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

Objective 1: By 2020, increase the number of educators and providers that received developmental screening education, support and community resources from a baseline of 4,260 to 18,000.

MCH continued leading the SAMSHA funded Texas Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) Expansion Grant, called Texas LAUNCH, initiative. The Texas LAUNCH initiative was designed to improve the developmental, social and emotional outcomes of children age 0 to 8 in three selected expansion communities. Texas LAUNCH activities focused on implementing best practices within an array of systems supporting young children. Each strategy built upon the others by increasing the early identification of developmental concerns and support for families to access early childhood interventions, strengthening family capacities for promoting children’s development and wellness, and enhancing child care and educational programs to support child success.

The Texas LAUNCH- Early Childhood Committee (TL-ECC) spearheaded the activities within the state to increase developmental screenings. The TL-ECC included members representing the University of Texas Institute for Excellence in Mental Health, Aliviane Inc., the Department of Family and Protective Services’ (DFPS) Prevention and Early Intervention (PEI) unit, DFPS’ Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, Child and Adolescent Behavioral Health Services, Texas Systems of Care, Early Childhood Intervention (ECI), Medicaid, Child Care Licensing, Texas Workforce Commission, Head Start Collaboration, Texas Association for the Education of Young Children (TAEYC), Act Early Texas! (AET!), and Texans Care for Children. The MCHS recruited additional partners representing the Texas Education Agency (TEA), Texas Pediatric Society (TPS), and Health & Human Services Commission’s (HHSC) Office of Disability Prevention for Children to strengthen participation of key stakeholders. Partnerships were formalized through Memorandum’s of Understanding (MOU) to support the TL-ECC by authorizing representatives with decision-making authority to participate in meetings, provide data, promote resources, offer guidance to Texas LAUNCH communities, participate in infrastructure building, and contribute to policy and early childhood mental health workforce development. The TL-ECC had a greater than normal turn-over of members during the year due to members leaving their agencies or positions within their agencies. This turn-over resulted in less productive meetings as new members who were less knowledgeable of the project joined the committee. MCH remained dedicated to ensuring a strong parent/family voice in all committee activities and maintained family
representation on the TL-ECC committee. However, parent attendance at the in-person TL-ECC meetings was low. Parents reported that travel to the half day in-person meetings was challenging due to their need to work, arrange child care, and juggle multiple family responsibilities. Parents remained engaged in the workgroup through conference calls which were more easily accessible.

The TL-ECC, an integral component of the Texas LAUNCH initiative, oversaw the efforts of the LAUNCH community projects and their many accomplishments. Four TL-ECC in-person meetings were held in FY18. Each meeting provided an overview of the Texas LAUNCH communities’ progress on increasing developmental screening, strengthening families, expanding mental health consultation, and developing the early childhood workforce. Notable successes reported by the Texas LAUNCH communities included:

- Increasing the number of partners supporting the local community Texas LAUNCH initiatives through MOUs and increased participation on the local Early Childhood Wellness committees;
- Creating an electronic data enterprise network in Fort Worth to collect Ages & Stages Questionnaire (ASQ) data electronically, in real time, from child care centers;
- Adding ASQ data collected from medical providers;
- Developing and implementing a Parent Café Train-the-Trainer program in partnership with the creator of the Parent Café model: Be Strong Families (https://www.bestrongfamilies.org/);
- Launching Parent Cafés in diverse settings including homeless shelters, child care centers, public schools, churches, community centers, recreation centers, mobile community centers, Boys and Girls Club, refugee apartment complexes, and police departments; and,
- Conducting two ASQ-3 and ASQ: Social Emotional (SE)-2 Train-the-Trainer trainings provided in Austin and Fort Worth.

Additional successes occurred in the LAUNCH sites. The Ysleta del Sur Pueblo (YDSP) Texas LAUNCH local lead helped create a continuum of education materials for pregnant mothers on prenatal care, postpartum screening, and postpartum depression in collaboration with the Prenatal Educator at the YDSP Department of Health. The Ysleta del Sur Pueblo Tribal Council approved a proposal for a new division within the Department of Tribal Empowerment. Once established, the division will be responsible for the continuation of the family strengthening and developmental screenings activities after Texas LAUNCH funding ends. Another LAUNCH community, My Health My Resources (MHMR) of Tarrant County, began implementing Healthy Steps in three primary care offices. As a result, seven trained providers in the primary care offices increased the number of child developmental and behavioral health screenings and number of maternal
depression screenings. The providers also increased referral information to parents.

During in-person TL-ECC meetings, the Texas LAUNCH leadership team provided updates on site visits at each Texas LAUNCH community site. Reports included updates on trainings provided on: ASQ screening tools, Parent Cafés, and Incredible Years parenting programs; and Texas LAUNCH community evaluation updates on numbers served through developmental screenings, family strengthening, workforce development, mental health consultation, and service referrals.

The three TL-ECC workgroups developed strategic sustainability plans to help ensure continuation of their further guide their planning and work.

1) Increase the number of children screened in Texas using the ASQ developmental screening tools’, and,
2) Increase data collection and access to data available on children receiving developmental screenings in Texas.

Specific Developmental Screening Workgroup activities completed in FY18 included:

- Promoting the ASQ-3 and ASQ:SE-2 trainings to child care providers and directors in the Texas LAUNCH communities and statewide;
- Promoting the Texas Health Steps Online Provide Education Developmental Screening modules at relevant conferences, supplying over 800 information cards to attendees;
- Promoting the new Centers for Disease Control and Prevention Act Early App: https://www.cdc.gov/ncbddd/actearly/milestones-app.html;
- Working with partners to add the Act Early app to the Navigate Life Texas website: https://www.navigatelifetexas.org/en, a resource for parents with children with special needs;
- Collaborating with Texas Association for the Education of Young Children, Brooks Publishing, and Texas Institute for Excellence in Mental Health to provide an ASQ Train-the-Trainer certification training;
- Working with Texas Medicaid to craft the language for a mass mailing planned to inform state Medicaid medical providers about the Texas Health Steps Online Provider Education Developmental Screening Modules; and,
- Providing a Developmental Screenings in Texas overview webinar to MCH regional staff.

The Developmental Screening Workgroup (DSW) reached out to Texas’ Women, Infants & Children (WIC) program to explore potential opportunities
for expanding developmental screening protocols into more systems that engage young children and families.

The Developmental Screening Workgroup (DSW) examined current data resources and types of data available in Texas. The state has a fragmented system for data collection through Texas Medicaid and insurance companies’ coding protocols, the Early Childhood Intervention database, and federal grants including Project LAUNCH and MIECHV. The data collected varied and often lacked detail on the type of developmental screening tools being used, how often the screens were conducted, and if referrals were made following screenings when a concern was identified. The DSW reached out to Project LAUNCH technical assistance providers, other states with Project LAUNCH grants, and Title V block grant recipients in other states to assess how developmental screening data was being collected in their jurisdictions. The DSW also wanted to learn if there was a consolidated data system for reliable and accurate data collection already developed that provided the level of data needed to improve developmental screening outcomes.

The TL-ECCs Family Strengthening Workgroup (FSW) plan focused on guiding the Texas LAUNCH expansion communities on efforts to sustain Family Strengthening activities and working with the TL-ECC members and partners to identify or develop policies and systems to support Family Strengthening initiatives statewide. The FSW led efforts to achieve the following goal:

*Develop a system of community organizations, care providers, and social services agencies where parenting programs are provided and promoted.*

Specific Family Strengthening activities completed in FY18 included:

- Creating a resource document with a listing of all evidence-based parenting education programs which identified those being provided statewide; and,
- Promoting Incredible Years (IY) and Parent Café trainings to Texas LAUNCH communities and state partners through a direct invitation, the Texas Training Registry listserv, the Texas Association for the Education of Young Children listserv, and at community Child Wellness Council meetings.

In addition, the Family Strengthening Workgroup outlined next steps for developing and utilizing marketing materials to promote positive associations with parenting education. Another purpose for creating the new materials was to increase recruitment and participation in the Incredible Years and Parent Café trainings. Examples of existing recruitment flyers and parent testimonials were collected from each expansion community to develop
mock promotions flyers. The flyers were piloted by each expansion community to gauge effectiveness and usability. Based on the feedback, the flyers were modified and then disseminated to support local recruitment efforts.

The TL-ECC Workforce Development Workgroup changed their name in FY18 to the Mental Health Consultation Workgroup (MHCW) to put a greater focus on mental health consultation. The workgroup’s strategic sustainability plan focused on providing guidance to the Texas LAUNCH expansion communities on mental health consultation sustainability efforts and working with the TL-ECC members and partners to identify or create policies and systems to support mental health consultation efforts statewide with a focus on creating a formal state-recognized Mental Health Consultation curriculum and endorsement program. The MHCW led efforts to achieve the following goal (which remained the same as in previous years):

*Increase access to highly trained and skilled providers able to work with families and children with social, emotional, behavioral, and mental health needs.*

Highlights of the Mental Health Consultation Workgroup activities completed in FY18 included:

- Promoting Mental Health Consultation trainings to Texas LAUNCH communities and state partners;
- Hosting meetings focused on developing a listing of all infant and early childhood mental health programs across the US, comparing state Infant Mental Health (IMH) Associations Endorsement® criteria with the SAMHSA mental health consultation recommended competencies;
- Creating a statewide definition of Mental Health Consultation and discussed training formats for Mental Health Consultations; and,
- Hosting multiple meetings with community-level early childhood coalition leaders to discuss mental health consultation and gauge the coalitions’ level of awareness of Mental Health Consultation and level of Mental Health Consultation being implemented in communities.

Texas LAUNCH state team and communities exceeded the FY18 goal for people trained through workforce development (1773 people/goal 750). The state team and LAUNCH Communities conducted 29 trainings in FY18. These Train-the-Trainer trainings focused on the sustainability of Texas LAUNCH practices through MHC, The Pyramid Model – a positive behavioral intervention and support framework ([http://www.pyramidmodel.org/](http://www.pyramidmodel.org/)), ASQ tools, and Parent Cafés. Additional trainings also focused on infant and young child mental health, trauma-informed practices, and/or evidence-based and promising practices for mental health promotion in young
children. The early childhood workforce that attended the trainings were mainly daycare and early childcare providers, teachers, healthcare providers, early interventionists, and behavioral health providers. It is estimated, based on participant post-training surveys, that 20,108 children/families benefited from these trainings, as participants brought back the knowledge and skills learned to their communities and agencies. Overall, the evaluation of the workforce development strategies shows significant impact in each community. Participants generally reported a perceived increase in mastery as a result of the trainings and expressed a high likelihood of making changes at work.

Texas LAUNCH communities exceeded their FY18 goal for family strengthening providing services to (974 families/goal 136). Texas LAUNCH communities greatly expanded their family strengthening services in FY18, mainly through the increased demand for Parent Cafés. Through the use of exit surveys, parents expressed resounding satisfaction with their participation in Parent Cafés and almost unanimously indicated a plan to make changes as a result of their participation. In addition, exit surveys, using a Likert scale, showed families in the more intensive Incredible Years programs reported significant reductions in their use of harsh and inconsistent discipline strategies.

Texas LAUNCH communities exceeded their FY18 goal for developmental screening with (1,224 kids screened /goal 750). MHMR of Tarrant County was the most successful in expanding the community’s capacity for developmental and social-emotional screening through an online platform. Project leaders have supported its use through MOUs with community agencies, regular staff training on the use of the system, and staffing to engage families interested in additional community resources.

