledge dissemination, assistance requests, and promotion collaboration opportunities. TPCP also presented on the Texas Quitline program background, eligibility, and referral process and pathways at an HMG Texas Community Convening. HMG Texas sites added the Quitline to their local resource directories as a referral option for pregnant women and caregivers wanting to quit smoking.

In FY22, MCH participated in the Texas Asthma Control Collaborative (TACC). The collaborative met 5 times to expand online asthma education access in Texas schools. The group identified potential speakers, developed a webinar timeline, and suggested topics.

MCH continued to promote THSteps tobacco prevention and cessation modules to statewide stakeholders. In FY22, providers completed 2,471 THSteps modules related to secondhand smoke which is a 135% increase compared to FY21 completed modules. The module topics included childhood asthma and dyspnea triggers and treatments. Refer to NPM 6 for more information about THSteps.

MCH collaborated on *Friday Beat* newsletter creation and distribution. The newsletter provided 31 unique smoking prevention and cessation articles, resources, and educational opportunities. Compared to FY21, this is a nearly 24% decrease in the number of relevant resources shared. FY22 *Friday Beat* resources and topics included:

- An article on secondhand smoke in the home and vehicles;
- E-cigarette fact sheet;
- E-cigarette use among middle and high school students;
- Vanquishing Vaping Toolkit;
- DSHS-created vaping and e-cigarette materials; and
- Tobacco education resources for parents and teachers.

Refer to NPM 7.1 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%)

MCH continued to promote tobacco prevention and control strategies, supports, and services to families, community-based contractors, and partners. The 2020-2021 NSCH reported the "percent of children, ages 0-17, who live in households where someone smokes" was 15.4%. The level, as compared to baseline, could reflect a decrease in families accessing regular preventive health care, increased triggers to smoking uptake, and disruption to smoking cessation program or therapy participation because of COVID-19,

#### **Challenges**

MCH's NPM 14.2 activities were impacted by staff turnover at the state and regional levels. PHRs collaborate with DSHS Regional Tobacco Coordinators (RTC) to accomplish tobacco prevention and cessation activities impacting NPM 14.2. PHR and RTC staff turnover delayed some programming and required pivoting activities in some cases. Three of the 8 PHRs did not have RTCs for much of FY22, which delayed tobacco prevention activities. Additionally, TPCP, which oversees RTC workplans and activities, experienced high staff turnover complicating the collaboration efforts between PHRs and RTCs.

#### **Opportunities**

Through ongoing conversations with the TPCP, MCH identified several key opportunities to collaborate and support existing tobacco efforts, for example continuing these conversations and begin implementing action plans to address NPM 14.2. MCH can also coordinate with DSHS School Health to increase the number of secondhand smoke education materials included in the *Friday Beat*.

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

Based on body mass index (BMI) calculations for 2nd and 4th graders from the 2019-2020 Texas School Physical Activity and Nutrition (SPAN) data, MCH estimates about 43% of students are over the normal weight range for their height and about 1 in 4 students are obese.

Child nutrition emerged as a theme in the Title V 2020 needs assessment key informant interviews and focus groups. The 2019-2020 SPAN data estimated that 50% of 2nd-grade students and 35% of 4th-grade students are not participating in any team sports activity. To improve on these findings, MCH developed 4 State Action Plan strategies (Found in the State Action Plan) intended to reduce overweight and obesity prevalence in children. Guided by the strategies, MCH implemented numerous nutrition and physical activity projects.

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

PHRs participated in programs like the 5-2-1-0 Healthy Children and Learn, Grow, Eat, & Go! (LGEG). The 5-2-1-0 Healthy Children campaign is designed to improve families' and children's health by helping kids achieve 4 behaviors each day:

- 5 or more servings of fruit and vegetables;
- 2 or fewer hours of quality screen time;
- 1 or more hours of physical activity; and
- 0 sweetened drinks.

In FY22, 2 PHRs using the 5-2-1-0 campaign certified 6 community members to implement the program at elementary schools in 2 school districts.

PHRs partnered with Texas A&M AgriLife for the 5th year of Learn, Grow, Eat, & Go! (LGEG) implementation 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. PHRs implemented LGEG in 3 Rusk County elementary schools for 55 students.

