

TEXAS



“Texas has many health assets and opportunities, but it also has some critical health challenges that must be addressed.”

—Eduardo J. Sanchez, M.D., M.P.H.,
Texas Commissioner of Health, December 22, 2003

Texas has made great progress, but it continues to face many obstacles. Despite the strong role individual behaviors can play in promoting the state’s health, there are factors that cannot easily be changed by individuals such as economic factors; environmental problems; an inadequate health infrastructure; and poor quality health education. According to the *2002 Health of Texans Report*, many public and private entities do crucial work in addressing the health of Texans, and examples of these coordination and collaboration efforts exist. However, Texas generally lacks a coordinated approach to establishing health goals, having individual organizations take responsibility for reaching those goals, measuring the impact of coordinated efforts, and making adjustments over time.

Efforts have been made by the Department of Health to identify and target the behaviors that result in poor health outcomes as well as poor health status. According to the United Health Foundation’s 2003 State Health Rankings, Texas was 38th in the combined measures of risk factors and 27th for its combined measures of outcomes. Without changes, the future health of Texans may be jeopardized or compromised if this trend continues.

The rate of infants born with a low birth weight has been rising for the past decade. In 2001, the rate of low birth weight infants born was 7.6, compared to 6.0 in 1990. Though more women are beginning their prenatal care early, within the first trimester, the infant morbidity rates have not much improved. The 14 counties bordering Mexico consistently have experienced exceptionally high rates of neural tube defects, with anencephaly rates as high as 26 per 10,000 live births. In 2002, 6.5 percent of Texas mothers reported smoking during pregnancy, compared to 6.4 in 2000. Pregnancy complications due to smoking cost Texas an estimated \$17.7 million annually. Children under age 18 accounted for 28 percent of the state’s population in 2000, but accounted for about 42 percent of the population living in poverty.⁵⁷ Many Texans continue to struggle with the consequences of inadequate care

State Facts 2001*

Infant Mortality Rate	6.0
Preterm Birth Rate	9.8
Low Birth Weight Infants	7.6
Prenatal Care in First Trimester	80.3
Pregnancy/Maternal Smoking	6.4
Teenage Birth Rate (age 15-19)	66.5
Birth Rate to Unmarried Women (age 15-44)	31.0

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

and barriers to healthcare including language or cultural differences, fear of the medical system, lack of awareness of the pregnancy, lack of money or insurance, absence of services within the community, or problems related to transportation.

Texas is a large and diverse state. The seven largest metropolitan counties—Bexar, Dallas, El Paso, Harris, Hidalgo, Tarrant, and Travis—together account for half of the total population. In 1990, approximately 83 percent of the population lived in metropolitan areas. By 2010, a projected 86 percent of the population will live in the 58 counties currently designated as metropolitan. In Harris County, Texas’ largest, of the 313,900 teenage residents aged 13-18, more than 5,000 had given birth in 2001; 4,184 contracted sexually transmitted diseases; 41 infant deaths were recorded; 442 were classified as low birth weight; 1,781 mothers received inadequate prenatal care; 18.1 percent of teenage births were repeated births; 2,844 dropped out of school; and 55,739 lived below the poverty level. In 2001, Medicaid paid for 173,226 deliveries in Texas, at a total cost of \$420 million. Approximately 10 percent of these deliveries were to teen mothers aged 13-17, at a cost of \$41 million.²⁶

With one large metropolitan area comes one larger rural area. Some parts of Texas still lack hospital services. Of 254 counties, 63 lack an acute care hospital and 124 have only one acute care hospital. In addition, 47 counties (41 rural) with acute care hospitals do not provide obstetrics services, and 56 counties (37 rural) with acute care hospitals do not provide certified trauma services. There are 88



counties with only minimal emergency medical services (EMS) capability and two counties with no EMS coverage. Most rural counties and all sparsely populated counties in Texas rely on volunteer EMS systems, and there has been an increasing shortage of rural EMS volunteers.⁵⁹ Because of Texas' high poverty levels, its many sparsely populated areas, and its chronic shortages of health professionals in rural and some inner city areas, it is the incumbent upon the state and federal governments to work together to identify these shortfalls and to develop programs and initiatives that target the population groups at risk for poor health outcomes. Current programs available through the Department of Health are as follow.