An evaluation of all the community developmental screening data found that kids were referred to several resources including: ECI, mental or behavioral health providers, physical therapy and speech therapy providers, local school district for evaluation, or Head Start. Referrals to physicians were relatively uncommon. Most children referred were able to access services, were satisfied with the services they received, and planned to continue receiving services.

Based on the Texas LAUNCH application plan for the SAMHSA Project LAUNCH Expansion grant, Mental Health Consultation training, implementation, and evaluation was initiated in year three (FY18) of the four-year Texas LAUNCH grant.

In FY18, communities received training early in the fiscal year, however, providers did not initially begin the evaluation activities until later in the
reporting period. As a result, end-of-year evaluations found a total of 62 children or families were served through mental health consultation in the three Texas LAUNCH expansion communities. Most mental health consultation focused on an individual child and included participation of the parent. The major reasons for referral to consultation was aggression with peers or teachers, hyperactivity and inattention, and tantrums and crying. The experience of a recent traumatic event was commonly noted. The consultation was generally brief (often one interaction) and consisted of psycho-education, skills development, and referrals to external resources.

The MCH State Child Health Coordinator was selected to represent DSHS on the Texas HHS Children and Youth Behavioral Health Subcommittee (CYBHS), as a voting member. The CYBHS is the primary advisory committee to the HHSC focused on child, adolescent, and young adult behavioral health and their families. The CYBHS is a subcommittee to the Behavioral Health Advisory Committee (BHAC), which is tasked with advising HHSC on behavioral health issues. The goal of having the MCH State Child Health Coordinator join CYBHS was to bring early childhood mental, social, and emotional health concerns to the CYBHS continuing the work of Texas LAUNCH as the grant comes to an end in 2019.

In FY17 the state legislature added a new standard for child care centers,: 746.501: Child Care Centers must develop written operational policies and procedures that, at a minimum, address having specific minimum standard rule requirements surrounding operation’s procedures for suspension or expulsion and outlining and implementing preventative measures to avoid incidences of suspension and expulsion based on behavioral concerns from occurring by; consider implementing the following procedures before considering exclusionary practices: implement ASQ for all children at the time of enrollment; provided resources including the Administration of Children and Families, ASQ, and IY.

To support the reduction in suspension and expulsion efforts in school and child care centers, the Texas LAUNCH team created a Texas Early Childhood Suspension and Expulsion Committee in FY17. The committee consisted of key early childhood entities in the state including: Child Care Licensing, Texas Workforce Commission, Texas Education Agency (TEA), and the Head Start State Collaboration Office. In FY18, the group expanded to include a parent representative, private childcare providers, childcare associations, TAEYC, Texans Cares for Children, a parent engagement specialist, and the Texas LAUNCH expansion community leads. The committee continued their efforts towards finalizing and disseminating the Texas Early Childhood Suspension and Expulsion Crosswalk Matrix. This matrix provided an overview of federal and state agency policy efforts to prevent the suspension
and expulsion of young children. In addition, the matrix provided a cross reference of suspension and expulsion policies for early childhood stakeholders and a reference document for advocates. Through technical assistance made available from the Texas Workforce Commission, the Texas Early Childhood Suspension and Expulsion committee began working with the State Capacity Building Center (SCBC). The SCBC provided guidance, support, and assistance to the committee as members worked through the State Suspension and Expulsion Tool Kit. This resulted in the development of a one-year Texas Early Childhood Suspension and Expulsion strategic plan. MHC was also added as part of the state suspension/expulsion committee’s strategic plan as a parallel process for intervention and supports.

MCH participated on the ECI State System Improvement Plan (SSIP) committee. The SSIP is a comprehensive, multi-year plan for improving results for infants and toddlers with disabilities and their families. SSIP focuses on substantially increasing the rate of growth in infants and toddlers demonstrating positive social-emotional skills. In FY18, SSIP entered the third year of the four year (2016-2020) implementation and evaluation phase (Phase III) which focused on the following 3 strategies:

1. Enhancing professional development to ensure providers are able to identify social-emotional concerns and use the identified evidence-based practice (EBP), and identify the coaching framework consistently and with fidelity when providing ECI services.
2. Increasing family caregiver’s knowledge about their role in supporting children's development, including social-emotional development.
3. Increasing knowledge of ECI’s approach to services for primary referral sources, families, and early childhood partners, which is based within the context of the parent-child relationship and results in strengthening a parent’s capacity to support their children’s social-emotional growth and impact all development.

To support access to knowledge of early childhood development and to increase access to resources for children and youth with autism and their families, CSHCN SDG continued to contract with Family Support and Community Resources contractors to host trainings and resource fairs. CSHCN SDG continued to contract with SHARE (Sharing Hands- A Respite Experience) to host an annual Autism SHARE Walk and Resource Fair. With 3800 people in attendance for the Autism SHARE Walk and 2500 people in attendance for the Resource Fair, the walk and resource fair continued to reach more people year after year. There were over 66 participating organizations comprised of managed care organizations, local government agencies, therapy providers, and community-based recreational providers to connect the 141 children and youth with special health care needs and their families that attended to vital resources.
In addition, CSHCN SDG contracted with Any Baby Can of San Antonio to host an Autism Safety Training. The training focused on safety in the home and community, and ways to prevent wandering and elopement (the child wanders from a safe, supervised environment). Families received a safety toolbox that included a "Child with Autism" door hanger and additional safety information for the home. Seventeen families attended. Any Baby Can of San Antonio hosted their 14th Annual Walk for Autism at Helotes Carnival Grounds. Over 7,000 individuals participated in the walk with 75 exhibitors such as Respite Care of San Antonio, Brighton Center, Special Reach, and The Center for Health Care Services.

MCH collaborated with Texans Care for Children and the TL-ECC to disseminate the Parents’ Guide to Raising Happy, Healthy Children. This guide is legislatively mandated to be distributed by healthcare providers to all parents of a newborns who receive Medicaid. The Parents’ Guide to Raising Happy, Healthy Children includes the American Academy of Pediatrics developmental screening recommendations and guidelines for developmental screening tools as well as timelines for screenings and surveillance. In FY18, the guide was distributed to 77,425 individuals. [http://texanscareforchildren.org/parents](http://texanscareforchildren.org/parents).

In FY18, a total of 12,386 developmental screening/early childhood development THS-OPE modules were completed. The modules included ADHD and ASD, Developmental Screening Tool and Surveillance, Newborn Screenings, Pediatric Depression, Behavioral Health: Screening and Intervention, Childhood Trauma and Toxic Stress, and Hearing and Vision Screening. There was a significant reduction in the modules accessed in FY18 (6,166 fewer) due to several of the modules (Developmental Screening Tool and Surveillance, Pediatric Depression and Behavioral Health: Screening and Intervention) being taken down for extensive updating. MCH was involved in the review and revision with these modules which are set to go live again in FY19.

The DSHS CHI Associate Commissioner represented Texas at the Association of State and Territorial Health Officials (ASTHO) collective impact meeting on early childhood brain development and presented on the Texas LAUNCH initiative. The presentation included how the work being accomplished through this initiative is improving early childhood brain development. Part of the meeting; which brought together federal agencies, state health departments, and state education agencies; was to identify challenges, best and promising practices, evidence strengths and gaps, and to create alignment between stakeholders around the topic of early brain development.
MCH and PEI created an Early Childhood Brain Development video in FY18 for parents available on the PEI Help for Parent. Hope for Kids. (http://www.helpandhope.org/Parenting_Tips/video.asp). In FY19, MCH and PEI will continue their collaboration with the creation of a video on a developmental screening.

In Public Health Region (PHR) 7, staff hosted 19 nursing students during their public health clinical rotation and shared information about developmental screening and the importance of utilization of a standard assessment tool such as ASQ. Staff also included information about developmental screening during Becoming a Mom classes for pregnant women in PHR 11 and 6/5S. In PHR 6/5S, staff educated 15 parents on the importance of developmental screening during a parenting class held at a local library and during one-on-one counseling sessions with clients at one of their clinics.

**Objective 2: By 2020, 500 individuals will be trained in the ASQ and ASQ-SE early childhood developmental screening tools and referral resources in the Texas LAUNCH funded communities.**

In coordination and collaboration with the Texas LAUNCH contractors, 72 childcare center staff were trained on how to administer the ASQ-3 and ASQ:SE-2 screening tools in Fort Worth, El Paso, and San Antonio. An additional 51 ASQ Train-the-Trainers were certified to provide the ASQ-3 and ASQ:SE-2 screening tool curriculum. As a result of those trainings, 1,224 children were screened in the child care centers in the 3 Texas LAUNCH communities.

**Performance Analysis:**

There was a significant increase of 1,224 children receiving developmental screenings in FY18, a significant increase from the FY17 total of 487 children screened. This was due in large part to the implementation of a web-based screening platform in Tarrant County. The web-based platform allowed the community to efficiently access screening measures within the home and to expand access to childcare partners. Referral rates ranged from to 8% to 28.2%, and primarily consisted of referrals to schools and ECI.

The number of completed THS-OPE developmental screening modules decreased from 18,552 in FY17 to 12,386 in FY18. The reduction in the modules accessed in FY18 (6,166 fewer) was due to several of the modules (Developmental Screening Tool and Surveillance, Pediatric Depression and Behavioral Health: Screening and Intervention) being taken down for extensive updating.
The combined total of trained individuals from FY16 (27 trained); FY17 (350 trained) and FY18 (123 trained) provides a 3-year total of trained individuals meeting the ‘500 trained’ goal.

**Challenges/Opportunities:**

The TL-ECC maintained a robust membership, however, had a greater than normal turn-over of members during the year due to members leaving their agencies or positions within their agencies. This turn-over caused meetings to be less productive as the new members were not as knowledgeable of the TL-ECC work.

In FY18, several THS-OPE developmental screening modules were taken down for updating which significantly reduced the number of users. MCH expects to see an increase in modules being completed in FY19 when the revised modules are once again live on the THS-OPE website. Opportunities also exist to continue to increase provider capacity and capability through the development and promotion of OPE modules.

Opportunity exists to enhance infrastructure through MCH regional staff and the provision of technical assistance to build capacity and knowledge around needs, resources, and programming for early childhood developmental screenings.

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

**Objective 1: By 2020, increase the number of CFRT, educators and providers that are provided child injury education, support and community resources from baseline by two percentage points.**

Through meetings with MCH regional staff, the Child Safety CoIIN and the new Office of Injury Prevention (OIP) MCH promoted the use of the THS-OPE injury prevention modules to stakeholders around the state. A total of 9,531 providers completed the seven THS-OPE pediatric-related injury modules showing a slight increase from the 9,366 providers completed in FY17. Topics of the modules included: Pediatric Head Injury, Preventing Unintentional Injury, Childhood Trauma and Toxic Stress and Recognizing, and Reporting and Prevention of Child Abuse.

