



# **Parent Resource Guide Status Update**

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**As Required by  
Chapter 161, Texas Health and  
Safety Code, Sections 161.501  
and 161.502**

**Texas Health and Human  
Services Commission**

**December 2020**



**TEXAS**  
Health and Human  
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## Executive Summary

The Texas Health and Human Services Commission (HHSC) submits the *Parent Resource Guide Status Update* biennially in accordance with Chapter 161, Texas Health and Safety Code (HSC), Sections 161.501 and 161.502. Statute requires Medicaid prenatal care and delivery providers to supply a parent resource guide to mothers, fathers, and caregivers of infants in Texas. Providers may disseminate any guide meeting the statutory requirements. The Department of State Health Services (DSHS) makes a parent resource guide called the *Parent's Guide to Healthy, Happy Children* (Guide) available free-of-charge to qualifying Medicaid providers. HHSC is required to submit a report on the effectiveness of the DSHS-promoted Guide by December 1 of every even-numbered year.

During the period covered by this report (July 14, 2018 through July 15, 2020), a total of 161,150 Guides were distributed by DSHS, a decrease of 20,100 Guides from a roughly equivalent period of time included in the 2018 report. This decrease was due in part to a change in vendors, which delayed the distribution of hard copies of the Guide during the transition period (approximately two months). The Guide was also updated during the period included in this report. Fifty-seven of 254 counties (22 percent) ordered Guides during the reporting period. The two counties with the highest number of Guides ordered were Harris County (38,225) and Dallas County (32,250).

HSC Sections 161.501 and 161.502 require HHSC to evaluate the effectiveness of the Guide in improving health outcomes for children and reducing costs to the state. Several limitations prevent HHSC from conducting these analyses in relation to the Guide. However, evidence in the literature supports health outcomes and cost savings for recommendations included in the Guide. Specifically, prior research suggests that implementation of recommendations in the Guide regarding well-child visits and immunizations is an essential preventive practice in averting diseases, hospitalizations, deaths, and expensive healthcare costs to the state.

DSHS continues to promote and distribute the Guide to providers of Medicaid-enrolled mothers and caregivers in Texas.

# 1. Introduction

HSC Sections 161.501 and 161.502 require that Medicaid prenatal care and delivery providers supply “the woman and the father of the infant, if possible, or another adult caregiver with a resource guide that includes information in both English and Spanish relating to the development, health, and safety of a child from birth until age five,” including:

- Selecting and interacting with a primary health care practitioner,
- Establishing a “medical home”<sup>1</sup>,
- Dental care,
- Effective parenting,
- Child safety,
- The importance of reading to a child,
- Expected developmental milestones,
- Healthcare resources available in Texas,
- Selecting appropriate childcare, and
- Additional resources available in the state.

Under these sections, DSHS is responsible for making a parent resource guide available at no cost to Medicaid providers. Medicaid prenatal care and delivery providers may meet the legislative requirement by disseminating a guide distributed by an entity other than DSHS that contains the required information. HHSC is responsible for evaluating the effectiveness of the DSHS-promoted Guide on improving child health outcomes and reducing costs to the state.

A status report on the distribution of the DSHS-promoted Guide to Medicaid providers has been submitted every other year since December 2010. This report quantifies the distribution of the Guide in English and Spanish since the last report in 2018 for the timeframe of July 14, 2018 through July 15, 2020, statewide and by DSHS Public Health Region (PHR).

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<sup>1</sup> A description of a medical home can be found at:  
<https://www.dshs.texas.gov/mch/CSHCN/Medical-Home.aspx>

## 2. Background

### History of Parent Resource Guide

*A Parent's Guide to Raising Healthy, Happy Children* was initially developed by the Raising Texas Initiative and its partners in 2009 as the result of a *Frew* lawsuit strategic initiative.<sup>2</sup> The Raising Texas Initiative was a collaboration between state agencies and private organizations to create a comprehensive early childhood system in Texas, with the goal of ensuring children under age six are ready for school and master developmental milestones.

The American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC) emphasize the importance of promoting education to new parents regarding preventive care practices for children to minimize future health concerns and recognize early signs or symptoms for medical needs (AAP, 2020; CDC, 2017). Practices include: establishing a medical home,<sup>3</sup> regular medical and dental screenings at well-child visits, following the recommended vaccine schedule, identifying developmental milestones, implementing certain parenting techniques, and maintaining the overall health and mental health of the parent(s) or caregiver(s) (AAP, 2020; CDC, 2017).

