

Our Areas of Focus

Maternal and Child Health

Child Protection

Mental Health

Early Childhood

Youth Justice

How Can We Measure Access to Care?

Health Coverage

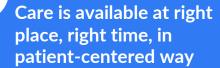
Insurance is affordable and covers comprehensive medical and mental health benefits

Strong network of providers

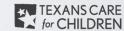
- Provider participation in Medicaid
- Hospital capacity, staffing
- Range of providers: mental health therapists,

Broad awareness of programs & benefits

Consumers and providers know about options (e.g. Medicaid, Children's Health Insurance, Marketplace)



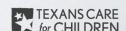
- Telehealth
- Transportation options
- Culturally resonant and quality care





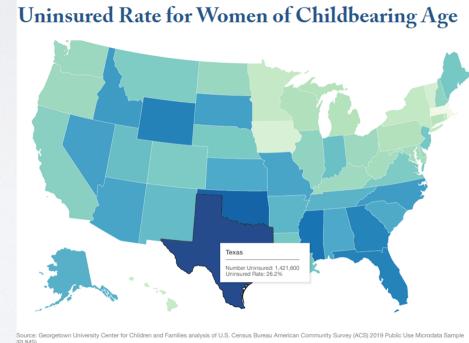
Health Coverage is the First Step

- For healthy moms and healthy babies, women need comprehensive health insurance before, during, and after pregnancy
- Having coverage before, during, and after pregnancy is associated with lower rates of maternal and infant mortality -- with greatest benefits for Black women and infants
- Coverage, especially for lower income women, is linked to
 - higher birth weights for infants
 - o better preconception health
 - o greater use of preventive care



Texas' High Uninsured Rate Limits Access to Care

- Medical & mental health options are more limited if a woman is uninsured
- 1 in 4 Texas women of reproductive age are uninsured (26%)
 - 1.4 million uninsured TX women age18-44
 - O Highest rate in the U.S. and twice the national average
- 1 out of every 4 uninsured women in the U.S. lives in Texas or Florida



Source: Georgetown University Center for Children and Families. Medicaid Expansion Narrows Maternal Health Coverage Gaps, But Racial Disparities Persist (Sept. 2021).

Opportunities

- Protect state funding for Medicaid, CHIP
 - Medicaid covers half the births in Texas & nationwide
- Invest in local organizations doing outreach & enrollment to help families apply for coverage (Medicaid, CHIP, Marketplace)
- Support Medicaid expansion funding to offer coverage to lower wage workers who typically have no insurance options in Texas if they are below poverty line
- Build Back Better Act
 - O Would offer affordable health insurance options for 12 states that was not opted to do Medicaid expansion
 - Would extend Medicaid for 12 months postpartum for all states

What's Happening in Central Texas?

Good News

- Central TX region had lowest teen birth rate compared to other TX regions
- Central TX region had the lowest rate of low birth weight infants among all TX regions
- Austin-Round Rock area reported lowest infant mortality rates
- High rate of women receiving prenatal care within 1st trimester

Bad News

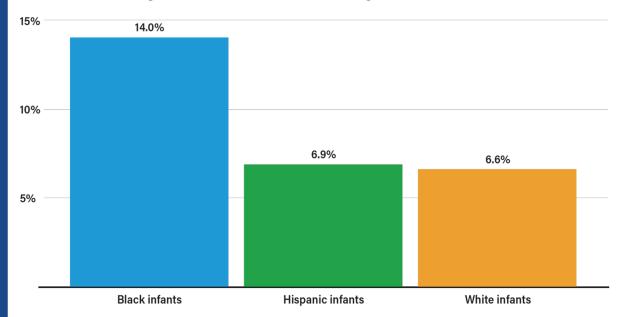
- Racial disparities in infant health outcomes
- Rates of preterm birth and low birth weight births for Black infants in Central Texas have consistently been 1.4 to 2.2 times higher than the rates among infants of all other races/ethnicities
- Black women in Central TX much more likely to report maternal depression symptoms compared to White and Hispanic women



Black infants in Central Texas were more than 2x as likely as Hispanic & White infants to be born with low birth weight

Central Texas Has Significantly Worse Birth Outcomes for Black Infants Compared to Other Infants

Percentage of infants born with low birth weight in Central Texas in 2015*



^{*} Central Texas refers to the 30 counties in Texas Health and Human Services Region 7
Source: Texas Department of State Health Services. Regional Analysis of Maternal and Infant Health in Texas, Public Health Region 7. p.53 (Apr 2018).

Provider Shortages Contribute to Health Care Access Challenges

- 17 counties in Central Texas region had no OB/GYN (2016)
- Urban counties in the region had much better access to these specialists than rural counties
- OB/GYN density in urban counties was almost three times higher than that in rural counties







Texas' "maternity deserts" grow as staff shortages close rural labor and delivery units

Only 40% of Texas' rural hospitals offer labor and delivery services, forcing some patients to drive hundreds of miles to give birth. With nurses in short supply, more hospitals are considering cutting those services entirely.

BY **ELEANOR KLIBANOFF** JAN. 20, 2022 15 HOURS AGO

"Labor and delivery is a major investment for rural hospitals, requiring specialized nurses and a recommended 2-to-1 nurse-to-patient ratio during delivery. It's rarely a money-making enterprise for these hospitals, particularly if they're serving uninsured or Medicaid patients."

Opportunities

- Support range of providers rural hospitals, midwives, birthing centers, doulas, family planning clinics
- Increase investments in doula programs as well as community health workers/promotoras in hospitals, health practices, and in the community
 - O Doulas and other labor and postpartum supports are beneficial for new mothers, especially women of color
 - Limited availability due to limited funding
- Support health sites serving Texans regardless of insurance or ability to pay
 - Limited # of Medicaid providers because of low Medicaid payment rates



Opportunities: the Right Care at the Right Time

- Promote telehealth options, mobile clinics
 - Broadband availability varies
 - House Bill 4 (adopted)- Medicaid and other public health plans have more leeway to cover medical and mental health services offered over telehealth, including audio-only in some situations
- Support patient-centered care that connects families to local resources
 - O CenteringPregnancy (group prenatal care), CenteringParenting (group infant health care)
 - o Family Connects Offered at some Central TX hospitals. Nurse home visits with families w/newborn. Connects families with local services (child care, mental health)



Adriana Kohler akohler@txchildren.org



txchildren.org



@putkids1st



TexansCare

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