In FY18, DSHS released 48 issues of “The Friday Beat”, an e-newsletter geared for school nurses and other professionals, to disseminate information about injury prevention, safety, nutrition, physical activity, obesity, and other relevant health-related topics. School Health staff continued to use CDC’s Whole School, Whole Community, Whole Child approach during this fiscal year. The Whole School, Whole Community, Whole Child model expands on the eight elements of CDC’s coordinated school health and is combined with the Association for Supervision and Curriculum
Development’s (ASCD) Whole Child framework focused on ensuring every child is healthy, safe, engaged, supported, and challenged. The elements are:

- Health Education
- Nutrition Environment and Services
- Employee Wellness
- Social and Emotional School Climate
- Physical Environment
- Health Services
- Counseling, Psychological, and Social Services
- Community Involvement
- Family Engagement
- Physical Education and Physical Activity

CDC and ASCD developed this expanded model in collaboration with key leaders from the fields of health, public health, education, and school health to strengthen a unified and collaborative approach designed to improve learning and health in schools. Editors of the Friday Beat used the elements to guide their selection of articles, webinars, and other resources. The Friday Beat provided 118 unique articles, resources, and educational opportunities related to Injury Prevention to 5,838 weekly users by the end of FY18, almost a 22% increase from FY17. The information provided school stakeholders with resources on student safety, emerging best practices, and programs to implement within a school setting. Examples of injury prevention and safety resources included flood-related health information, disaster distress helpline contacts, community change grants, Domestic Violence Awareness month resources, tips for keeping children safe as motor vehicle occupants, and article on open water drowning risks for kids; toolkits for suicide screening; ways to create positive school culture tips; firearm safety plans; and bullying prevention webinars including a webinar supporting students experiencing trauma, violence, and chronic stress.

MCH collaborated with Texans Care for Children on the Parents’ Guide to Raising Happy Healthy Children, a legislatively mandated guide distributed by individual healthcare providers to all parents of a newborns who receive Medicaid. The guide was distributed to 77,425 individuals and included early childhood (ages 0-5) health, safety, and child development resources as well as parental guidance. [http://texanscareforchildren.org/parents](http://texanscareforchildren.org/parents).

MCH funded the Texas Association for the Education of Young Children (TAEYC) through the Healthy Child Care Texas (HCCT) grant. The grant is designed to train Child Care Heath Consultants (CCHC) to assess and assist childcare centers in providing the best care, safety, and services for the children in their centers. In FY18, 26 people received training to be a CCHC. Three trainings were held in San Antonio, Corpus Christi, and Hurst. TAEYC
attended 21 conferences to promote HCCT, reaching approximately 10,000 early childhood professionals across the state. They published an article on HCCT in the Early Years Journal which reached 2,500 TXAEYC members.

MCH participated in the Child Safety (CS) CoIIN Cohort II. The overarching goal of the CS CoIIN is to reduce fatal and serious injuries among infants, children, and youth in participating states and jurisdictions by improving partnerships and expanding the implementation and spread of best practices, especially among the most vulnerable populations. The Child Passenger Safety CoIIN conducted a survey of the 2,000 child passenger safety technicians in Texas. The 19-question survey received 855 responses. Survey responses were primarily from currently certified child passenger safety technicians who had 1-5 years of experience. Questions included frequency and manner of seat distribution, how seats are obtained, and collaborating organizations. Survey results will be compiled into a brief due to be completed in FY19. The CFRT coordinator applied for the Children’s Safety Network’s newly created Child Safety Learning Collaborative for FY19, previously the Child Safety CoIIN.

MCH continued to partner with the OIP on injury prevention initiatives. OIP’s State CFRT Coordinator, MCH State Child Health Coordinator, and MCH State Adolescent Health Coordinator were in discussions with the Global Safe Kids Coordinator to learn more about state facilitation of a Safe Kids Coalition. Texas continued to revise and improve the statewide child passenger safety program. Some changes included: using new methods to communicate with programs, leveraging different distribution methods to increase the number of seats distributed and improving seat tracking and distribution reporting.

MCH continued to oversee the legislatively-mandated MedCARES grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect. MCH continued to provide additional Title V funding to MedCARES providers to increase child abuse prevention efforts and facilitate community training opportunities; and distributed prevention information on various topics directly to parents, providers, caseworkers, and law enforcement personnel. In FY18, the 11 MedCARES sites provided the Period of PURPLE Crying (POPC) program to 19,593 families. In addition, they provided 431 educational trainings on topics that included child safety, infant care, recognizing and reporting abuse, abusive head trauma, injury biomechanics, conditions that mimic abuse, and the importance of family history. These presentations were given to 7,693 healthcare providers, staff, and medical students; 3,426 protective service staff; 1,177 law enforcement staff; and 947 child advocacy center staff. The MedCARES providers also provided trainings to faith-based organizations, K-12 academic institutions, and
childcare organizations to increase recognition and reporting of child abuse for early identification and intervention.

MCH remained active participants in the Early Childhood Systems Integration Group (ECSIG). This workgroup is a collaboration of Texas state agencies working together to identify, coordinate, and implement cross-sector initiatives for young children and their families. The following state agencies are actively engaged in the workgroup, which addresses issues and opportunities related to service delivery, systems design, and data coordination:

- Texas Department of Family and Protective Services (DFPS)
- Texas Department of State Health Services (DSHS)
- Texas Education Agency (TEA)
- Texas Health and Human Services Commission (HHSC)
- Texas Office of the Attorney General (OAG)
- Texas Workforce Commission

ECSIG narrowed its original focus from aligning early childhood-focused programs across state agencies to the general coordination of data, which includes concrete data sharing and data dashboard work to create a focused, visual framework. The aim is to capture the collective impact of what ECSIG partners currently operate in terms of programs and services that address the outcomes of young children and their families. The intention is not to start new programs or change processes, but rather better articulate and measure the work already being performed.

To that end, the ECSIG began using a method called Results Based Accountability and worked with a specific software/structure for creating visual dashboards and user-friendly analysis. This method calls for data collection of population level indicators to track how the state of Texas is doing over time as well as agency/organizational level performance measures for accountability.

In 2018, the group assessed population indicators that quantify progress for three priority areas: 1) Are Children Healthy, 2) Are Children Safe, and 3) Are Children School Ready. Below are the indicators for each of the priority areas.

1. Priority Area 1: Are Children Healthy
   a. Indicator 1.1 – Rate of confirmed victims of child abuse and neglect
   b. Indicator 1.2 – # of arrests made for domestic violence
   c. Indicator 1.3 – Rate of injury-related hospital admissions per population age 0-9
d. Indicator 1.4 – Rate of accidental child deaths age 0-4

2. Priority Area 2: Are Children Safe
   a. Indicator 2.1 – % of women receiving prenatal care in the first trimester
   b. Indicator 2.2 – % of children 0 to 18 experiencing food insecurity
   c. Indicator 2.3 – % of women indicating they breastfed or pumped breast milk to feed their new baby after delivery
   d. Indicator 2.4 – % of children 0 to 18 who have access to health care coverage

3. Priority Area 3: Are Children School Ready
   a. Indicator 3.1. – % of children who are Kinder ready
   b. Indicator 3.2. – # of children in one or more formal programs that support early learning

For a select set of these indicators, the ECSIG partners worked together to determine the factors positively and negatively impacting the behavior of the trend line to determine what caused an increase or decrease over time. They identified potential partners to engage based on the factor analysis that could help to address identified factors.

ECSIG partners considered their diverse portfolio of programs and services by addressing the following questions: Did they have programs or services that worked to address the indicators? Which indicators were they? What were the programs or services? What performance measures did they use to assess programmatic efforts and outcomes? Each partner shared their performance measures and provides quantitative data and narrative information on a regular basis. The entirety of this information, across the ECSIG collaborative, is housed in the Clear Impact Scorecard and helps to illustrate the aligned contributions towards the three priority areas.

In FY19, the group is planning to create additional buy-in, share the dashboards as part of continuous quality improvement and accountability, encourage consistency with shared language and increased standardization, promote indicators that are demonstrated drivers of change, share what is working, and elevate comprehensive approaches to addressing indicators.

The State Child Health Coordinator represented MCH on the DFPS-PEI Prevention Task Force. The Prevention Task Force was established in 2017 during the 85th Legislative Session. The Prevention Task Force’s charge is to provide recommendations to the Commissioner of the DFPS regarding changes to law, policy, and practice for the prevention of child abuse and
neglect, the implementation of the directives of HB 1549 and the implementation of the five-year strategic plan for the PEI Division of DFPS.

The role of the PEI division of DFPS is to create the infrastructure to apply research, data, and the collective expertise to a system of family-strengthening programs and initiatives designed to prevent child abuse and juvenile delinquency and promote positive outcomes for children, youth, families, and communities.

The Prevention Task Force identified four strategies to provide recommendations to the Commissioner of the Department of Family and Protective Services. The strategies were broken into four subcommittees:

**Community Tool Kit Subcommittee:**

This subcommittee recommendations included exploring the use of a toolkit aimed at supporting communities in their collaborative efforts to align around child maltreatment prevention and the promotion of positive outcomes for children; identified the top 10 measurable, mid-level indicators for long term change and develop a driver of change resource for those indicators; and state agency collaboration and coordination in connecting existing coalitions within a community to reduce duplication of efforts and leverage resources.

**Regional Children’s Trust Fund and Finance Subcommittee:**

Recommendations made by the Regional Children’s Trust Fund and Finance Subcommittee included crafting statutory amendments to create a Statewide Prevention Network in Texas that would focus on creating networks in communities across Texas; developed and finalized agency protocols for establishing, funding and supporting of these networks; and identified up to four communities in Texas that are poised to pilot this model.

**Developing a Prevention Framework Subcommittee:**

This subcommittee provided recommendations that included exploring the development of a functional and accessible technical resource diverse communities can utilize to promote safe, stable, nurturing relationships and environments; and expanding the “Texas Continuum of Prevention Services Framework” in PEI’s Strategic Plan by adding a continuum of prevention approaches/strategies utilized in Texas.

**Elevating Early Brain Development Subcommittee**

Recommendations made by the Elevating Early brain Development Subcommittee included the development of a strategic initiative to assist PEI in addressing early brain development through identifying best practices, promising practices and/or current evidence-based practices in addressing
early brain development; defining the measurement of success; outlining the role of local community, medical community, philanthropy, state and federal partners; creating a communication strategy; and using the call to action from the FY19 Pediatric Brain Health Summit to provide further guidance in the development of this strategic initiative.

MCH attended and provided subject matter expertise for the Elevating Early Childhood Brain Development Subcommittee.

The Prevention Task Force believes its recommendations from the four subcommittees will assist the DFPS Commissioner in advancing his prevention efforts in FY19, strengthening families, and making Texas better for the generations to come.

In FY18 the public health region (PHR) staff were active in their early childhood injury prevention activities focusing on Child Passenger Safety, Bike Helmets / ATV Safety, General Injury Prevention and Water Safety.

**Child Passenger Safety:**

Child passenger safety remained a priority for regional staff in FY 18. Statewide, regional staff inspected 2027 seats and distributed 1761 seats. During most events, hyperthermia training was also stressed as part of car seat safety.

Regional staff partnered with TXDOT and Texas A & M AgriLife Extension Service to conduct car seat check-up events throughout the regions at fire stations, court houses, TXDOT offices, local car dealerships, and in the parking lot of local businesses. A new and notable activity one region participated in was working with regional social workers when they identified a child case managed by the CSHCN program without a properly-fitting car seat or a sibling without a properly-fitting car seat. Child Passenger Safety Technicians traveled with social workers to client homes and conducted in-home seat inspection, training, and installation of the new seats.