### Parent Resource Guide Revisions

In compliance with statutory requirements, DSHS selected the Guide developed by the Raising Texas Initiative. Since its initial distribution in 2010, the Guide has been regularly reviewed and updated. The original guide was in a calendar format, but the current format is a 5- by 7-inch pocket booklet. The Guide was most recently updated in 2019. Changes from the previous version include the following additions or modifications:

- A tear-away page in the front of the booklet with key resources, tips, and a space to write down important phone numbers for medical visits;

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<sup>2</sup> The *Frew* strategic initiative was the result of the *Frew v. Phillips* lawsuit, where the Texas Legislature appropriated \$150 million to HHSC for the 2008-2009 biennium to implement strategic initiatives to expand Medicaid-enrolled children's access to Medicaid services.

<sup>3</sup> A description of a medical home can be found at:  
<https://www.dshs.texas.gov/mch/CSHCN/Medical-Home.aspx>

- A Table of Contents to quickly find information;
- Expanded information on Medical Homes (e.g., what they are, why they are important, what to expect);
- Design changes to help the reader easily find information (e.g., colorful headers grouped by the age of the child; tables to present information and break up text);
- Updated medical information, as necessary, to align with best practices and current research (e.g., the addition or expansion of “Feed Me” sections in all age categories);
- A Childproofing Checklist; and
- Information on “Safe Sibling Play” and “Parent Self-Care”.

## **Accessing the Parent Resource Guide**

Providers of prenatal care or delivery services to Medicaid-enrolled parents or caregivers can order free copies of the Guide, available in English or Spanish, through a third-party vendor that contracts with DSHS. Prior to April 2020, the vendor was Texans Care for Children. Best Press became the new vendor in April 2020. The minimum order is 100 Guides. It is also available for free download on the DSHS website. The links for each of these sources are listed below.

- Bulk Order Form through Texans Care for Children (valid until April 2020): <https://txchildren.org/parenting-guide>
- Bulk Order Form through Best Press (valid starting April 2020): <http://ebestpress.com/>
- Free Download through DSHS: <https://dshs.texas.gov/mch/default.shtm>

Providers are required to distribute a guide to parents and caregivers but may comply with the legislation by using an alternate parent resource guide that includes the required information. DSHS promotes the Guide by emailing the above hyperlinks to partners and stakeholders to download and share with Medicaid providers and their patients.

## 3. Results

Building on prior reports, this status update describes Guide distribution data from July 14, 2018 through July 15, 2020, by Public Health Region (PHR) and over time. Based on order request data, Guide distribution is measured as the number of Guides sent free-of-charge to Medicaid providers who ordered and were approved to receive them by DSHS. Non-Medicaid providers who paid for the Guide and digital downloads are not included in the Guide distribution count. Currently, data are not collected from patients or providers who download the Guide electronically, so whether downloads are by Medicaid providers, other providers, or individuals cannot be determined. Additionally, data are not available to determine if providers are disseminating alternative parent resource guides in lieu of the Guide. Finally, Guide (or an alternative) dissemination to parents and caregivers is required to be recorded in the patient medical record, but these data are not available to HHSC or DSHS. Therefore, the analysis of Guide distribution is limited to those orders placed by Medicaid providers and fulfilled by DSHS' vendor, Best Press.

HSC Sections 161.501 and 161.502 require HHSC to evaluate the effectiveness of the Guide regarding health outcomes and cost savings to the state. Given available data, these analyses are not feasible. Therefore, HHSC conducted a brief review of literature related to health outcomes and cost savings of well-child visits and childhood immunizations. Well-child visits and immunizations were selected because the Guide includes recommended schedules for well-child visits and vaccines from birth to age five.

### Parent Resource Guide Distribution

A total of 161,150 Guides were distributed between July 14, 2018 and July 15, 2020 by DSHS, including 126,050 English and 35,100 Spanish versions (Table 1). This distribution rate is a decrease from 181,250 Guides distributed during the previous reporting period, which covered August 1, 2016 through July 13, 2018.

