

Maternal Child Health in Texas: A Continuing Crisis

April 20, 2023

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CENTER *for* HEALTHY LIVING



Texas Research-to-Policy
Collaboration Project

Topics Covered (Maternal Health – R. Page)

- Maternal Morbidity and Mortality in Texas
 - Definitions and Common Language
 - Texas by the Numbers
 - Awareness and Resources
- Maternal Care Access in Texas
 - Needs in Rural Areas
- Best Practices
 - Maternal Care Workforce
 - Home-visiting Programs



Topics Covered (Child Health – A. Pittman)

- Current State of Child and Adolescent Mental Health
 - Scope of the Issue
 - Contributing Factors
- Resources available for Child and Adolescent Mental Health
 - What does Texas have currently?
 - What are some longer-term solutions?



The Uneven Burden of Maternal Mortality in the U.S.

What does maternal mortality mean in the U.S.?

Maternal mortality impacts women and any person who can become pregnant

There are 3 commonly used measures of maternal deaths in the U.S. While they all capture some aspect of maternal deaths, they are not equivalent



Pregnancy-associated mortality

Deaths during pregnancy and up to one year postpartum, irrespective of cause.



Pregnancy-related mortality

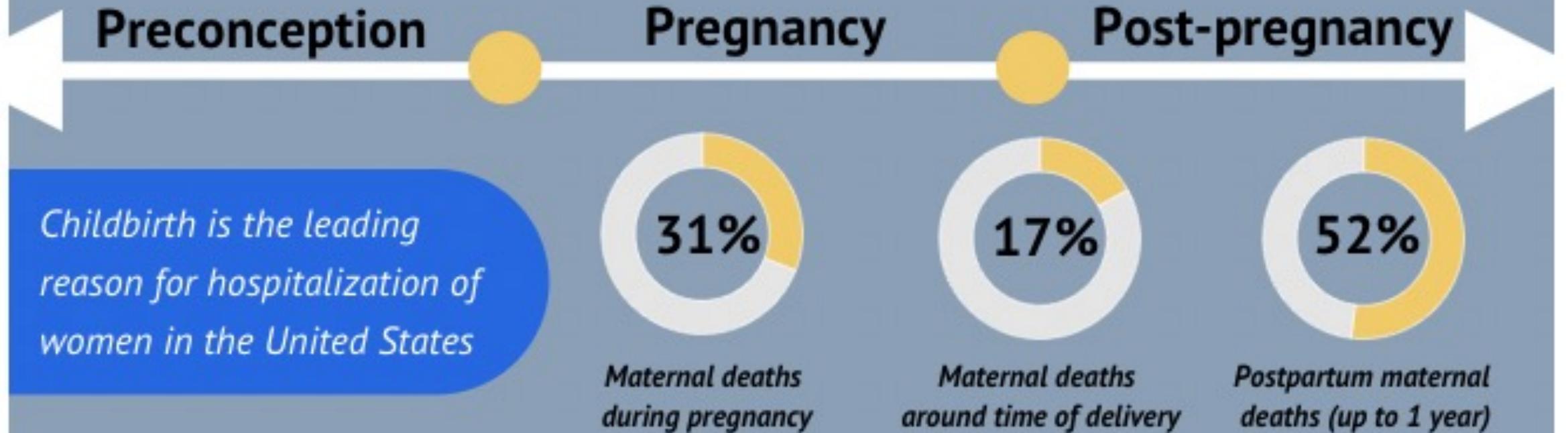
Deaths during pregnancy and up to one year postpartum that are related to pregnancy, initiated by pregnancy, or the physiologic effects of pregnancy.



Maternal mortality

Death while pregnant or within 42 days of the end of pregnancy, irrespective of the duration & site of pregnancy, from any cause related to pregnancy or its management.