In May 2018, the South Plains CFRT prevention workgroup in PHR 1 conducted an observation study of car seat use among elementary students being dropped off and picked up at a rural school in the small town of Idalou outside Lubbock. Approximately 100 vehicles were observed. Observers determined the majority of both children and adults were not properly restrained either by child passenger safety seats or seatbelts. At least 85% of observed children were not appropriately restrained by the time the vehicle departed the pick-up lane. The results were shared with the local school nurse and the local police department. Educational materials were left by TXDOT to be shared with parents. Some limitations of the study were that tinted windows on vehicles impaired the visibility of the vehicle occupants, children were often already opening up car doors as parents
pulled to a stop to let them out, and rain affected the observer’s ability to see inside the vehicle.

Operation Lone Star (OLS) is a collaborative medical services project and preparedness event that takes place during the last week of July annually. During the event, free medical services are provided for low-income residents at six school sites throughout Region 11. It is the largest public health humanitarian effort in the country and offers free medical screening, immunizations, and dental services. It also connects participants to regular medical care. An added benefit to this event is that it serves as an opportunity to train medical professionals in mobilization for public health emergencies and MCH staff from PHR 11 are involved each year. Approximately 10,000 members of the community were seen by health services professionals over the week-long event. During the FY 18 event, MCH staff considered doing car seat inspections and distribution but determined that this service was not well-suited to the fast pace of the event. Instead, staff signed up over 100 clients for car seat inspection appointments to follow the conclusion of OLS. Staff checked 41 car seat installations and distributed 34 seats during appointments with OLS participants. Staff learned much from this process and anticipate increasing the number of appointments made and kept in FY19.

**Bike Helmets / ATV Safety:**

In PHR 1, bike safety education and helmet distribution was provided to 967 students at local elementary schools in Moore county, which has a large refugee population. At a multi-agency bike rodeo; which involved TXDOT, DSHS, Wheeler county EMS, the Sheriff’s department, a local hospital, and the Wheeler County judge’s office; staff provided 50 children with bike education and helmets. PHR 6/5S staff properly fitted and distributed 28 bike helmets to children. PHR 9/10 presented to 271 students on bike safety and distributed 104 helmets during a bike rodeo in their region. DSHS staff in PHR 4/5N educated 150 children on bicycle safety through a Bicycle Rodeo in Red River County at which each child was fitted with and provided an appropriate-sized helmet. The bicycle skills event provided an opportunity for young bicyclists to develop skills to become better riders and avoid typical crashes. Children and parents were educated on the brain injury prevention a helmet provides as well as safety measures to be used while riding a bike.

PHR 8 staff prioritized All-Terrain Vehicle (ATV) safety promotion in FY18 due to the high number of requests by members of the public and reports from students of all ages who attended past DSHS presentations about the popularity of ATV use and the frequency of injury. A health fair serving students from Kerr and Gillespie Counties educated 406 students about ATV safety and drew students in by having an actual ATV at their booth. The staff
based in Lavaca County presented to five organizations using the ATeamV Coalition video and reached 557 students. Students in Lavaca County were asked to share printed information with their parents regarding ATV operator safety laws about ATV use. Staff in PHR 6/5S also presented at rural schools on ATV safety using the ATeamV video and trained 577 students. In PHR 4/5N, where much of the ATV safety work in the state was initiated, staff continue to remain involved with the ATeamV Coalition and assisted groups working on ATV safety by serving as a liaison between researchers and coalition members, physicians, and first responders. Staff assisted the trauma coordinator of the hospital in rural Panola County to develop a hospital-wide ATV safety campaign and trained 157 individuals. They also trained 163 students through several high school classes in ATV safety, utilizing the Last Ride video. Staff were also involved in the development of a documentary film about crash survivors produced by the ATeamV Coalition on key components of proper ATV use and safety equipment. With staff from UT Health Northeast and Pineywoods RAC, staff worked on a project for UT Health Northeast School of Rural Public Health students to perform a data analysis to compare ATV-related injuries 2011 through 2016 with RAC trauma data for 2004 through 2010. Staff worked with the trauma coordinator for Trinity Mother Frances Hospital in Winnsboro to follow up on a request for ATeamV to look into the high incidence of ATV-related injuries seen in the facility. Staff also worked with an MPH student to examine trauma center discharge data and assess the magnitude of ATV injury in East Texas. These findings were presented by the student to a panel of physicians, first responders, researchers, and members of the ATeamV Coalition. In PHR 4/5N, five schools participated in the Last Ride/ATV Safety program with more than 2000 children receiving ATV safety training. Pre- and post-test evaluations of student knowledge showed 100% equal or improved knowledge acquisition after training.

**Water Safety:**

In PHR 4/5N, new lifejacket loaner and education stations were erected and placed at one hotel and 23 new lake locations including marinas, state parks, resorts, and parks for swimming and boating. Two apartment complexes were given life jackets for loaner use. These stations are equipped with infant, child, youth, and adult life jackets. The station includes a sign out sheet, proper fitting instructions for the life jackets, and a large sign with the state law and provisions approved by the DSHS design department and ethics committee. DSHS prepared an interactive map to show the locations which will be posted on the DSHS website in the near future. Water safety education was presented to over 650 total children at six apartment complexes and six Boys & Girls Clubs locations using the American Red Cross Whales Tales Curriculum. The presentation included education on heat safety, head related trauma related to falls, sun safety, and basic CPR.
events served Smith, Rusk, Nacogdoches, San Augustine, Angelina, Polk, Tyler and Trinity Counties. Interactive games and return demonstration were used to assess knowledge gained among participants. PHR 9/10 staff served 49 individuals who participated in drowning prevention activities that included support programs that focus on swimming lessons and examining barriers to access for all children. PHR 2/3 staff also supported Parker County Safe Kids Coalition at their annual April Pool’s Day water safety event.

**General injury prevention:**

Region 4/5N staff provided support and education on safety for Sudden Infant Death Syndrome (SIDS), suicide, drowning, and motor vehicle accident prevention. To increase the number of CFRTs, educators, and providers that are provided child injury education, support, and community resources; PHR 9/10 worked closely with a diverse group of community partners from public, private, and non-profit sectors to identify evidence-based strategies for preventing the leading causes of unintentional injury. The partnership included 358 activities that ranged from Child Passenger Safety, drowning prevention, bike safety, pedestrian safety, concussion prevention, fall prevention, hyperthermia prevention, and bullying prevention. Communities in PHR 8 rallied around child and adolescent injury prevention and DSHS staff remained involved in multiple entities that work on the issue including Child Advocacy Centers, Youth Advisory Councils, and others. DSHS staff that serve counties around San Antonio received training from, and collaborated with, the San Antonio Area Safe Kids Coalition, sponsored by University Hospital in San Antonio. Staff hoped to use the experience with this coalition as a potential model for collective action in other communities in the region in FY19 and FY20. Abusive Head Trauma and SIDS prevention education was offered in ten counties in PHR 4/5N including Lamar, Hopkins, Delta, Red River, Houston, Cass, Bowie, Marion, Rusk, and Anderson. The presentations included interactive education with use of the RealCare® Shaken Baby simulator doll to illustrate the affected areas of the brain when a baby is shaken.

**Objective 2: By 2020, increase the percentage of child death reviewed by Child Fatality Review Teams by two percentage points. (Baseline = 37%)**

In FY18, the State CFRT Coordinator moved into the newly-created Office of Injury Prevention (OIP). Even though the CFRT program moved, MCH staff continued to work together on Injury Prevention projects. In FY18, the 2018 biennial CFRT report was published. There was an increase in accidental death rates between 2014 and 2015 among children 1-4 years. Children ages 1-4 years are most likely to die in drowning accidents. The drowning
death rate for this age group reached an all-time low in 2014 (2 per 100,000 children), and increased slightly in 2015 (3 per 100,000 children). Children in the 1-4 years old age group accounted for 68 percent (2014) and 42 percent (2015) of drowning deaths in pools, hot tubs or spa. CFRTs determined that homicides were caused by child abuse or neglect in 29 percent of cases in 2014 and 40 percent in 2015. Child abuse or neglect deaths primarily involved children under the age of 5 years (83 percent in 2014 and 84 percent in 2015). For children younger than 5 years, the weapon most identified was a body part such as a fist or foot (83 percent in 2014 and 100 percent in 2015). The report included recommendations to legislators that could impact child health and injury prevention, including a recommendation that passing new residential swimming pools have a circumferential isolation pool fence and legislation creating an offense for children transporting a child less than two years of age in a rear-facing child passenger safety seat.

In FY17, the Texas legislature passed HB1549 that required DSHS to provide trainings for Justice of the Peace and Medical Examiners regarding inquests in child death cases. A national training has been found and is currently being updated and vetted to meet this training requirement. HB1549 also required that DSHS provide review teams with electronic access to the preliminary death certificate for a deceased child. Processes began where death certificates from 2016, 2017 and the beginning of 2018 were provided to local child fatality review teams electronically through the national case report system. Case information auto-populates into the case report system, providing teams with data entry support that they have not received in the past. Death certificates were previously provided to local CFRTs 18 months after the death. This moved to approximately 8 months after the death in FY18. DSHS will continue to improve the distribution process with the goal of providing cases to teams on a monthly basis.

Local CFRT members are scheduled to receive training about standardized collection and reporting of data through the partnership with DFPS and adding a ½ day to the Partners in Prevention conference in FY19.

Local CFRTs are volunteer-based and organized by county or multi-county geographic areas. Team members collect information that corresponds to their disciplines and specific questions in the National Center for Fatality Review and Prevention database. Local CFRTs meet to share what each member knows about the specific child deaths being reviewed and identify risk factors specific to their communities. Reviews conclude with the question: was this death preventable? Multiple Public Health Service Regions (PHRs) are in the process of adding counties to existing local CFRTs.
The State CFRT coordinator participated in the national data quality workgroup with the National Center for Fatality Review and Prevention on the implementation of the list of priority variables for child fatality review teams to use throughout Texas and the US. The State CFRT coordinator participated in the national Southeast Coalition meetings. The Southeast Coalition is a group of state child fatality review coordinators from 14 states that meet bimonthly to discuss updates and current issues related to child fatality review. The State CFRT coordinator attends the yearly Southeast by Southwest CDC Injury Network meetings. This meeting serves to gather state leaders in injury prevention. In FY18, the State CFRT Coordinator was elected to the leadership board.

Texas was awarded a Children’s Justice Act grant in FY16. The State CFRT Coordinator developed this project to support the hiring of two local CFRT coordinators in one urban and one rural pilot community. The goal of the project is to determine the benefit of paid staff in the quality and quantity of CFRT data collected and reported as well as implementation of injury prevention initiatives in the local pilot communities. In FY18, the coordinator in the rural pilot community held multiple meeting with stakeholders to review deaths in the community and entered case data in to the national online case report system. During one meeting, child protective service policy was altered to start using justices of the peace as collaterals on child fatalities. The CFRT coordinator was also started working with the State Adolescent Health Coordinator to help build positive youth development in the local community. In FY18, Bexar County hired a local CFRT Coordinator. The Bexar County Coordinator has been able to improve the quality of completed fields now with improved timeliness and quality of cases completed. The Coordinator has retrospectively entered 76 completed cases for 2015; 101 completed cases for 2016; 31 completed cases for 2017 and as of September 30, 2018, 21 cases have been completed. There have been a total of 229 case entries marked “completed”, enabling the state to include the data in the biennial report. The CFRT has partnered with the Alamo Area Teen Suicide Prevention Coalition, the National Alliance on Mental Illness – San Antonio, and Education Service Center Region 20 to provide regional school districts with information regarding the increase in suicide deaths among teens and suicide prevention resources at the Fall School Counselors conference.