**Table 1. Parent Resource Guide Distribution by Public Health Region, July 14, 2018-July 15, 2020.**

<b>Public Health Region</b>	<b>Regional Headquarters</b>	<b>English</b>	<b>Spanish</b>	<b>Total</b>
<b>1</b>	Lubbock	1,750	200	1,950
<b>2/3</b>	Arlington	39,675	11,475	51,150
<b>4/5N</b>	Tyler	8,550	3,950	12,500
<b>6/5S</b>	Houston	41,575	8,275	49,850
<b>7</b>	Temple	9,200	2,825	12,025
<b>8</b>	San Antonio	6,650	2,225	8,875
<b>9/10</b>	El Paso	6,750	2,800	9,550
<b>11</b>	Harlingen	11,900	3,350	15,250
<b>Grand Total</b>		<b>126,050</b>	<b>35,100</b>	<b>161,150</b>

Source: Guide orders approved and fulfilled by DSHS Maternal and Child Health Unit.  
Prepared by the Center for Analytics and Decision Support, HHSC.

### **Guide Distribution by County, PHR, and Provider**

The Guide distribution for July 14, 2018 through July 15, 2020 is displayed in three maps: by county, PHR, and provider. Figure 1 displays the distribution of the Guide for this reporting period by county and includes PHR boundaries. Providers in 57 of 254 counties (22 percent) ordered guides during the reporting period. The highest distribution areas were Harris County with 38,225 Guides and Dallas County with 32,250 Guides. Five counties ordered only the minimum of 100 Guides during the reporting period and 197 counties (78 percent) had no Guide orders through DSHS.

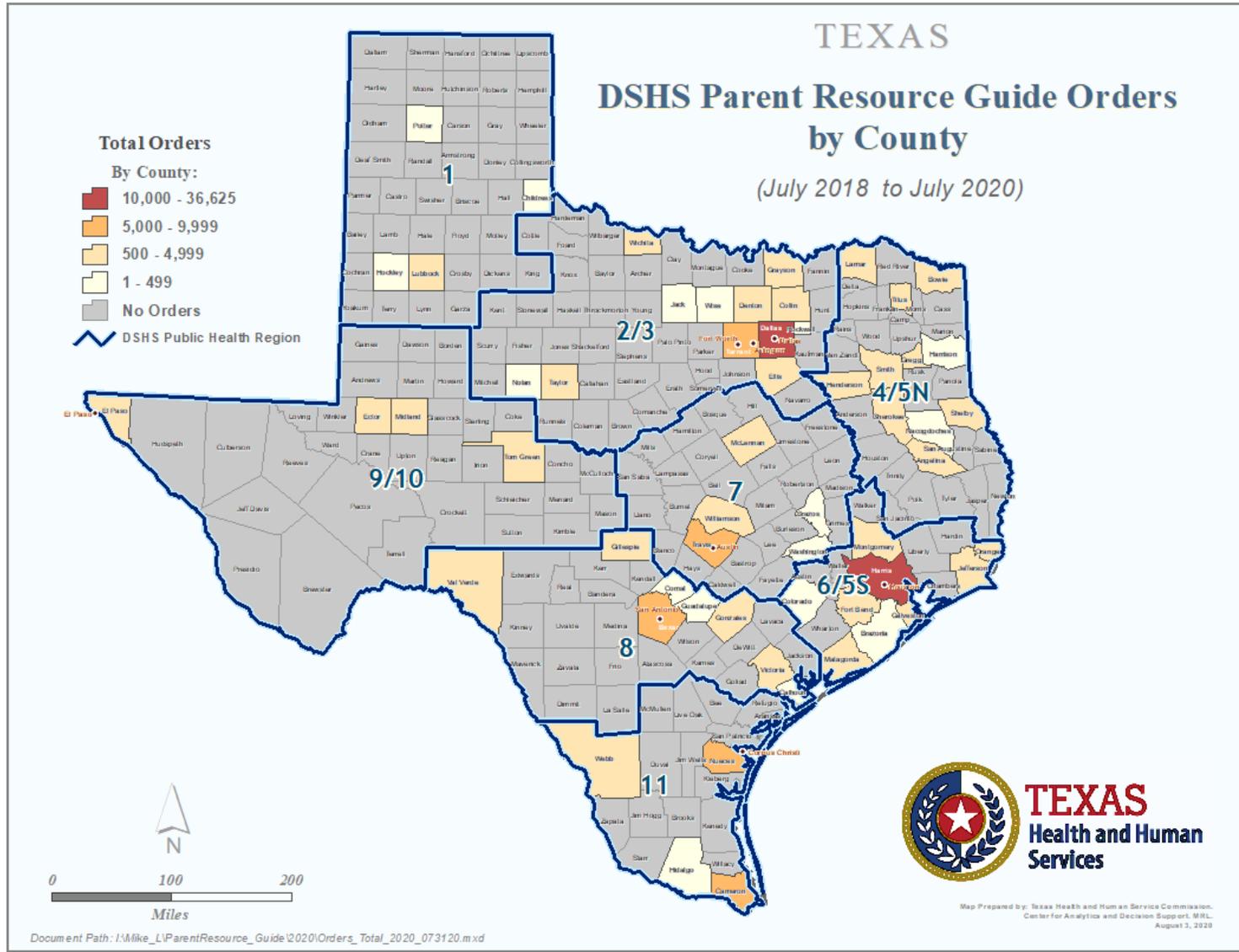
Figure 2 displays the distribution of the Guide during the reporting period by PHR. Two PHRs ordered over 20,000 Guides: PHR 2/3 with 51,150 Guides and PHR 6/5S with 49,850 Guides. PHR 1 ordered the lowest number with 1,950 Guides.