Texas Birth Defects Monitoring Division: established in 1993, collects data on births occurring throughout the state. It identifies and describes patterns of birth defects, finds the causes, and works toward their prevention.

Child Wellness Division: provides statewide leadership in identifying and addressing conditions which contribute to childhood morbidity and mortality, or compromise a child's potential to become a healthy and productive adult through prevention, early identification, and remediation.

Children with Special Health Care Needs Division: comprises several programs that provide services to children with extraordinary medical needs, disabilities, and chronic health conditions. Its medical healthcare benefits program pays for medical care, family support services, and related services for children not covered by Medicaid, CHIP, or private insurance. The program also contracts with agencies throughout the state to provide an array of clinical and support services to children with special healthcare needs and their families, and it assists children and their families by supporting case management at the Department of Health's regional offices throughout the state.

Texas Primary Care Office: through a cooperative agreement with the Health Resources and Services Administration and a partnership with the Texas Association of Community Health Centers, works with healthcare providers and communities to improve access to care for the underserved populations by recruiting and retaining providers to practice in federally designated shortage areas.

Parenting and Postpartum Counseling Information: passed by the Legislature as HB 341 in the 78th Regular Legislative Session (2003), requires physicians, midwives, hospitals and birthing centers



which provide prenatal care to a pregnant woman during gestation or at delivery to provide the woman with a current resource list of professional organizations that provide postpartum counseling and assistance to parents. The list is maintained by the Department of Health. In addition, it must be documented in the client's chart that she received this information, and the documentation must be retained for a minimum of three years.

Abstinence Education Program: provides abstinence education information to children, adolescents, and parents across the state and to programs to promote abstinence from sexual activity with a focus on those groups which are most likely to bear children out-of-wedlock. Currently, there are 41 programs.

Adolescent Health Program: protects and promotes the health of adolescents. Services include helpline telephone numbers, vision and hearing screening, eating disorders support, and school health.

Audiology Services Program for Amplification for Children of Texas (PACT): serves Texas children from birth through 20 years of age who have hearing losses that cause a problem in school.

Childhood Lead Poisoning Prevention Program: advocates and promotes the health of children in Texas who have or are at high risk for having an elevated lead level and to increase awareness of iron anemia and the associated long-term effects.

Family Health Services Information & Referral Hotline (1-800-422-2956): a toll-free information and referral service for women and children in Texas.

Perinatal and Women's Health Program: works to improve health outcomes for the women and infants of Texas through the facilitation of systems



and collaborative approaches. Several areas are encompassed in this program. The *Texas Comprehensive Women's Health Initiative (TxCWHI)* is a three-year, Health Resources and Services Administration (HRSA)-funded project that is working in two Texas public health regions to facilitate the development of collaboration and strategic planning of women's health systems. The *Women's Health Network (WHN)*, part of the TxCWHI, is an internal Department of Health Workgroup that is charged with the task of developing a collaborative approach to women's health issues within the agency. *Perinatal Systems* focuses on the facilitation of perinatal systems across Texas. The *Perinatal Systems Workgroup* brings together healthcare providers, community-based organizations, healthcare administrators, consumers and other stakeholders to give input to perinatal issues that impact Texas.

Texas Health Steps (THSteps): a service under Medicaid, provides medical and dental check-ups and care to children from birth to age 21 who are enrolled in Medicaid. THSteps expands client awareness of existing health services, recruits and retains a qualified provider pool, makes comprehensive services available through public and private providers so that eligible young people in the Texas Health Steps client population can receive medical and dental care before health problems become chronic and irreversible.

Family Planning Program: serves the 11 Public Health Regions within the state. Services are provided directly by the Department of Health's regional health facilities and through contracts with a variety of organizations including local health departments, medical schools, hospitals, private non-profit agencies, and community and rural health centers. Medicaid-eligible individuals may also receive family planning services through physicians in private practice, advanced practice nurses, federally qualified health centers, and rural health clinics. No state or federal family planning funds are used to pay for abortions.

Region VI Infertility Prevention Project: a collaborative effort of the Sexually Transmitted Diseases/Family Planning programs and Public Health Laboratories in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The overall purpose of this project is to reduce the prevalence of Chlamydia trachomatis (Ct) infections and their sequelae through screening, treatment, and follow-up services.