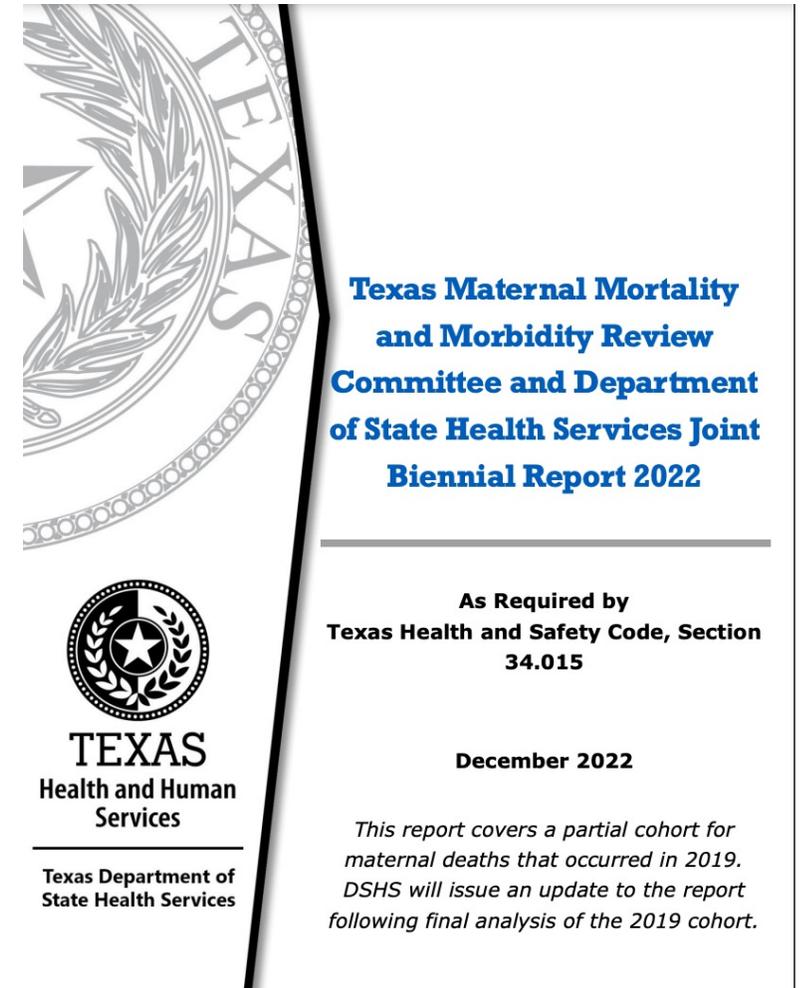
When do pregnancy-related deaths occur?



https://nihcm.org/publications/the-uneven-burden-of-maternal-mortality-in-the-us?utm_source=NIHCM+Foundation&utm_campaign=28625a9040-womens_health_2023&utm_medium=email&utm_term=0_6f88de9846-28625a9040-360300542

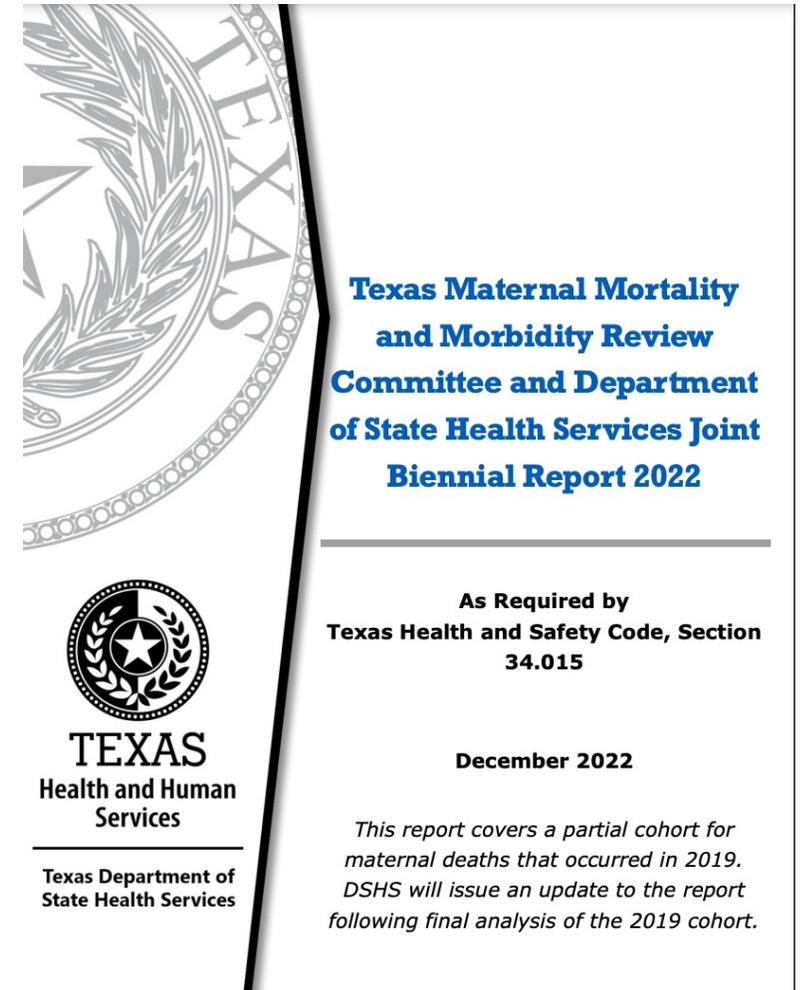
Maternal Morbidity and Mortality in Texas