Figure 3 displays the location of the 142 unique providers who placed one or more orders for the Guide. Providers self-identified on the order form as one of the following: Physician office (58 percent), hospital (23 percent), natural family planning provider (6 percent), practice including midwifery (3 percent), or birthing center (2 percent).<sup>4</sup> Requestors also self-identified on the order form as providers of prenatal care services (19 percent), delivery services (3 percent), or both (78 percent).

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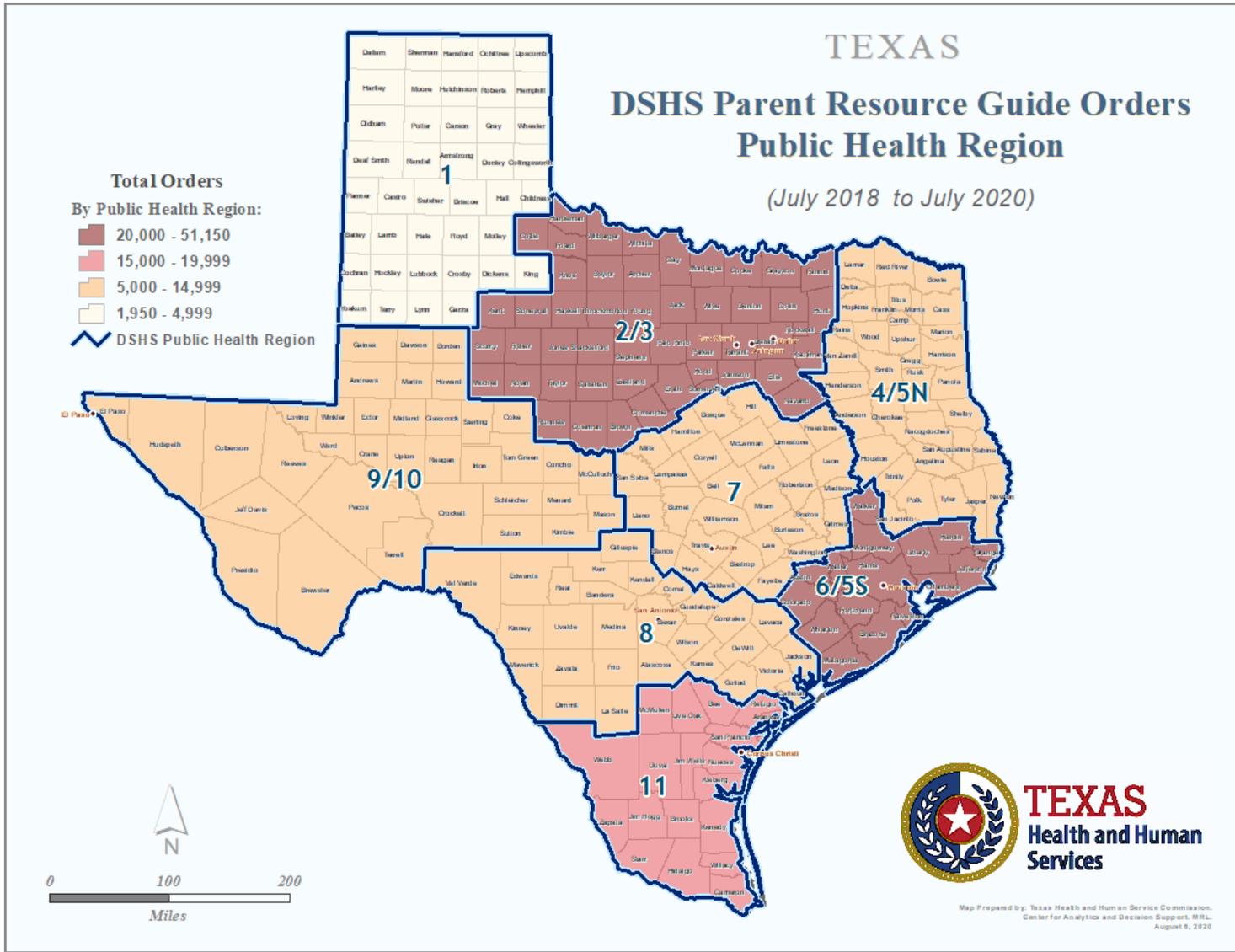
<sup>4</sup> The remaining 7 percent indicated "Other" or did not indicate a provider type.

