



DRAFT:
Child Health FY24 Plan

Maternal and Child Health



TEXAS
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1. Introduction

Maternal and Child Health (MCH) continues to monitor emerging child health issues, integrate best practices, and incorporate community feedback into programming. In fiscal year (FY)24, Texas will focus on child injury and obesity prevention, increased developmental screening access, and decreased second-hand smoke exposure.

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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.

In FY24, MCH will continue technical assistance (TA) to Help Me Grow (HMG) Texas affiliates including:

- Guiding affiliates' annual workplan development;
- Leading quarterly 1-on-1 progress report meetings;
- Convening affiliates quarterly for group problem-solving and idea sharing;
- Facilitating monthly TA office hours;
- Hosting a mid-year skill-building workshop;
- Providing a monthly newsletter;
- Hosting an end-of-year celebration to acknowledge affiliates' success and disseminate lessons learned; and
- Granting access to and maintaining Basecamp (a resource-sharing platform that supports virtual collaboration).

MCH will distribute an annual survey to assess MCH's affiliate network leadership impact and TA provision. MCH hopes to see at least 85% of survey respondents report satisfactory state TA experience.

MCH will continue to contract with the HMG National Center who will provide Texas with model implementation TA including:

- Data-Information-Knowledge-Action-Results (DIKAR) Pathway development to support alignment between affiliate goals and the data needed to drive systems of care improvement;
- Quarterly Building Expertise in HMG Model Implementation Community of Practice webinars to convene national affiliates and share best practices; and
- Ongoing MCH consultation on topics such as data and reporting, monitoring and evaluation, and HMG implementation.

Aligning data and technology is necessary to improve systems of care, reduce report burden, and improve program evaluation. In FY24, MCH will implement 2 data alignment strategies based on DIKAR findings.

MCH will distribute an annual survey to HMG Texas affiliates to assess HMG National Center TA impacts. MCH hopes to see at least 80% of survey respondents reporting their TA needs were met by HMG National Center.

HMG Texas partnered with the Department of Family and Protective Services Prevention and Early Intervention (DFPS PEI) to expand the state's affiliate network under Texas' Preschool Development Grant Birth Through 5 (PDG) grant implementation. PDG funding helps states expand, build upon, and address gaps in, their early childhood system. Texas was awarded \$16 million per year for a 3-year funding cycle, from January 2023 through December 2025. The Texas PDG builds on the 6 goals from the Texas Early Learning Strategic Plan:

- Connecting families to services and engaging them as leaders;
- Supporting local early childhood systems building;
- Expanding high-quality program access;
- Strengthening and building the early childhood care and education workforce;
- Developing an early childhood integrated data system; and
- Providing reports and studies of the Texas birth to age 5 landscape.

During FY23, DFPS PEI released a subgrant funding opportunity to support existing Healthy Outcomes through Prevention and Early Support and Texas Home Visiting contractors to advance local early childhood systems building. DFPS PEI contractors could opt to become a HMG Texas affiliate. MCH will provide HMG system model implementation TA to Year 1 PDG cohort participants. MCH also plans to generate a HMG Texas affiliation pipeline for DFPS PEI contractors not chosen for affiliation in PDG Year 1. MCH will consult with these contractors to identify HMG System Model implementation barriers, opportunities, and capacity. MCH plans to recruit at least 3 DFPS PEI contractors to become FY25 HMG Texas affiliates. MCH will prepare at least 3 training materials to successfully onboard FY25 affiliates.

The HMG Texas Steering Committee is a cross-sector advisory group that supports MCH's role as Texas' HMG organizing entity. Convening at least bi-annually, the group's focus in FY24 is to:

- Strengthen family voice and engagement in state and local activities;
- Explore opportunities to address health disparities and disproportionate developmental screening rates; and
- Increase state and local HMG Texas awareness.

In FY24, MCH will add at least 2 HMG Steering Committee members to increase diverse perspectives.

In October 2023, HMG National Center and HMG North Texas will co-host the HMG National Forum in Fort Worth, Texas. The forum will offer a 3-day, in-person summit for HMG leaders seeking to accelerate their impact as well as a 1-day virtual event for all entities within the national affiliate network. MCH will continue to support forum planning and execution. All HMG Texas communities will attend the in-person HMG National Forum. MCH staff will attend and present at the Forum.