Regional MCH staff statewide participated in 139 CFRT-related activities and reviewed 485 deaths in FY18. Of the cases reviewed, the greatest number of deaths were sleep-related, followed by suicide and drowning. In addition to serving as convener for CFRT teams, regional staff also participated in reviews, supported leadership recruitment for teams, led groups through
strategic planning and action committee planning, prepared cases for review, and entered data in the national database.

Several regions focused efforts in FY18 on re-starting defunct CFRT teams. With assistance from DSHS staff in PHR 4/5N, the CFRT in Lamar/Red River County was re-started with 10 new members and a new coordinator in May, 2018. No reviews were conducted in FY18 as the group worked on infrastructure building and planning for organizational development for this new CFRT. PHR 11 also re-started the CFRT team in Cameron County which had grown inactive in the past two years because of a change in leadership. Staff worked with this group in FY18 primarily on membership recruitment and training.

PHR 2/3 staff were the busiest region in terms of CFRT support activities. Staff supported 28 Child Fatality Review Teams throughout Region 2/3 in FY18. Staff worked on membership recruitment for teams in the counties of Parker, Kaufman, Rolling Plains, Denton, South Plains, Foard, and Concho Valley and reactivated teams in Kaufman, Ellis, and Eastland Counties. Staff facilitated meetings for teams in Parker, Kaufman, and South Plains; and participated in case reviews for teams with Dallas, Wichita, and Tarrant Health Departments. They also participated in case reviews with teams in Parker, Kaufman, Ellis, South Plains, Taylor, Johnson, and Palo Pinto counties. Staff supported the Kaufman and Parker County teams with data entry support and provided technical assistance on the new Child Death Review data entry system the Ellis, Dallas, Fannin, Cooke, Palo Pinto, and North Texas Tri-County teams. Staff reviewed 194 cases throughout Region 2/3 in FY18.

Performance Analysis: The number of completed THS-OPE Child Injury Prevention modules slightly increased in FY18 (9,531) from (9,366) in FY17.

Injury prevention coordination efforts continued around the Child Passenger Safety CoIIN, providing the regional CFRT trainings, planning meetings with injury prevention partners, and MedCARES child abuse prevention activities and trainings.

In January 2018, the State CFRT Coordinator was able to provide death data to local teams electronically in accordance with HB1549. The system change will allow for more timely local death reviews and provide DSHS with current data.

Challenges/Opportunities: MCH, SCFRT, and Injury Prevention partners continued to meet and plan future collaboration activities, data collection, and trainings.

The Office of Injury Prevention (OIP) was created in FY18 to better enable staff to work on injury prevention activities.
In FY19, death certificates will continue to be provided to local Child Fatality Review teams electronically through a national case report system. Death certificates were previously provided to local CFRTs 18 months after the death. This moved to approximately 8 months after the death in FY18. DSHS will continue to improve the distribution process with the goal of providing cases to teams on a monthly basis. The hypothesis is this will allow teams to review more cases given the timely manner of death certificate receipt and the ease of access to death certificate information.

**SPM-2 Percent of Texas WIC participants, ages 2-5, in the overweight/obese range**

**Objective 1: By 2020, increase the number of medical providers and school and center-based early and middle childhood programs accessing obesity prevention education resources.**

In FY18 a total of 4,378 physicians, educators, and social workers completed the three THS-OPE modules identified as appropriate for this measure: Breastfeeding, Nutrition, and Management of Overweight and Obesity in Children and Adolescent’s. In FY18, DSHS identified Breastfeeding as a significant module that is instrumental in early childhood nutrition and needed to be counted under this measure.

In FY18, DSHS released 48 issues of “The Friday Beat”, an e-newsletter geared for school nurses and other professionals, to disseminate information about nutrition, physical activity, obesity, and other relevant health-related topics. School Health staff continued to use CDC’s Whole School, Whole Community, Whole Child approach during this fiscal year. The Whole School, Whole Community, Whole Child model expands on the eight elements of CDC’s coordinated school health and is combined with the Association for Supervision and Curriculum Development’s (ASCD) Whole Child framework focused on ensuring every child is healthy, safe, engaged, supported, and challenged. The elements are:

- Health Education
- Nutrition Environment and Services
- Employee Wellness
- Social and Emotional School Climate
- Physical Environment
- Health Services
- Counseling, Psychological, and Social Services
- Community Involvement
- Family Engagement
- Physical Education and Physical Activity
CDC and ASCD developed this expanded model in collaboration with key leaders from the fields of health, public health, education, and school health to strengthen a unified and collaborative approach designed to improve learning and health in schools. Editors of the Friday Beat used the elements to guide their selection of articles, webinars, and other resources. The Friday Beat provided 173 unique articles, resources, and educational opportunities related to Obesity Prevention to 5,838 weekly users by the end of FY18, almost a 22% increase from FY17. The articles provided school stakeholders with obesity prevention resources on the following topics: Active Kids and Teachers in Schools, National School Lunch Week, USDA Food Buying Guide Mobile App; Obesity on the Uptick in America's Youngest Children, TDA: Expanding 3 E's Nutrition Grant, 2018 Physical Activity Guidelines Advisory Committee Report, Texas Obesity Awareness Week, Farmers Markets and WIC, Baseball/Softball Grants, Keep Recess in Schools, Success of School Food Programs, and a CDC Obesity webinar.

In FY17, Texas was selected to participate as a technical assistance site for the Children’s Healthy Weight Collaborative Improvement and Innovation Network (CHW CoIIN). In FY18, under the leadership of the MCH staff, Texas was invited to move from participation at the technical assistance level to the intensive learning level which included a stipend and funding for four Texas CHW CoIIN team members to attend the in-person CHW CoIIN training in DC. The aim of the CHW CoIIN is to facilitate the development, implementation, and/or integration of evidence-informed policies and practices to support State Title V programs to improve health behaviors related to the following work streams: breastfeeding, physical activity and nutrition for children, adolescents, and young adults, 0-21 years of age, including those with special health care needs. The Child Health work stream for Texas focused on Physical Activity and Nutrition. MCH led these efforts by bring together state, non-profit, and university partners to address early childhood physical activity and nutrition issues. The following activities were identified for the Physical Activity and Nutrition CHW CoIIN work stream:

- Develop and implement a coordinated recognition system that includes self-assessments, technical assistance, and training to implement evidence-based nutrition and physical activity standards in child care centers through the use of the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program;
- Create a Child Care Health Consultant technical assistance and training program;
- Develop an obesity prevention education module for parents; and,
- Implement the Outdoor Learning Environment (OLE) implementation and training program.
In addition, MCH began activities to continue to implement the School Physical Activity and Nutrition (SPAN) survey, administered in school districts around the state and along the border to assess all children, including children with special needs, in 2nd, 4th, 8th, and 11th grades to identify factors that may underlie childhood obesity including dietary behaviors, nutrition knowledge and attitudes, physical activity, social and environmental factors. In FY18, MCH staff facilitated the Texas CHW CoIIN needs assessment focusing on nutrition expertise, leadership, activities, partners, and goals for Title V. In addition, MCH, in partnership with the DSHS Obesity Prevention Program (OPP), began outlining multiple scopes of work to: contract with TAEYC for the Child Care Health Consultant technical assistance training and OLE program; contract with Agrilife to develop an obesity prevention train the trainer program and obesity prevention modules for parents; and contract with the University of North Carolina to have access to the NAP SACC assessment program. Current projections indicate contracts will be executed in FY19.

To decrease the percentage of WIC participants aged 2-5 with a BMI in the overweight or obese range, PHR 9/10 partnered with a diverse group of community partners from public, private, and non-profit sectors in an informal collaboration. Efforts resulted in 84 individuals served and led to 39 activities that ranged from nutrition classes for daycares, breastfeeding promotion, and DSHS Texas Healthy Communities Assessments, to physical activity promotion, increased collaboration with WIC, breastfeeding promotion, and promotion of Texas Health Steps Modules. PHR 8 staff in Goliad County were able to complete two nutrition classes using My Plate: one to 47 Head Start students and teachers and one to seven children at the Goliad housing project. The staff in Bandera County supported the second year of the community-initiated Blue Bike Challenge, which made blue-painted bikes available at no cost to community members, but lack of leadership from fellow organizations led to the project’s termination. The blue bikes remained out in the community as a reminder to be physically active, but the program will not continue. PHR 8 staff learned much from this experience and will be working through a Collective Impact model to address obesity across the region in FY19 and FY20.

PHR 6/5S staff helped facilitate and implement Walk Across Texas (WAT), a community campaign to promote daily walking in which participants log miles and track their miles on the map of Texas, attempting to cross the state over the course of the campaign. Staff supported approximately 1900 students in grades K-8 across five schools in Bellville ISD to promote increased physical activity and better nutrition. Prior to this year, Bellville did not have a CATCH program despite the presence of a DSHS clinic and active SHAC. Staff believed this activity will pave the way for efforts to initiate a CATCH program at Bellville ISD in the future.
Staff in Rusk County in PHR 4/5N worked with providers to encourage referrals for obese patients to attend the Texas AgriLife research-based program Step Up Scale Down after the LEAN Coalition in Tyler County was awarded a grant to support obesity prevention efforts. The coalition is working with Hispanic communities on preparing a diabetes prevention and control program to be started in FY19. The coalition is also working with a faith-based group to start a diabetes prevention program among African American communities in Tyler.

Learn, Grow, Eat, Go (LGEG) is an evidence-based program developed by the Texas A&M AgriLife program. DSHS staff in PHR 4/5N assisted with teaching the classroom lessons on composting, planting, watering, and fertilizing healthy foods, fresh vegetables, cooking healthy foods, etc. The program included hands-on demonstration through raised garden planting and harvesting. LGEG was presented to 36 children in two elementary schools in Laneville and Leveritt’s Chapel, and included special needs high school students at Henderson ISD in Rusk County. PHR 2/3 staff participated in eight SHACs that cover eight counties to address childhood obesity prevention and provided "5210 Let’s Go" presentations to 82 students at Azle ISD. 5210 Let’s Go is a nationally recognized program designed to increase healthy eating and active living in children.

**Objective 2: By 2020, increase access to SPAN data available to educators, medical providers, state and community partners.**

In FY18, the fifth contract with the University of Texas School of Public Health’s Michael & Susan Dell Center for Healthy Living was executed to support the activities of the School Physical Activity and Nutrition survey (SPAN). The purpose of the survey is to identify factors that may underlie childhood obesity including dietary behaviors, nutrition knowledge and attitudes, physical activity, social and environmental factors, and Body Mass Index (BMI) levels. The questionnaire also includes questions on body image, depression, sleep patterns, cell phone use, e-cigarette use and other psychosocial issues that impact health behaviors in children and adolescents.