**Figure 1. Department of State Health Services Parent Resource Guide Orders by County**



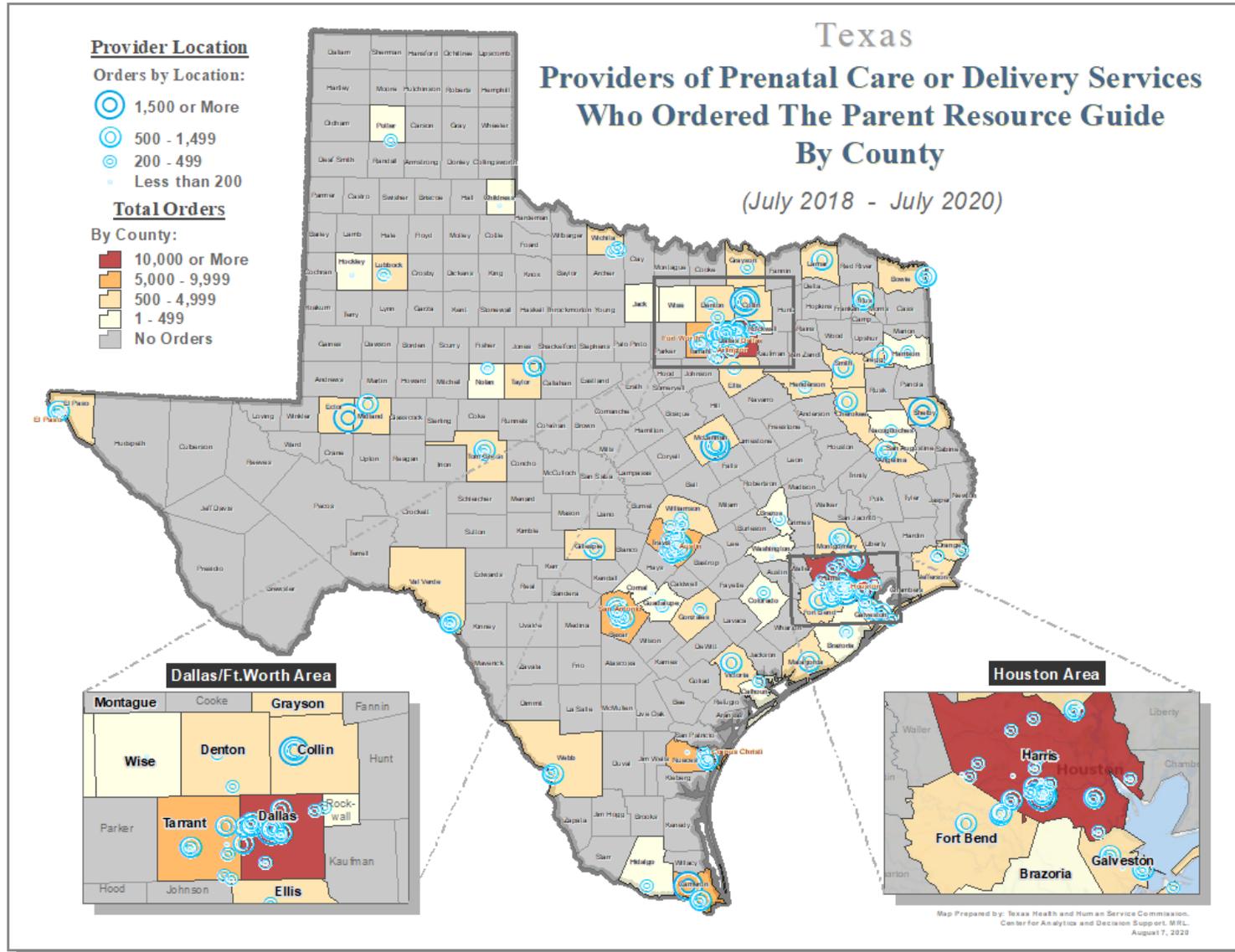
Map prepared by Texas Health and Human Services Commission. Center for Analytics and Decision Support. MRL. August 3, 2020.