In FY24, HMG Texas affiliates will continue to do the following activities:

- Use a collaborative approach to maximizing existing community resources and avoid duplication of effort;
- Enhance systems and local processes to make it easier for young children and their families to transition to, from, and between services;
- Create, manage, or support a central intake and referral system that provides development screening, health and development information, referrals, and care coordination to connect young children, their families, and professionals with appropriate community-based programs and services;
- Provide children with health and development education and raise awareness of the HMG Texas system and services through family and community outreach;
- Promote early detection and intervention of developmental delays and concerns, as well as integrate medical care into the system, through child health and care provider outreach;
- Collect and analyze data to evaluate services and outcomes, identify system barriers and gaps, and guide continuous quality improvement; and
- Embed family and community leadership and partnership by authentically engaging stakeholders in driving change.

To assess HMG System Model implementation progress and fidelity, MCH analyzes annual and quarterly data, key informant interviews, and other state-level data. Facilitated by the HMG National Center, the fidelity assessment captures impact indicators. In FY24, MCH will compare FY20-23 annual fidelity assessment data for outcome changes over time. In FY24, MCH expects HMG Texas affiliates will report:

- A 50% increase in the number of families and children served;
- At least 75% of families successfully connected to a service or program through HMG;
- A 25% increase in the number of children receiving developmental screening; and

- At least 80% of families indicating their needs were met with HMG services.

In FY24, MCH will fund a new 3-year contract called Extension for Community Healthcare Outcomes: Texas Developmental Screening and Surveillance (ECHO™ TxDSS). Project ECHO™ is a model that empowers local communities to access expert knowledge where they live. ECHO™ participants engage in a peer virtual community where they share support, guidance, and feedback. MCH's ECHO™ TxDSS contractor will implement the model with the goal of creating a learning community for developmental screening and surveillance best practices. The contractor will evaluate the following goals:

- Increase developmental screening and surveillance tools and best practice knowledge;
- Increase the number of developmental screenings given by ECHO™ TxDSS participants;
- Increase the number of ECHO™ TxDSS participants who understand the developmental screening and surveillance process and necessary steps after screening; and
- Create a more sustainable early detection and intervention system by increasing the number of high-quality early intervention and developmental support referrals in addition to teaching ECHO™ TxDSS participants about alternative referral and resource pathways for developmental support when early intervention services are not appropriate.

MCH will determine baselines during the first year.

In FY24, MCH will lead the developmental screening workgroup (DSW) for a 5th year. The DSW collaborates with stakeholders to increase cross-sector developmental screening data accessibility. The workgroup will meet every other month to:

- Discuss new and existing developmental screening and monitoring initiatives;
- Share screening and monitoring resources like *Learn the Signs. Act Early.* (LTSAE);
- Develop resources such as 1-pagers and outreach materials to increase developmental screening; and
- Identify screening and monitoring trends.

MCH will survey members and hopes to see at least 75% of survey respondents reporting a development screening resource knowledge increase.

MCH will implement the FY24 Texas Act Early Ambassador work plan. The plan will include:

- Training HMG Texas sites on developmental milestones using the FY23 developmental milestone monitoring toolkit;
- Integrating materials such as the *Milestone Moments Booklet* and promoting developmental milestones at MCH-led Ages and Stages Questionnaires® (ASQ) trainings;
- Distributing materials such as the *Milestone Brochure: Track Your Child's Developmental Milestones* through existing initiatives; and
- Continuing Texas Deputy Ambassadors network support.

MCH expects to see the following LTSAE outcomes:

- A 3% increase in the number of LTSAE materials distributed;
- A 1% increase in the number of *Watch Me!* trainings completed; and
- A 1% increase in the number of Milestone Moments app launches.

In FY24, MCH will maintain a webpage and conduct 3 social media campaigns to increase developmental milestone awareness. To gauge reach, MCH staff will analyze social media post engagement and impressions, webpage views, and document downloads.