In FY18, the University of Texas Health Science Center at Houston (UTHealth) School of Public Health (SPH) faculty and staff continued publications efforts and presenting on the 2015-2016 SPAN data (last data collection year). A poster presentation was accepted and presented at the 2018 APHA conference and 3 journal papers were accepted or under review. SPAN team members closed out the 2015 – 2016 phase, followed-up with participating districts regarding their SPAN reports, and continued the development of the SPAN interactive website. Center staff trained and certified 29 people from outside organizations in SPAN protocols so that they could assure accurate school data collection when administering the SPAN survey and performing anthropometric measurements.
In preparation for the 2019-2020 SPAN data collection, the SPAN team met weekly to plan for implementation. Preparation planning included staff hiring and training, IRB submission and approval of project renewal and forms, and the generation of the sampling frame from TEA data. UTHealth SPH and DSHS convened regularly to discuss survey revisions and project updates. Internally, UTHealth SPH completed the literature review and survey reference updates, initial drafts of the revised surveys, and the recruitment video script. Ongoing efforts include district recruitment, meetings with district administrations and IRB staff to discuss participation and changes in their research application process, meetings with potential partners across Texas, SPAN manuscripts and publications, staff organization, advisory committee creation, and completion of the SPAN interactive website.

The FY15-FY16 SPAN survey tool was provided by the University of Texas School of Public Health’s Michael & Susan Dell Center for Healthy Living to PHR 4/5N staff. Independent of UTHealth SPH, PHR 4/5N staff conducted the survey in four school districts in Tyler County among 378 fourth, eighth, and twelfth graders to further gather SPAN data on the children in the PHR 4/5N school districts.

**Performance Analysis:** Regional staff are active in assisting with the SPAN survey; the CATCH program; training on My Plate; Learn, Grow, Eat, Go (LGEG) and 5210: Let’s Go! as well as several other obesity prevention events for children and families.

The School Health program is effective in their distribution of the Friday Beat newsletter which included 173 unique articles, resources, and educational opportunities related to Obesity Prevention to almost 5,838 weekly users, by the end of FY18, almost a 22% increase from FY17.

Recently THSteps has made a push for obesity prevention education modules. Currently there are only three modules available on their site: Breastfeeding, Nutrition and Management of Overweight and Obesity in Children and Adolescents. A total of 4,378 obesity prevention THS-OPE modules were completed.

The UTHealth School of Public Health faculty and staff continued publications efforts and presenting on the 2015-2016 SPAN data and preparing for the 2019-2020 SPAN survey.

**Challenges/Opportunities:** The percentages of children who have obesity are higher in Texas than in the U.S., and appear to be increasing over time. Efforts to prevent child obesity should begin early in life and should focus on family-based programs, as well as school-based efforts. Large disparities in the prevalence of obesity, as well as related behaviors, exist in Texas, particularly among certain sub-populations, the Texas-Mexico border areas, and some of the PHRs. Obesity prevention initiatives should focus on these
areas by providing more resources for programs and environmental efforts that are evidence-based and culturally appropriate.

Opportunities for collaboration with state partners, particularly the DSHS Obesity Prevention Program (OPP) has greatly increased following Transformation. The OPP program now falls under the same leadership in the Community Health Improvement (CHI) Division at DSHS. With the aligning of programs under CHI, staff will more easily be able to coordinate prevention and promotion objectives for early childhood obesity prevention.

Opportunities also exist to work with community partners, local school systems, SHAC’s, child care centers, state partners, and regional staff to identify evidence-based or promising practices to increase education to child care providers, teachers, and parents on healthy eating and active living programs designed to decrease obesity in children.

**Other Child Health Programmatic Efforts**

The Texas Fluoridation Program (TFP) assisted 17 public water systems (PWSs) with equipment and technical assistance in upgrading their fluoride systems. TFP inspected 24 fluoride systems, and provided recommendations to increase system performance and operator safety based on the US Center for Disease Control and Prevention’s (CDC) engineering guidelines and recommendations. TFP conducted two day-long (8-hour) operator training classes on fluoridation procedures and one 4-hour safety training class. TFP has collected fluoride data from about 90 systems, and will review and enter the data into the CDC Water Fluoridation Reporting System (WFRS) database. TFP will encourage PWSs to follow the Texas Commission of Environmental Quality (TCEQ)-approved TFP designs and technical specifications while designing and installing fluoride systems. TFP will coordinate with the TCEQ and the PWSs to resolve violations/citations on fluoridation systems. TFP will work with the CDC to minimize the data discrepancy between Safe Drinking Water Information System (SDWIS) and WFRS databases, update data into WRFS, and prepare the discrepancy report. TFP will conduct outreach at three conferences. TFP will work collaboratively with Texas Dental Association (TDA) and Texas Oral Health Coalition (TxOHC) to educate Texans about community water fluoridation.
**FY20 Plan**

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

Children reaching developmental milestones is an essential factor for school readiness and adult success. However, according to the 2017 National Survey of Children’s Health, only 36.4% of Texas children ages 9 months to 5 years received a developmental screening using a parent-completed screening tool. In the same survey only 5.4% of children currently receive special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy. While sample size was very low (97 families), this data mirrors the responses received from parents in the Title V Needs Assessment (NA) focus groups where parents reported a need, but lack of, providers to assess their child’s development and treat any behavioral, social or emotional delays.

Funding for the Texas LAUNCH project will be ending on August 31, 2019. However, MCH, together with the Texas LAUNCH – Early Childhood Committee (TL-ECC) members, will continue working to create sustainability plans for developmental screenings activities until the grant cycle ends. Throughout FY19, efforts of the TL-ECC focused on maintaining contact with family representatives, state leaders, and community leaders; assessing resources; promoting on-line developmental screening trainings and resources; providing recommendations to Child Care Licensing and the Texas Work Force Commission on the Texas Rising Star child care quality rating system to include developmental screenings as a standard practice; and creating a plan to incorporate developmental screening trainings and programs into existing state and community services. Lessons learned from Texas LAUNCH will be applied to FY20 activities to increase developmental screenings.

One program that has begun incorporating developmental screening trainings is the MCH-funded Healthy Child Care Texas program. Healthy Child Care Texas is a state-of-the-art Child Care Health Consultant (CCHC) train-the-trainer program based on the Caring for Our Children National Health and Safety Performance Standard: Guidelines for Out-of-Home Child Care Programs. The curriculum addresses multiple aspects of health and safety as well as developmental milestones. MCH provides the CCHC certification and training requirements which ensures that qualified health and childcare professionals are available to provide health and safety assessment and guidance to out-of-home child care centers and family child care homes in Texas. CCHCs are located all around the state but many are inactive based on the following findings:
• There is no state requirement for a CCHC to assess child care centers.
• There is no funding available for child care centers to hire a CCHC to assess the center or for the center to make any identified improvements.
• Child care centers do not know how to find a CCHC.

Due to these barriers, MCH expanded the existing Healthy Child Care Texas program to be the Healthy Child Care Texas-Social and Emotional Development (HCCT-SED) program in FY19. The HCCT-SED project was created to address these barriers in efforts to better serve child care centers to improve early childhood developmental outcomes for the children in their care. The expanded program will continue to train CCHCs to be train the trainers in the ASQ-3 and ASQ:SE-2 developmental screening tools; revamp the HCCT website to provide a resource listing to locate CCHCs in each community and create a portal to collect data on assessed child care centers; provide scholarships to cover child care centers’ assessment costs; address any CCHC findings; and train child care staff on ASQ-3/ASQ:SE-2 developmental screening tools.

To promote the need for developmental screenings, MCHS will continue to update and disseminate the Parents Guide to Raising Happy Healthy Children, a legislatively mandated guide provided by physicians to all new parents who receive Medicaid. This comprehensive guide is in print and online and includes information on developmental milestones, developmental screening tools and timelines, health and safety information, and parenting guidance. http://texanscareforchildren.org/parents. In FY20, MCH will continue to coordinate efforts with the Texas Maternal, Infant, and Early Childhood Home Visiting (MIECHV)/Nurse-Family Partnership (NFP) to distribute the guide to families after the birth of a child. In addition, MCH will consult with the Texas Health Steps (THS) regional staff as needed to support their efforts to educate Texas Medicaid medical providers on the guide and the benefit of providing it to their Medicaid patients.

Education will continue to be provided through the Texas Health Steps’ Online Provider Education (OPE) modules related to developmental screening to providers, teachers, regional staff, and other key stakeholders.

MCH and Texas’ Department of Family Protective Services’ (DFPS) Prevention & Early Intervention (PEI) created an Early Childhood Brain Development video in FY18 for parents available on the PEI Hope for Parents Help for Kids website, the MCH website, and as a YouTube video available on all social media outlets. In FY20, MCH and PEI will continue their collaboration to work to develop a video which will be created in both English and Spanish. The video will be approximately two-minutes in length and detail the importance of assessing developmental milestones and administering developmental screens at an early age.
MCH will continue to participate on the Early Childhood Intervention’s (ECI) State System Improvement Plan (SSIP) committee. The SSIP is a comprehensive, multi-year plan for improving results for infants and toddlers with disabilities and their families. SSIP focuses on substantially increasing the rate of growth in infants and toddlers demonstrating positive social-emotional skills. IN FY20, SSIP will enter year four of the implementation and evaluation phase (Phase III). Phase III focuses on the following 3 strategies:

4. Enhance professional development to ensure providers are able to identify social-emotional concerns, use identified evidence-based practices (EBP), the coaching framework, consistently and with fidelity when providing ECI services.

5. Increase a family’s knowledge about their role in supporting their children's development, including social-emotional development.

6. Increase primary referral sources’, families’, and early childhood partners’ knowledge of ECI’s approach to services, which is based within the context of the parent-child relationship and results in strengthening parents’ capacity to support their children’s social-emotional growth and impact all development.

MCH will continue to work with and provide developmental screening resources and trainings to MCH regional staff and support Children with Special Health Care Needs (CSHCN) community-based contractors.

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

The leading cause of injury, disability, and death for children 1-14 years of age in Texas, and nationally, is due to unintentional injuries. Many aspects of the environment in which children live (physical, social, cultural, economic, etc.) have impacts on injury risk. Both nonfatal and fatal injuries are very costly. In addition to the burden of disability and death, childhood injuries can result in substantial economic costs including medical costs for the child and lost work days for caregivers.

One of the leading causes of childhood injury and death is a result of motor vehicle crashes. Car seat use reduces the risk for death to infants (aged <1 year) by 71% and to toddlers (aged 1–4 years) by 54% in passenger vehicles, and booster seat use reduces the risk for serious injury by 45% for children aged 4–8 years when compared with seat belt use alone. MCHS will continue to participate on the Children’s Safety Network’s Motor Vehicle Safety Learning Collaborative / MVSLC (formerly the Child Passenger Safety CoIIN) and partner with Child Fatality Review Teams (CFRTs), Safe Riders,
injury prevention partners, DSHS’ Office of Injury Prevention, MCH Epi, and MCH regional staff to increase the adoption of effective child passenger safety interventions at state and local levels. MCH will also work towards increasing access to child passenger safety seat distribution sites and trained safety seat technicians available to educate parents on how to correctly install car seats.