**Figure 2. Department of State Health Services Parent Resource Guide Orders by Public Health Region**



Map prepared by Texas Health and Human Services Commission. Center for Analytics and Decision Support. MRL. August 6, 2020.

**Figure 3. Providers of Prenatal Care or Delivery Services Who Ordered the Parent Resource Guide by County**



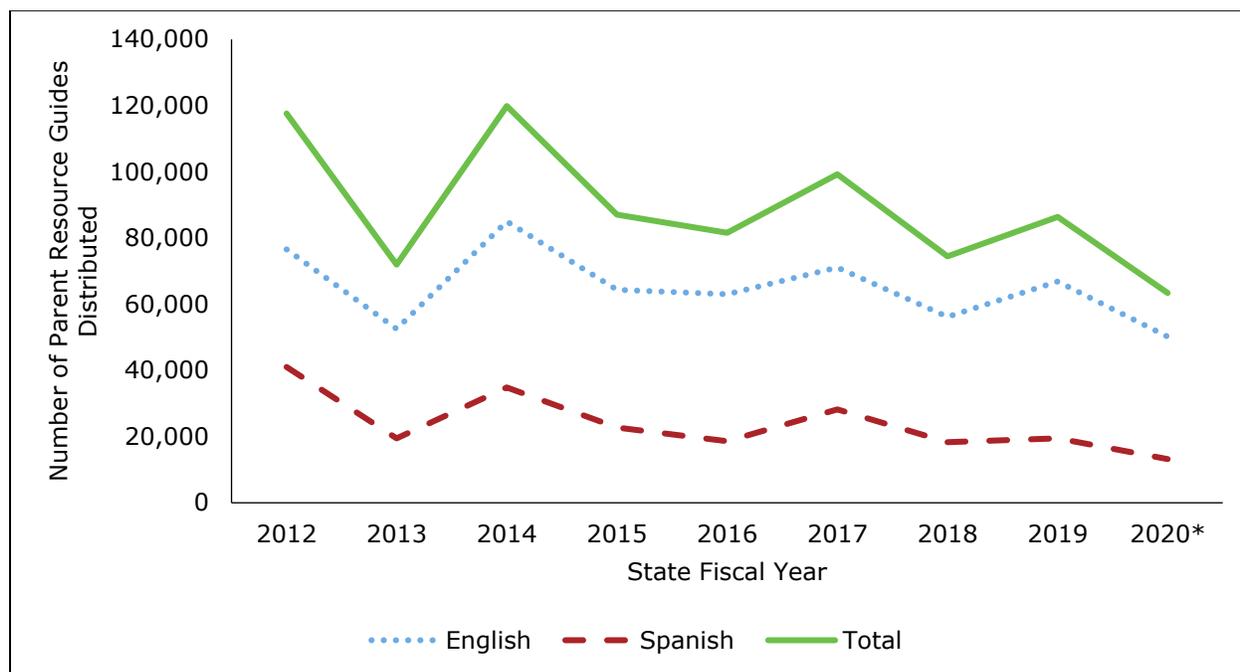
Map prepared by Texas Health and Human Services Commission. Center for Analytics and Decision Support. MRL. August 7, 2020.

## Guide Distribution Over Time

To examine Guide distribution over time, HHSC assembled data by state fiscal year (SFY) from 2012 through 2020. Figure 4 displays Guide distribution for each SFY, overall and by language. Data for Guide orders through DSHS are only available through July 15, 2020 for the current reporting period. Therefore, Guide distribution numbers for SFY 2020 are incomplete at the time of writing and exclude July 16, 2020 through August 31, 2020. Missing data for these two months was replaced with the monthly average from the remainder of SFY 2020 (September 2019-June 2020).