In FY24, MCH will also fund the University of Texas Health Science Center at Tyler's (UTHSCT) Pediatric Brain Health Initiative (PBHI). PBHI includes the Building Stronger Brains community health worker (CHW) training pilot and the annual Pediatric Brain Health Summit (PBHS). UTHSCT will implement a CHW developmental screen pilot program in at least 1 new Texas public health region (PHR). In FY24, UTHSCT will continue training CHWs to properly conduct child developmental screenings. UTHSCT expects to increase the number of children screened and referred to services by providing developmental screen administration and care coordination TA to CHWs. UTHSCT Tyler plans to continually conduct data analysis in FY24 and evaluate pilot program implementation and its outcomes, so an effective and scalable model can be replicated in other PHRs. Measurable outcomes include:

- Number of CHWs trained to complete developmental screens;
- Number of children receiving a developmental screen conducted by a CHW;
- Number of CHW referrals;
- Number of successful CHW referrals when a family chooses to consult with another provider following receipt of a child's developmental screening result;
- CHW time spent on developmental screen completion and documentation;

- Processes and/or protocol inefficiencies; and
- CHW self-evaluation of work quality, training received, and the screening and referral process.

MCH and UTHSCT will analyze FY23 data to develop a baseline and generate measurable FY24 outcomes.

In FY24, MCH will contribute to PBHS planning and execution. The summit's purpose is to bring together community-based organizations and health care professionals to discuss and learn about pediatric brain health promotion strategies. UTHSCT measures PBHS success by participant numbers, completed continuing education units, and conference participant evaluation summaries. MCH contributions will result in a 5% attendance increase.

MCH will continue to fund the printing and distribution of *A Parent's Guide to Raising Healthy, Happy Children* to promote optimal child development, health, and safety. In FY24, MCH will review and update resource and immunization lists quarterly. To increase the number of guides distributed, MCH will promote the guide to state agency partners, Medicaid providers, and other stakeholders via a marketing campaign. MCH plans to increase guide distribution by at least 3%. To evaluate campaign effectiveness, MCH will analyze social media post engagement and impressions, webpage views, guide downloads, new versus repeat guide orders, and regional order distribution.

MCH will attend monthly Early Childhood Inter-Agency Workgroup (ECIAW) meetings to advance the following strategic priorities:

- Increase cross-agency data coordination to improve programs and services;
- Maximize existing federal and state funding by increasing program access and quality through project and program coordination;
- Provide families and early childhood professionals with cross-agency child development and learning data;
- Align programs to simplify provider and family requirements; and
- Create partnership and sustainable funding guidance documents.

MCH anticipates leveraging HMG Texas, the DSW, and LTSAE activities to support the ECIAW's goals.

In FY24, MCH will continue to partner with My Health My Resources of Tarrant County (MHMR) on the Pediatric Mental Health Care Access (PMHCA) grant. In Fall 2022, MHMR received a 3-year grant promoting pediatric primary care and behavioral health integration via pediatric mental health

telemedicine programs. In FY24, MCH will provide subject matter expertise to the PMHCA advisory committee and 2 workgroups focused on TA strategies, early childhood systems building, collaborative care model implementation, and HMG Texas network replication.

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

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

MCH promotes and disseminates modules through the DSW, HMG Texas, and other stakeholders. MCH monitors the number of participants completing THSteps modules. MCH expects a 2% increase in the number of early childhood development modules completed.

In FY24, MCH will attend quarterly Texas Early Learning Council (TELC) meetings to increase state agency and local entity coordination and collaboration. MCH is a TELC voting member and will provide subject matter expertise related to TELC's strategic plan activities. Guided by the Texas Early Learning Strategic Plan goals and strategies the TELC aspires to improve early childhood services' quality and access.

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

MCH works to prevent Texas child injury. As Texas is a large state, MCH leverages the PHR structure to conduct local and community-based injury prevention activities. In FY24, PHRs will continue to focus on child maltreatment prevention, child passenger safety, water safety, bike safety, and hyperthermia prevention.