- Maternal mortality rates in Texas and the U.S. continue to worsen
 - 2013: 18.9 deaths per 100,000 births
 - 2017: 20.2 deaths per 100,000 births
 - 2020: 23.8 deaths per 100,000 births
 - 90% of these deaths were preventable
 - MMMRC determines death was preventable if feasible changes to patient, provider, facility, system, or community factors contributed to the death.
- Beginning in 2020, COVID-19 associated maternal morbidity and mortality surfaced with the biggest impact on Hispanic women



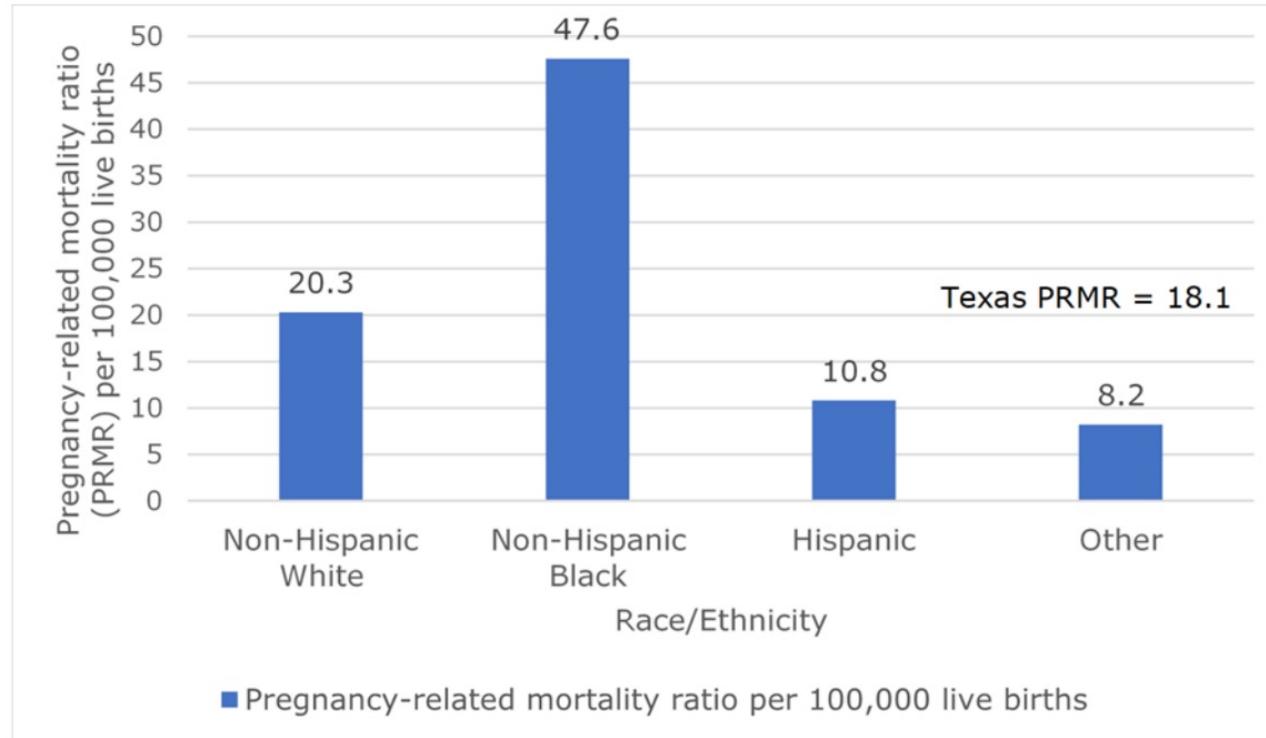
Maternal Morbidity and Mortality in Texas