The aggregated Guide distribution data show annual fluctuations in Guide distribution. The number of Guides distributed peaked in 2014 with approximately 120,000 orders. The largest number of English Guides was requested in 2014 (85,000 Guides distributed), whereas Spanish Guide distribution peaked in SFY 2012 (over 41,000 Guides distributed). Further examination of the most recent SFYs (i.e., SFYs 2016-2019) indicates that odd-numbered SFYs tend to have slightly more Guides distributed than the previous (even-numbered) SFY. For example, 86,350 Guides were distributed in SFY 2019 compared to 74,475 in SFY 2018; similarly, 99,300 Guides were distributed in SFY 2017 compared to 81,600 in SFY 2016. Relatively few Guides were distributed in SFY 2020. One factor that may have contributed to the decrease was a change in vendors and the associated transition period; however, based on this annual fluctuation pattern, Guide distribution may increase again in SFY 2021. Appendix A includes a complete list of Guide orders over time by PHR.

**Figure 4. Parent Resource Guide Distribution, SFY 2012-2020\***



Note. SFY=State fiscal year (September 1-August 31).

Source: Guide orders approved and fulfilled by Best Press for Medicaid providers.

Prepared by the Center for Analytics and Decision Support, HHSC.

\* Because data for SFY 2020 was incomplete, the monthly average between September 2019 and June 2020 was used for months with missing data (July and August 2020).

## Child Health Outcomes and Cost Savings

HSC Sections 161.501 and 161.502 require the Guide to provide parents or caregivers information and recommendations on healthcare visits and services for their child. These sections also require that HHSC evaluate the effectiveness of the Guide as it relates to child health outcomes and reducing costs to the state.

### Barriers to Evaluation of the Guide

Several limitations prevent an evaluation of child health outcomes and cost benefits directly related to the Guide as specified in 161 HSC Sections 161.501 and 161.502. Namely, providers are required to document the receipt of a parent resource guide in the patient's medical record; however, HHSC and DSHS do not have access to those data. This restriction prevents HHSC from tracking health outcomes of children whose parents received the Guide and from comparing these children to those whose parents did not receive the DSHS-promoted Guide.

A second limitation is the inability to isolate the effect of the Guide from other factors. Even if HHSC could identify which clients received the DSHS-promoted Guide, HHSC would not be able to determine if recipients of the Guide received other similar materials that may have influenced their behavior, or the extent to which a Guide was utilized by recipients. Given these limitations, HHSC cannot directly or indirectly attribute any cost savings or improvement in child health outcomes to receipt of the Guide.

Although specific data necessary to conduct an analysis of child health outcomes directly related to the distribution of the Guide are not available, evidence supports positive child health outcomes and cost savings from implementation of recommendations in the Guide, particularly with respect to well-child visits and immunizations. HHSC focused on these indices because the Guide includes recommended schedules for well-child visits and vaccines from birth to age five.

### **Well-Child Visits and Childhood Immunizations**

Well-child visits are a widely recognized essential preventive practice for children (Cohen & Coco, 2010; Goedken, Urmie, & Polgree, 2014). The Guide currently recommends a minimum of seven well-child visits within the first 15 months of life. According to the AAP, recommended periodicity schedules for well-child visits are appropriate for children who receive competent parenting, have no manifestations of health problems, and are developing satisfactorily (AAP, 2018). Currently, the recommended schedule in the Guide fits within the AAP periodicity schedule for well-child visits.

Well-child visits have been described in the literature as an optimal setting for children to receive their immunizations (McInerny, Cull, & Yudowsky, 2005). Children with well-child visits and immunizations who follow the AAP-recommended schedule are less likely to visit the emergency department and have a lower risk of hospitalization (McInerny et al., 2005). For children who begin to manifest health problems or developmental concerns, well-child visits are an ideal forum for parents to receive guidance and reassurance from healthcare practitioners (McInerny et al., 2005). As such, well-child visits contribute to important preventive practices that help parents recognize early signs that a child might need more frequent supervision and avert the costs of more drastic, expensive healthcare services.