More than 16% of Texas children have experienced 2 or more adverse childhood experiences (ACEs) before their 18th birthday (National Survey of Children's Health [NSCH], 2020-2021). ACEs include household dysfunction, abuse, and neglect that increase chronic disease risk, depressive disorders, and even early death. PHRs will implement the following child maltreatment prevention plans:

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

From 2017-2019, 320 children ages 8 and younger died in motor vehicle crashes (Texas Population Estimates Center for Health Statistics, 2017-2019). Local CFRTs reviewed 36% of those deaths. Of the cases reviewed, CFRTs indicated that a child safety seat was used correctly only 25% of the time. PHRs will also implement the following child passenger safety plans:

- PHR 2/3 will conduct at least 2 Safe Riders CPSS distribution classes to give out a minimum of 50 CPSSs in rural, non-local health department counties. PHR 2/3 plans to partner certified passenger safety technician (CPST) nursing staff to facilitate monthly education

events at DSHS clinics across the region. Staff also anticipate recruiting and providing training and TA to health care providers and community organizations to become Safe Riders distribution sites.

- PHR 6/5S will continue to foster collaboration relationships and support local CFRT child injury prevention event planning and implementation. PHRs will also partner with Safe Riders to host at least 2 Safe Riders CPSS distribution classes to give out a minimum of 50 CPSSs in rural, non-local health department counties.
- PHR 7 will partner with local CPSTs who provide monthly CPSS installation and inspection events with emergency medical services, hospitals, fire departments, and Safe Riders distribution sites.
- PHR 8 expects to increase CPSS inspections by 10%, establish and maintain 1 CPST in each field office, host 2 community CPSS events, and co-host 1-2 CPST certification and continuing education events.
- PHR 9/10 will offer CPSS inspection stations at every DSHS regional clinic.
- PHR 11 anticipates conducting bi-weekly CPSS training, installations, and inspections. PHR 11 CPSTs plan to set 100 appointments at the annual Operation Border Health Preparedness (OBHP) event. OBHP is a week-long public health preparedness operation providing free medical and dental services to low-income and uninsured Texans. At the event, staff will make CPSS inspection appointments for OBHP participants. Staff also plans to connect with 4 hospitals, fire stations, or police stations to recruit and provide guidance on becoming a Safe Riders distribution center.

Drowning is the leading cause of death for Texas children ages 1-4 and the second leading cause of death for ages 5-9 (Texas Population Estimates Center for Health Statistics, 2017-2019). PHRs will promote water safety activities including:

- PHR 4/5N plans to prevent drowning incidents among children ages 5 through 12 years via American Red Cross' Longfellow WHALE Tales curriculum. WHALE is an acronym for Water Habits Are Learned Easily. The curriculum promotes safety in, on, and around water in different environments like pools and lakes. The program features fun animated videos; colorful posters; stickers; activity worksheets; illustrated, color fact sheets; and completion certificates. In addition to educational lessons, PHR 4/5N expects to continue a life jacket loaner program. Staff provide loaner life jackets to apartment complexes, community pools, boating marinas, and children's camps.
- PHR 7 will distribute 60 life jackets to local community pools and apartment complexes and provide an American Red Cross water safety curriculum.

- PHR 11 anticipates providing water safety education to 7 facilities with pools and distribute Colin's Hope water safety kits to another 7 facilities with pools. The water safety kit contains 12 life jackets in varying sizes, pool safety education materials, and water guardian bracelets (physical reminders for parents and guardians who are "on watch" over kids in the pool).

Bicycling leads to the highest number of sport and recreation-related emergency department visits for traumatic brain injuries in the US (National Center for Injury Prevention and Control, 2008-2019). PHRs will also participate in the following bike safety plans:

- PHR 4/5N plans to conduct bicycle safety clinics, known as Bike Rodeos, that offer safety inspections, educational presentations, interactive safety-promoting trainings, and bicycle helmet giveaways. Anticipated partners include Texas Department of Transportation, Texas Medical Association's Hard Hats for Little Heads program, and Texas A&M AgriLife Extension.
- PHR 7 will collaborate with Helmets of Love, a non-profit organization that provides youth with biking and all-terrain vehicle helmets, to provide safety awareness programming at helmet distribution events. This region also plans to support local Bike Rodeos.
- PHR 11 will provide Bike Rodeo train-the-trainer events for community-based organizations, non-profits, schools, and police and fire departments.