Many PHRs conducted childhood obesity education with clients visiting clinics for services. PHRs discussed obesity-related topics like healthy eating, physical activity, and screen time with 115 individuals.

In FY22, MCH continued to contract with the University of Texas Health Science Center at Houston (UTHealth) to lead SPAN project activities. Refer to SPM 2 in the adolescent health report for more information about SPAN.

To address obesity in early child care, MCH and DSHS Obesity Prevention Program funded TxAEYC to implement the HCCT grant's final year. In FY22, TxAEYC created obesity prevention online training modules for child care staff, parents, CCHCs, and Texas Trainer Registry trainers. The CCHCs educated child care professionals on the Texas Rising Star child care quality rating system standards regarding healthy eating and active living. The OLE! initiative improves outdoor spaces at child care centers by adding design elements that encourage children to be active, learn in nature, and develop motor skills.

THBB recognizes early care and education centers for their participation in obesity prevention activities as part of the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) curriculum. Go NAPSACC helps programs improve practices, policies, and environments to instill healthy childhood habits in childcare centers, assess healthy childcare practices, and identify TA needs. With the statewide rollout of Go NAPSACC, HCCT designed a designation system to highlight centers that go beyond basic health recommendations. Although the HCCT grant ended, MCH is funding THBB continuation efforts in FY23. Refer to NPM 6 for more information about the HCCT grant.

MCH funded *A Parent's Guide to Raising Healthy, Happy Children's* production and dissemination. The guide includes information on healthy nutrition and feeding practices for children ages 0-5. Refer to NPM 6 for more information about the guide.

The Early Childhood Obesity Prevention Committee (ECOPC) is a multisector collaboration to improve the weight status of Texas children in early child care settings. In FY22, the ECOPC virtually met 7 times. The group worked on a Texas obesity prevention resource hub. Together, members worked on the goal to identify, vet, disseminate, and assess the comprehensiveness of existing early childhood obesity prevention resources.

MCH promoted THSteps modules. In FY22, providers completed 3,676 obesity prevention modules which is a 34.3% decrease compared to FY21. This difference is a result of 1 obesity prevention module discontinuing after FY21 and a new module launching in FY22. MCH expects the module completions to increase in the coming years as the new module is promoted. Refer to NPM 6 for more information about the THSteps.

MCH continued to collaborate on *Friday Beat* newsletter creation and distribution. In FY22, the newsletter nearly tripled the number of resources provided with 89 resources compared to 32 in FY21. The newsletter offered unique obesity prevention articles, resources, and educational opportunities including:

- Self-Assessment Tool to Promote Equitable Access to School Meals;
- Procuring Local Foods for Child Nutrition Programs Guide;
- Mindful eating;
- Kids gardening lessons including how to plant a snack garden; and
- Salad Bars to Schools Grant.

Refer to NPM 7.1 for more information about the *Friday Beat*.

#### **Performance Analysis**

**Objective 1:** By 2025, decrease the percent of children in 4th grade with a BMI in the overweight or obese range from 45.9% to 44.5% (SPAN 2019-2020).

Increasing awareness of childhood obesity remained an MCH priority. MCH continued to promote obesity prevention strategies, supports, and services to families, community-based contractors, and partners. Updated SPAN data is not available due to COVID-19 data collection delays.

#### Successes

MCH's FY22 SPM 2 successes:

- MCH supported a 178% increase in the number of obesity prevention resources shared in the *Friday Beat*;
- PHRs increased the use of 5-2-1-0 and LGEG curriculum in elementary schools; and
- MCH contributed to a statewide obesity prevention resource directory.

#### **Challenges**

The COVID-19 pandemic created a challenge for contractors and PHRs. Inperson services, programming, and research were suspended for some months of FY22. Childcare facilities participating in the HCCT grant were often delayed in implementation or struggled with regular closures of their facilities due to COVID outbreaks. Additionally, contractors noted high staff turnover throughout the year, creating service and program continuation challenges.

#### **Opportunities**

MCH, PHRs, and contractors continued providing virtual alternatives for many services and programs. Continuing some virtual aspects is a significant opportunity to widen MCH reach. As PHR staff returned to regular MCH activities from COVID-19 duties, MCH will resume collaborative obesity prevention activities.