Regionally, child passenger safety check-ups will be conducted in the DSHS field offices in PHR 1 on a monthly basis. Parents and caregivers will receive one-on-one education and demonstration of proper use of child restraint systems and seat belts and will review installation guidelines with staff. Staff will also provide Child Passenger Safety Education at rural birthing hospitals among healthcare providers. Staff will also approach agencies serving children, child care agencies, church nurseries, WIC Offices and local law enforcement to promote Child Passenger Safety Education. This outreach will be conducted by offering a short presentation during lunch meetings. Staff will recruit healthcare providers, law enforcement agencies, fire stations, or other community organizations to become child passenger safety technicians and Safe Riders Distribution sites. PHR 2/3 staff will continue conducting Safe Riders Distribution classes and will distribute 50 car seats in FY20. With the assistance of local Child Passenger Safety Technicians (CPSTs), staff will conduct nine Child Safety Seat Inspection Stations in field offices and distribute Title V-purchased child safety seats in five counties in the region with a goal to serve at least 60 clients. MCH staff in PHR 2/3 and 6/5S plan to identify and refer organizations such as Child Advocacy Centers and faith-based organizations in rural counties to apply to become Safe Riders Distribution sites. Staff in PHR 7 plan to send two staff members to become certified as CPSTs in FY20. These staff will then prioritize initiation of child passenger safety inspection events at daycare facilities and Head Start agencies in their counties. Staff will also work with Safe Kids to conduct community-led car seat inspections. The other PHR 7 staff members are already certified and work in five counties. All will continue to work with community stakeholders like the Austin Travis EMS, Seton hospital system, McLane’s Children’s Hospital, Copperas Cove Fire Department, and Safe Kids to provide car seats and car seat inspections to parents and caregivers. In PHR 9/10, child car seat inspection stations will be offered at every clinic. PHR 11 will apply to become a Safe Riders distribution center. After assessing the areas of highest need for car seats in FY19, staff will reach out to four hospitals, fire departments, or police stations to provide guidance on how they can become distribution centers in FY20. Staff in PHR 11 will continue to participate in Operation Lone Star (OLS) each August. OLS is an annual one-week public health preparedness operation coordinated by DSHS, local health departments, and military agencies in Region 11. Free medical and dental services are provided for low income and uninsured
residents at six sites. Regional staff plan to make at least 100 car seat inspection follow-up appointments for participants at the Rio Grande City site. In collaboration with Texas’ Office of Border Public Health and the City of Laredo, regional staff will coordinate a car seat safety inspection event in Laredo. MCH staff in PHR 11 will also coordinate car seat inspection events with local partners as recommended by the Car Seat Coalition.

Related to child safety in motor vehicles, hyperthermia can have devastating effects to children. PHR 4/5N staff will conduct presentations related to hyperthermia prevention at Car Seat Safety events, water safety events, and parenting classes.

In FY18 the Office of Injury Prevention (OIP) was created and placed in the Community Health Improvement (CHI) Division under the leadership of MCHS. The new branch includes the Safe Riders program, the EMS and Trauma Registries, and the Child Fatality Review program. In FY19, Safe Riders modified program requirements to provide more car seats to more families and the Child Fatality Review program worked to implement HB1549 changes to child fatality review legislation, including distributing death certificates to teams on a real-time basis. OIP will continue these activities in FY20.

The FY17 Injury Prevention Conference allowed MCH to identify potential partners and to raise awareness of child injury. In FY18, MCH reached out to those partners and initiated a multidisciplinary interagency workgroup focused on injury prevention strategies. The Injury Prevention workgroup will continue in FY20 to set priorities, develop activities, and determine opportunities for ongoing collaboration. An example of these state-level injury prevention activities included a partnership with DFPS during their annual Partners in Prevention (PIP) Conference in September 2018 to educate stakeholders and identify new partners. This conference draws over 800 participants each year. MCH will continue to look for opportunities to host a pre-conference to bring CFRT members, Adolescent Health’s Community Partners, and MedCARES providers for topic-specific training.

MCHS’s continued goal is to improve knowledge with Injury Prevention stakeholders and CFRT teams in order to build capacity and foster networking opportunities around injury prevention. MCH will update appropriate DSHS websites, support regional activities, and develop education and resources for child-focused agencies. MCH will be available for webinars and technical assistance to Injury Prevention stakeholders and interested CFRT team members. Education will continue to be provided through the THS-OPE modules related to injury prevention to providers, teachers, regional staff, and other key stakeholders.
MCHS will continue to provide technical assistance to local CFRT teams in order to increase quality and quantity of deaths reviewed and increase the number of counties covered by the teams. The State CFRT will continue to focus on all Texas’ 254 counties being covered by review teams and increasing the percentage of deaths reviewed. According to Texas’ 2018 CFRT Report, local and regional CFRTs cover 211 of the 254 Texas counties resulting in 94% of Texas children residing in a county where child deaths are reviewed. The 211 counties detailed in the 2018 report was an increase of 17 counties from the 2016 report. The goal for FY19 to get five more counties involved in CFRT activities was met. In FY20, the goal will be to add or re-instate five more counties involved in CFRT activities.

Additionally, OIP’s CFRT staff was able to streamline some of the steps in death review facilitation. Electronic death certificates are delivered within 6 months. Teams will continue to be trained to utilize the expedited review process for natural deaths. These process changes allow teams to gain timely access to data. Continuing education opportunities for local CFRTs will focus on improving the CFRT process in communities and address preventable deaths in Texas. This will require ongoing assessment of data needs, gaps, and opportunities; continuous refinement of review tools, data systems, and training to aid in the reviews; and review of pilot funding strategies to help in completion of data entry. Resources will also include information on best practices in injury prevention programming. Based on House Bill 1549, MCH will develop a training for medical examiners and justices of the peace regarding child death inquests. MCH will develop implementation strategies for approved recommendations from the 2018 CFRT Legislative Report (included in Section V, Supporting Document 2).

Through a Children’s Justice Act grant, MCH funded two full-time local CFRT coordinators in one urban and one rural area for a 12-month period. The grant ended in FY19. The coordinators’ successes and challenges on monitoring activities to increase meeting consistency and improve data quality and quantity will be utilized to improve the CFRT process. Coordinators identified policy and training needs, and initiated injury prevention initiatives in their community. The Local CFRT Coordinators planned, scheduled, and coordinated local CFRT meetings to receive death certificates from DSHS vital statistics unit as well as processed death certificates and sent out case notifications to local CFRT members. DSHS will continue to support the local CFRT coordinators with technical assistance and training.

Regionally, Child Fatality Review Teams in PHR 2/3 are encouraged to submit a Special Projects application at the beginning of each fiscal year to plan an evidence-based project in their community. PHR 2/3 staff review all applications and support selected CFRTs to implement an activity. An
evaluation will be submitted at the end of FY20. PHR 2/3 staff also plan to reactivate two dormant rural Child Fatality Review Teams (CFRTs) in their region in FY20 by offering support and leadership from regional staff. PHR 6/5S will continue their involvement with local CFRTs in implementation of evidence-based activities based on CFRT findings. In PHR 7, staff in two counties will work with the State CFRT Coordinator and other agencies in their area to establish a CFRT in FY20. Staff in PHR 11 will support regional CFRTs by reviewing cases, providing presentations on evidence-based injury prevention practices, and coordinating local injury prevention teams. As in PHR 2/3, CFRT teams in PHR 11 may submit an Injury Prevention Project Application to support special projects in their communities. This application will be reviewed and, if approved, staff will provide support and educational resources to implement the awarded CFRT’s Project.

Another significant cause of injury and death for children is due to maltreatment. According to the DFPS 2018 data, Child Protective Services (CPS) completed 171,228 investigations in Texas and confirmed that 63,657 children were victims of abuse or neglect. MCH will continue to implement the legislatively-mandated Medical Child Abuse Resources and Education System (MedCARES) grant program to develop and support regional initiatives providing a comprehensive approach to preventing, assessing, diagnosing, and treating child abuse and neglect. An additional goal of the program is to increase access to medical child abuse experts to improve timely and accurate child abuse diagnoses. This is being accomplished through the MedCARES teaching hospitals, Child Abuse Pediatrician fellowship programs that infuse experts into the state to support this goal. The grant augments existing statewide services and strengthens cross-sector relationships to enhance referrals focusing specifically on the significance of the health care system and its ability to serve children and families. MedCARES programs are located in hospitals and academic health centers with expertise in pediatric health care. MedCARES programs will continue to expand prevention programs like the Period of Purple Crying (POPC) and education activities to Children’s Advocacy Centers (CAC), schools, community partners, and law enforcement on recognizing and reporting child abuse.

Regionally, Public Health Region (PHR) 1 purchased the Period of PURPLE Crying booklets and a mobile app license in FY19 to share with hospital nurses in nine rural hospitals. The hospital nurses will be able to go over with every family who delivers a baby at those nine rural hospitals starting in FY19. These educational materials are available in a wide variety of languages which helps serve PHR 1’s large refugee population. Staff plan to continue this collaboration in FY20 and provide education on the Period of PURPLE Crying among families served in regional clinics and during car seat events. PHR 4/5N will provide group presentations and one-on-one
education on Shaken Baby Syndrome in conjunction with Safe Sleep (NPM 5) activities to CFRTs, day care staff, hospitals, and primary care providers. Staff will also collaborate with UT Health Northeast Nurse-Family Partnership (NFP) to develop and provide a train-the-trainer workshop for NFP and DSHS nurses for the prevention of abusive head trauma in infants and children.

The CHI Associate Commissioner is a member of the DFPS Prevention Task Force which was established in 2017 during the 85th Legislative Session. The Prevention Task Force is charged with making recommendations to the Commissioner of DFPS regarding changes to law, policy, and practice. Any proposed changes to law, policy, and practice must contain recommendations around the prevention of child abuse and neglect. Through the Prevention Task Force, four subcommittees were created to help inform and provide guidance to the Prevention Task Force. The MCH Director, the MCH Child Health Coordinator, the OIP Manager, and the Injury Prevention Coordinator will support the Prevention Task Force through actively participating on the following subcommittees:

**Community Tool Kit Subcommittee:** This subcommittee focuses on developing a strategy for PEI to support communities in their collaborative efforts to align around child maltreatment prevention and the promotion of positive outcomes for children.

**Regional Children’s Trust Fund and Finance Subcommittee:** This subcommittee examines ways to create and finance broad community coalitions to expand and blend public and private funding and other ways to scale or finance the work of PEI both locally and statewide.

**Developing a Prevention Framework Subcommittee:** This subcommittee outlines the strategic concept of a prevention framework PEI can utilize to guide its upstream prevention efforts.

**Elevating Early Brain Development Subcommittee:** This subcommittee explores ways to infuse the importance of focusing on early brain development into the current landscape of prevention services.

MCH will continue to support and collaborate with the PEI-led Early Childhood Systems Integration Group (ECSIG) to support coordinated efforts through participation in meetings, injury data collection, and planning next steps to support the continued updates to the state scorecard.

MCH will continue to support and collaborate with the School Health program in the creation and distribution of the Friday Beat, an e-newsletter that is sent to over 5,800 administrators, teachers, nurses, health educators, parents, and other interested partners 2-4 times each month. Friday Beat features articles and resources related to injury prevention in each edition.
MCH will continue to update and disseminate the *Parents Guide to Raising Happy Healthy Children*. This comprehensive guide is legislatively mandated to be provided by a physician to all new parents who receive Medicaid. The guide is in print and on-line and provides health and safety information, resources and parental guidance. [http://texanscareforchildren.org/parents](http://texanscareforchildren.org/parents).