Heat stroke is the leading cause of non-crash, vehicle-related deaths in children younger than age 15 and Texas leads the nation in hot-car child deaths (Kids and Care Safety Database, 1990-2021). Additionally, PHRs will implement the following hyperthermia prevention plans:

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

In FY24, MCH will fund and host the Texas Injury Prevention Conference. The conference will enhance injury prevention professionals' understanding of Texas child and adolescent injury and death causes and incidence. Through training and educational sessions, injury prevention professionals will learn strategies for: reducing preventable deaths and injuries, increasing

community injury prevention awareness, and improving community support for injury prevention programs. MCH will collaborate with the DSHS Injury Prevention Unit (IPU), DSHS Maternal and Infant Health Branch, and the Texas Health and Human Service Commission's suicide prevention team in conference planning. Based on conference evaluations, MCH hopes to see 80% of conference attendees reporting their injury prevention strategy knowledge increased after attending the Texas Injury Prevention Conference.

CFRTs currently cover 224 counties. IPU's long-term goal is to establish CFRT coverage in all 254 Texas counties. To help reach this goal, MCH and PHRs will partner with IPU to expand coverage by adding or re-establishing 3 local or regional CFRTs in FY24. IPU will also provide TA to local CFRTs to increase the quality and quantity of Texas child death reviews. To streamline the death review process, IPU will provide training webinars on child death review processes and death review data entry. IPU will also promote continuing education opportunities for local CFRTs to improve death review processes and address Texas preventable deaths. PHRs will participate in the establishment of local teams, attend local CFRT meetings, and provide subject matter expertise. These activities support IPU's goal of increasing the number of child deaths reviewed each year.

In FY24, MCH will fund the printing and distribution of *A Parent's Guide to Raising Healthy, Happy Children* which provides valuable child safety information for Texans starting their journey as a new parent. MCH plans to partner with IPU, DSHS Safe Riders program, and DFPS PEI to market the guide. Refer to NPM 6 for more information about the guide.

To educate Texans on injury prevention and reduction, MCH partners with THSteps. MCH will promote modules and serve as a subject matter expert for FY24 THSteps module reviews as needed. Injury prevention module topics include:

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

MCH expects a 2% increase in the number of injury prevention modules completed.

MCH will represent DSHS on the Children and Youth Behavioral Health Subcommittee. In FY24, MCH will attend quarterly meetings and provide subject matter expertise on community-based service systems, care

coordination, and family-driven and child-centered approaches to mental and behavioral health.

In FY24, MCH will support *Friday Beat* newsletter dissemination and provide injury prevention content quarterly. Child injury prevention content may include:

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

MCH will also promote newsletter subscription through stakeholder networks to increase readership by 5%.

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

About 15% of Texas children live in households where someone smokes (NSCH, 2020-2021). In FY24, PHRs will implement secondhand smoke prevention activities which include:

- PHR 6/5S plans to partner with local housing authorities and apartment complexes to educate staff and residents on comprehensive smoke-free policies and enforcement methods, the dangers of tobacco and secondhand smoke, and use of the Texas Tobacco Quitline.
- PHR 7 will continue assessing field clinic client tobacco use via the Whole Person Assessment Form, displaying and distributing Texas Tobacco Quitline promotional materials, and facilitating clinic staff training by the Regional Tobacco Coordinator.
- PHR 8 anticipates using the “Ask, Advise, Refer” approach designed to facilitate routine client smoking status assessments, deliver brief advice to quit smoking, and refer the smoker to evidence-based cessation treatment. Staff also plan to promote tobacco and e-cigarette prevention and cessation in schools, Smoking Cessation and Reduction in Pregnancy Treatment programs, and Regional Tobacco Subject Matter Expert Workgroup recommended strategies.
- PHR 11 will coordinate additional training and resources for local housing authority staff previously trained in tobacco-free housing policies. Staff plan to implement or improve smoke-free childcare center policies. PHR 11 expects to increase the number of tobacco users accessing the Texas Tobacco Quitline via OBHP promotional events. Refer to NPM 7.1 for more information about OBHP.