- Findings from MMMRC Dec 2022 report (partial cohort)
- 44% of pregnancy-associated deaths were pregnancy-related
- The following contributed to pregnancy-related deaths
 - Obesity (21%)
 - Mental disorders (21%)
 - Discrimination (12%)
 - Substance Use Disorder (8%)
 - Violence (suicide/homicide) (27%)



Maternal Morbidity and Mortality in Texas

Figure E-1. PRMR by Race and Ethnicity, Texas, 2013



- Racial disparities in maternal mortality have persisted for years
- The maternal mortality ratio among Black women **in Texas** is more than twice the ratio among white women, and four times that of Hispanic women.

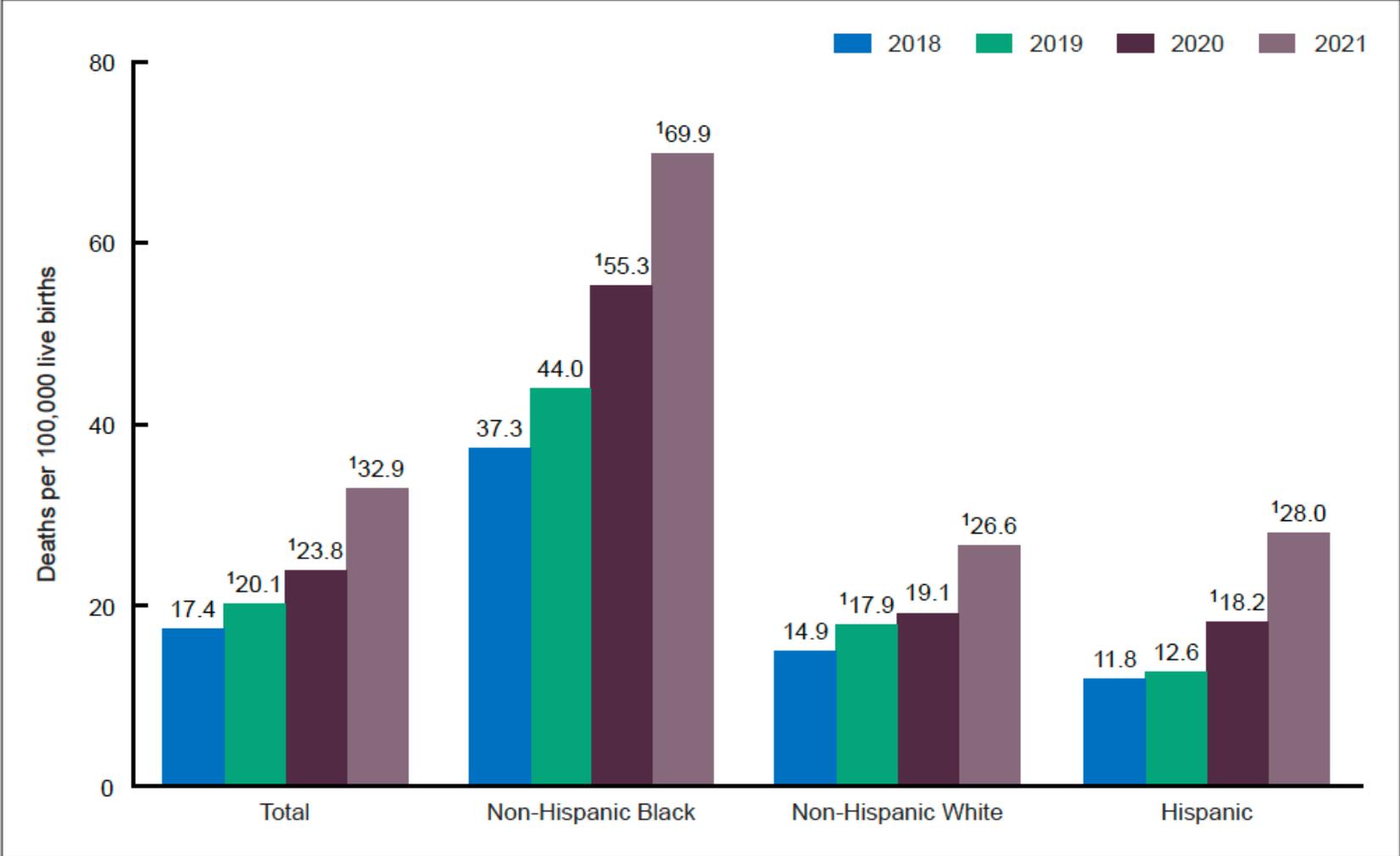
PREPARED BY: Maternal and Child Health Unit (MCHU), Healthy Texas Mothers and Babies (HTMB) Branch, Community Health Improvement (CHI) Division, the Department of State Health Services (DSHS).