The Guide contains the recommended schedule for 10 vaccines to prevent 14 diseases. Research suggests that printed materials such as the Guide can promote the timeliness of immunizations. For example, Hu, Li, and Chen (2018) found that

pregnant women who received a booklet on the varicella vaccination were more likely to vaccinate their babies within the recommended schedule than women who did not receive such a booklet. Additionally, a study of children born in the U.S. in 2009 found that routine childhood immunizations substantially reduced the incidence of disease and generated an estimated net savings of \$13.5 billion in direct costs over the lifetime of the birth cohort. The authors found that for every \$1 spent on the vaccination program, approximately \$3 were saved in direct costs (e.g., outpatient and inpatient visits, outbreak control) and \$10 were saved in indirect costs (e.g., productivity loss due to illness, caretaking, and disability) (Centers for Medicare and Medicaid Services, n.d.). Further, the CDC published a study of the Vaccines for Children Program<sup>5</sup> from 1994 through 2013 in which they estimated “routine childhood vaccines introduced during the Vaccines for Children era (excluding influenza and hepatitis A) together will prevent about 1.4 million hospitalizations and 56,300 deaths” (Whitney, Zhou, Singleton, & Schuchat, 2014). The Texas Medicaid program realizes immunization-related cost savings through averted cases of vaccine-preventable diseases such as measles, mumps, rubella, and pertussis.

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<sup>5</sup> Immunizations provided through the Vaccines for Children Program are paid for by the CDC, but state Medicaid programs pay for the cost of administering them (Centers for Medicare and Medicaid Services, n.d.).

## 4. Conclusion

DSHS continues to update and distribute the Guide to providers as required by HSC Sections 161.501 and 161.502. The total number of Guides distributed to providers during the current reporting period decreased from the preceding period. Three factors might explain this decrease. First, the lower distribution numbers could be a reflection of annual fluctuations in Guide distribution. Although guide distribution decreased when comparing the current reporting period (SFYs 2019-2020) to the previous biennium, more Guides were distributed in SFY 2019 than in SFY 2018. Based on this pattern, more Guides may be distributed in SFY 2021 than SFY 2020. Second, the onset of the COVID-19 pandemic re-ordered priorities for many providers in the state and may have affected the number of Guides ordered by Medicaid providers during this reporting period. Third, DSHS re-bid the publishing contract and changed vendors. The transition delayed access to hard copies of the Guide though there were electronic versions available throughout. DSHS may want to consider increasing awareness of the Guide in future years, especially in low distribution areas, such as PHR 1.

Although child health outcomes and potential cost savings cannot be directly attributed to distribution of the Guide, evidence from the literature suggests that preventive practices, such as well-child visits and immunizations, promote good health and are cost-effective. Based on this evidence, new avenues for Guide marketing and distribution could be considered. For example, DSHS could provide promotional materials and information to Medicaid managed care organizations to share among their provider networks. In addition, while the legislation mandates a parent resource guide be provided during prenatal care or delivery, the Guide could also be distributed in other settings, such as Medicaid pediatrician offices.

Policy efforts should continue to focus on increasing awareness of the Guide among Medicaid providers in order to further disseminate this important information to new parents in Texas.

## 5. References

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## List of Acronyms

Acronym	Definition
AAP	American Academy of Pediatrics
CDC	Centers for Disease Control and Prevention
CY	Calendar Year
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
HSC	Health and Safety Code
PHR	Public Health Region
SFY	State Fiscal Year

## Appendix A. Guide Distribution Over Time

**Table 2. Distribution of Parent Resource Guide by Public Health Region, SFY 2012-2020\***

PHR										
1	Lubbock	2,300	1,900	5,925	1,925	3,475	2,200	2,150	525	400
4/5N	Tyler	5,975	2,825	4,100	3,150	2,675	6,525	7,150	9,500	1,800
7	Temple	14,500	9,825	8,125	11,300	6,600	10,450	7,075	4,625	4,975
9/10	El Paso	16,300	5,275	3,200	5,600	3,100	2,400	3,925	3,950	2,100
Statewide		117,625	72,000	119,875	87,025	81,600	99,300	74,475	86,350	56,950

Notes: SFY=State fiscal year (September 1-August 31). PHR = Public Health Region.

Source: Guide orders approved and fulfilled by DSHS for Medicaid providers.

Prepared by the Center for Analytics and Decision Support, HHSC.

\* SFY 2020 does not include July 16, 2020-August 31, 2020.