Funding will continue for the HCCT-SED program’s CCHC training, adapted from the National Training Institute (NTI), for CCHCs, a state-of-the-art train-the-trainer program based on *Caring for Our Children National Health and Safety Performance Standard: Guidelines for Out-of-Home Child Care Programs*. The curriculum addresses multiple aspects of injury prevention in a child care setting including drowning, poisoning, falls, and recognizing abuse. In addition to education on the prevention of injuries, HCCT-SED also provides education on how to provide an environment free of toxins and chemicals. MCH provides the CCHC certification and training requirements which ensures that qualified health and child care professionals are available to provide health and safety assessment and guidance to out-of-home child care centers and family child care homes in Texas. MCH will continue to assess the barriers found in the program related to cost to child care centers to access CCHCs and implement needed child care center changes and the lack of CCHCs available around the state. MCH will work to expand the program to increase the number of trainers able to provide health and safety guidance and resources to child care facilities and provide support for child care centers to access CCHC services.

Another strategy to reduce a leading cause of injury - head trauma – is to promote bicycle safety. Staff in PHR 4/5N, in partnership with the local TxDOT office, the Texas Medical Association’s “Hard Hats for Little Heads” helmet giveaway program, and Texas A&M University’s AgriLife, will conduct bicycle safety rodeos which will include helmet distribution. The region has also developed a head trauma prevention plan which includes several prevention and health promotion activities. These include work with Pay Attention East Texas (PAET) coalition and TXDOT to educate the public on the risks of distracted driving, work with external partners to bring awareness of sports-related concussion to parent-led sports teams to conduct assessment of fall-related brain injury in persons aged 1-4 and provision of car seats to families who do not have car seats or whose seats are in ill-repair. PHR 9/10 staff will promote head injury prevention by providing road safety education, helmet checks, and helmet distribution for children. Staff in PHR 9/10 will also promote bike safety to kids and parents and promote culturally-congruent safety best practices by providing education, resources, and technical assistance to hospitals, clinics, and community partners. Culturally congruent practice is the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and
other stakeholders. PHR 11 will offer Bike Rodeo train-the-trainer sessions for community based organizations, school staff, non-profit organizations, and police departments in three counties that are already conducting bike rodeos but could be doing them more frequently. Staff intend to increase the number of trainings from four to seven with a goal of 500 children reached. PHR 11 staff will provide support and technical assistance as requested for any Bike Rodeo events by lending out equipment and providing educational resources as well as on-site guidance. Partners will be required to provide DSHS with sign-in sheets of all children who attend a Bike Rodeo event.

To address water safety, regional staff in PHR 4/5N, using the American Red Cross’s Longfellow Whale Tales curriculum, will conduct training on safety around water among school-age children. Staff will also promote water and boating safety through the distribution of water and boating safety presentations and equipping participants, apartments, community pools, and boating marinas with lifejackets. The goal is to educate children who cannot swim to wear life jackets at the pool and for all boaters to wear life jackets. Partners may include managers of apartments, marinas, community pools, and summer camps. Staff intend to combine water safety and hyperthermia education at local pools, apartments with pools, and lakes using Kid Safe Heatstroke Prevention curriculum, endorsed by HHSC Texas Heatstroke Task Force. PHR 7 staff will partner with Colin’s Hope, non-profit whose mission is to raise water safety awareness to prevention childhood drowning, to conduct train-the-trainer sessions, promote online webinars, and distribute the water safety information card. Staff will present at schools, Boys and Girls Clubs, and health fairs throughout the region. PHR 7 will also work on developing two lifejacket loaner boards in counties near open waterways.

Staff in PHR 11 will develop and distribute Water Safety Kits to seven facilities with pools in two counties for a total of 14 loaner boards. Possible facilities include Section 8 housing with pools, civic organizations with pools, and community centers. The Water Safety Kit will contain a set of 12 life jackets with four different sizes that the facility will keep, water guardian bracelets, and pool safety educational information. PHR 11 staff will engage CFRT Teams to promote water safety in the communities they serve.

MCH will continue to work with and provide injury prevention resources and trainings to MCH regional staff through MCH regional meetings, Friday Beat dissemination, direct contact, and trainings.

**SPM-2 Percent of Texas WIC participants, ages 2-5, in the overweight/obese range**

Childhood obesity is a major public health problem in the United States. According to the 2015-2016 National Health and Nutrition Examination Survey (NHANES), school-aged children (6–11 years) had a national obesity rate of 18.4%, an increase from 17.4% in 2013-2014. The obesity rate
among preschool-aged children (2–5 years) was 13.9%, an increase from 9.4% in 2013-2014. There are few state-specific measures of obesity for young and school-aged children, however, according to the 2016 National Survey on Children’s Health, Texas had a smaller percentage of overweight children (ages 10-17) when compared to the nation but had a larger percentage of obese children (national – 16.1%, Texas – 21.3%). The Texas 2015-2016 School Physical Activity and Nutrition (SPAN) survey found that the prevalence of obesity was 22.3% for 2nd grade students (ages 6-7) and 26.7% for 4th grade students (ages 8-9). Obesity is higher among low-income children and children from racial/ethnic minority populations, and children who have obesity are more likely to have obesity as adults, which is associated with increased risk of a number of serious health conditions (Whitaker et al., 1997). When examined by PHR, Region 7 (Austin/Central Texas) had the lowest overall prevalence of obesity, while PHRs 8 and 11 (San Antonio, South Texas border) had the highest overall prevalence of obesity.

To address obesity in early child care MCH, the DSHS’ Obesity Prevention Program (OPP), and Texas A&M’s AgriLife Extension program are working to create obesity prevention on-line training modules for child care staff and parents and a train-the-trainer curriculum for Child Care Health Consultants and trainers on the Texas Trainer Registry. The trainers will educate child care center staff on the Texas Rising Star child care quality rating system standards in regards to healthy eating and active living, and provide technical assistance to help create better nutrition and physical activity/play environments that support obesity prevention. This will be the first such program in Texas and has been identified as a significant need. The project will be created with leadership from the OPP Early Care Obesity Prevention Committee.

In addition, MCH will continue to fund statewide access to a child care obesity prevention assessment program called NAP SACC to provide an avenue for child care centers to assess their center and identify deficiencies where they can then receive further training and technical assistance from CCHC and AgriLife staff.

Education will continue to be provided through the THS-OPE modules related to obesity prevention to providers, teachers, social warders, regional staff, and other key stakeholders. DSHS’ School Health program’s Friday Beat will feature articles and resources related to obesity prevention in each edition.

Several PHRs are addressing child obesity as well. In PHR 2/3, staff will serve as a liaison to complete a community assessment using Texas Healthy Communities Assessment Toolkit. The liaison will work within the community to create a workgroup, conduct an assessment, and submit responses through a database. Once all data is entered and final results are released,
the liaison will work with the community stakeholders to address low indicators. Staff will also support counties that participated in Texas Healthy Communities Assessment in FY19. PHR 2/3 staff also plan to participate in one obesity prevention coalition or organization in five counties and will support coalition obesity prevention activities throughout the fiscal year such as the evidence-based Community Access To Child Health (CATCH) and the public education campaign called 5210 Healthy Children Program. In PHR 4/5N, staff will obtain nutrition and physical assessment data using the SPAN tool developed by the University of Texas School of Public Health (UTSPH), electronic weight scales, and stadiometers to measure height. Staff will work with schools to generate reports which will then be communicated to the school districts from which the data were obtained. In partnership with Master Gardeners and Texas A&M’s Agri-life, staff will conduct the evidence-based “Learn, Grow, Eat, Go!” (LGEG) program with school-aged children to promote nutrition and physical activity. LGEG cultivates awareness of how school gardens can be used as a tool to educate children and families on the importance of healthy eating and active lifestyles. In PHR 6/5S, staff will reach out to school districts and provide technical assistance and professional development support to schools that have already adopted CATCH. Staff will work towards ensuring the promotion and adoption of CATCH and other evidence-based school-based obesity prevention measures in district wellness policies among schools that do not have a coordinated School Health Program in place. Staff will work with the UTSPH’s SPAN project to promote screening of interested schools in PHR 6/5S as well. PHR 6/5S staff will actively participate in Harris County’s Healthy Living Matters (HLM) Physical Activity and Nutrition Collaborative through the School Health Leadership Group to discuss local public health issues that impact education, state and federal laws and policies related to school health, and evidence-based practices that promote academic achievement. MCH regional staff will strive to represent and extend the reach of the Collaborative’s strategic priorities among Region 6/5S rural communities. Planned activities include inclusion of obesity prevention measures through professional development and trainings, community networking and community-driven initiatives.

In FY19, the fifth cycle of data collection for the School Physical Activity and Nutrition (SPAN) survey began, led by MCH and The University of Texas School of Public Health’s Michael & Susan Dell Center for Healthy Living. MCH and MCH Epi will continue to oversee the University of Texas SPAN survey and analyze the child and adolescent questions related to bullying. MCH recently restructured the contract with the University of Texas to increase and improve infrastructure to ensure more timely data collection, analysis, and dissemination. Data collection will be completed in FY20.
In FY19, collaborative obesity efforts with DSHS’ Health Promotion and Chronic Disease Prevention (HPCDP) Section expanded to include a partnership on the Texas Healthy Communities (TXHC) Program. DSHS originally developed TXHC Program (formerly Heart and Stroke Healthy City (HSHC)) with the leadership and guidance of the Texas Council on Cardiovascular Disease and Stroke in 2003. The program evolved as experts on heart disease, stroke, and related risk factors (i.e. diabetes, obesity, poor nutrition, physical inactivity, smoking, high blood pressure, and high blood cholesterol) lent their expertise and recommendations for creating a program that is both evidenced-based and has practical application for community and policy change. The program provides technical assistance to communities to assess their existing environments and implement environmental, policy or systems changes at the local level. Assessment results are used to promote public health interventions proven to reduce risk factors for chronic diseases. Communities participating in TXHC are assessed on indicators that are crucial to reducing the burden of chronic disease, including indicators relating to obesity prevention such as accessible food options and physical activity opportunities. Participating communities select a liaison to convene various stakeholders and sectors of the community to conduct the assessment. Assessments are scored and recognition awards are presented to communities that achieve Gold, Silver, Bronze or Honorable Mention status. To monitor community progress, DSHS uses the Program Management Tracking System (PMATS). This system allows for reporting of program data for evaluation purposes and has modules specific to program needs.

Another collaboration effort with HPCDP is the Community and Clinical Health Bridge Program. This program works to reduce the impact of chronic diseases on the state of Texas by focusing on clinical and community systems-level enhancements. This is accomplished through partnering with local health departments to support coordinated integration of public health, healthcare, and community-based efforts in order to reduce the impact of obesity and related chronic diseases.

**Other Child Health Programmatic Efforts**

The Texas Fluoridation Program (TFP) is planning to upgrade approximately 3 fluoride systems in FY20. TFP will inspect about 30 fluoride systems. TFP will collect fluoride data from approximately 90 systems, and will review and enter the data into the CDC WFRS database. The program will encourage Public Water Systems (PWSs) to follow the TCEQ-approved TFP designs and technical specifications while designing and installing fluoride systems. TFP will coordinate with the TCEQ and the PWSs to resolve violations/citations on fluoridation systems. TFP will work with the CDC to minimize the data
discrepancy between SDWIS and WFRS databases, update data into WRFS, and prepare the discrepancy report. TFP will conduct outreach at three conferences. TFP will work collaboratively with the TDA and the TxOHC to educate Texans about community water fluoridation.