In FY24, MCH will fund *A Parent’s Guide to Raising Healthy, Happy Children* printing and distribution. The guide provides tips on creating a smoke-free environment for babies and toddlers. Refer to NPM 6 for more information about the guide.

In FY24, MCH will support secondhand smoke exposure prevention and smoking cessation content creation for the *Friday Beat* and promote newsletter subscription. Refer to NPM 7.1 for more information.

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

MCH estimates about 43% of 2 and 4 grade students are over the normal weight range for their height and about 1 in 4 students are obese (Texas School Physical Activity and Nutrition [SPAN], 2019-2020). In FY24, PHRs will implement childhood obesity prevention plans in the following ways:

- PHR 2/3 will participate in obesity prevention coalitions and school health advisory councils (SHAC).
- PHR 4/5N will continue Learn, Grow, Eat & Go! (LGEG) school implementation. LGEG is an interdisciplinary program combining academic achievement, gardening, nutrient-dense food experiences, physical activity, and school and family engagement.
- PHR 6/5S plans to provide TA and professional development to schools implementing Coordinated Approaches to Child Health (CATCH), an evidence-based coordinated school health program. Staff anticipate promoting the adoption of CATCH and other evidence-based school obesity prevention strategies in school wellness policies. To increase school health professionals' knowledge, PHR 6/5S will disseminate obesity prevention information to SHACs.
- PHR 8 expects to promote the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to increase physical activity and healthy eating environments, policies, and practices of childcare facilities. Staff hope to recruit 1 new community school district to participate in It's Time Texas Community Challenge, an annual 8-week statewide competition aiming to bring health to the forefront of Texans' lives.
- PHR 9/10 will educate health care providers, community partners, school districts, and families on obesity prevention and nutrition via THSteps modules and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services.

The MCH Nutrition Toolkit is designed to enhance PHRs' workforce capacity to address childhood obesity. In FY24, MCH intends to analyze FY23 pilot test feedback. Based on feedback, MCH will revise and finalize toolkit materials. MCH then plans to evaluate PHRs' need for developing toolkit materials for younger children. MCH will create at least 1 appropriate supplemental material like a 1-pager, discussion guide, or worksheet. Refer

to SPM 2 in the FY24 Adolescent Health Plan for more information about the toolkit.

MCH intends to fund the University of Texas Health Science Center at Houston (UTHealth) to conduct the Texas SPAN project. In FY24, UTHealth will complete data entry, analysis, and disseminate results. Refer to SPM 2 in the FY24 Adolescent Health Plan for more information about Texas SPAN.

In FY24, MCH will fund the DSHS Obesity Prevention Program (OPP) to manage the 2nd year of Texas Healthy Building Blocks (THBB) implementation to:

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

OPP contracts with Texas AgriLife who will accomplish these goals by:

- Training more ECE TA consultants;
- Recruiting more ECEs to participate in THBB; and
- Supporting existing ECEs in achieving multi-tiered program recognition for NAP SACC implementation.

In FY24, AgriLife plans to increase the number of THBB-participating ECEs and THBB-recognized ECEs by 25% each.

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

To educate Texan health care providers on obesity prevention and reduction, MCH partners with THSteps in training promotion. MCH may serve as a subject matter expert for FY24 module updates as needed. Modules related to SPM 2 include:

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

Refer to NPM 7.1 for more information.

In FY24, MCH will participate in the Early Childhood Obesity Prevention Committee (ECOPC). ECOPC focuses on intervention at numerous levels of the socio-ecological model, including policy, community, infrastructure, and workforce development. By addressing obesity prevention from multiple levels, Texas has a better chance to make healthier choices the easier choices. MCH will attend the FY24 bi-annual meetings to contribute to ECOPC's goal of creating an obesity prevention resource hub for childcare providers, early care professionals, TA providers, and parents. MCH plans to promote the resource hub to all relevant partners.

In FY24, MCH plans to support obesity prevention content creation for the *Friday Beat* and promote newsletter subscription. Refer to NPM 7.1 for more information.

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