DATA SOURCE: 2013 Death Files, 2011-2012 Live Birth and Fetal Death Files. Center for Health Statistics (CHS), DSHS.

Maternal Morbidity and Mortality in Texas

- Racial disparities in maternal mortality are getting worse year by year

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



¹Statistically significant increase from previous year ($p < 0.05$).
 NOTE: Race groups are single race.
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

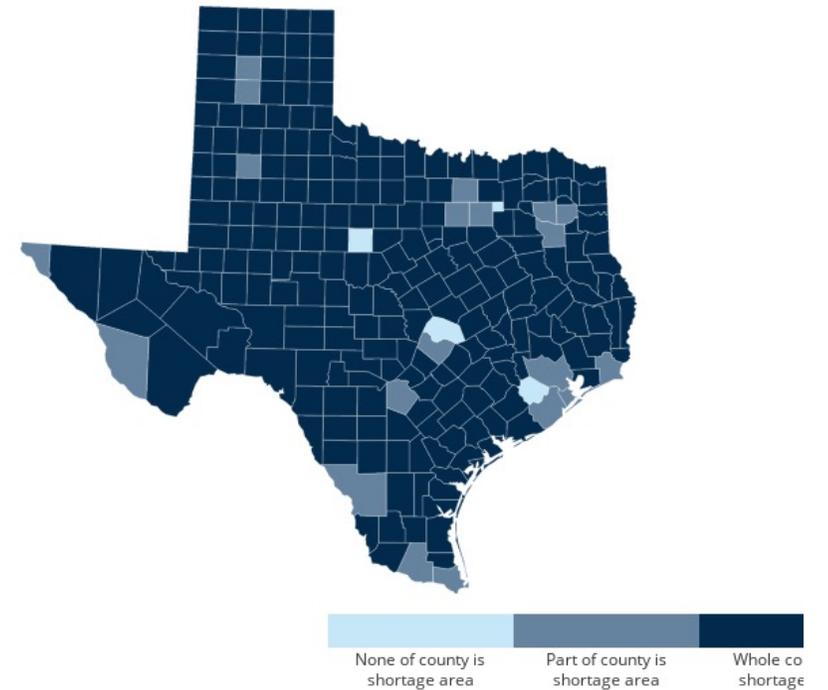
Related Issues

Health care provider shortage

Maternal care provider shortage

Mental health provider shortage

Professional Shortage Areas: Primary Care, by County, 2022 - Texas



Source: data.HRSA.gov, November

Texas

IS LAST IN ACCESS TO CARE

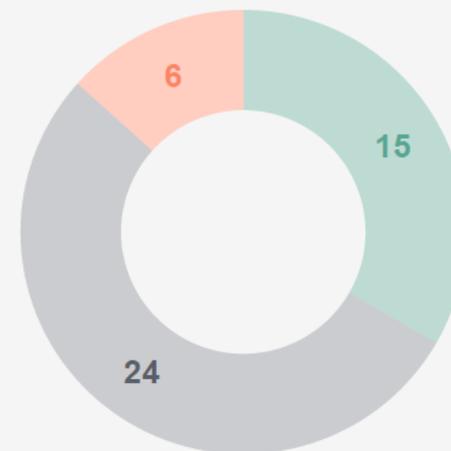
Ranking Highlights^a 2022

	National Rank	Rank Among Southwestern States*
Overall	48 of 51	3 of 4
COVID-19	44	1
Access & Affordability	51	4
Prevention & Treatment	44	3
Avoidable Hospital Use & Cost	40	3
Healthy Lives	27	1
Income Disparity	34	3
Racial & Ethnic Equity	46	3



* Southwestern states include AZ, NM, OK, TX

How Health Care Performance Changed in Texas^b

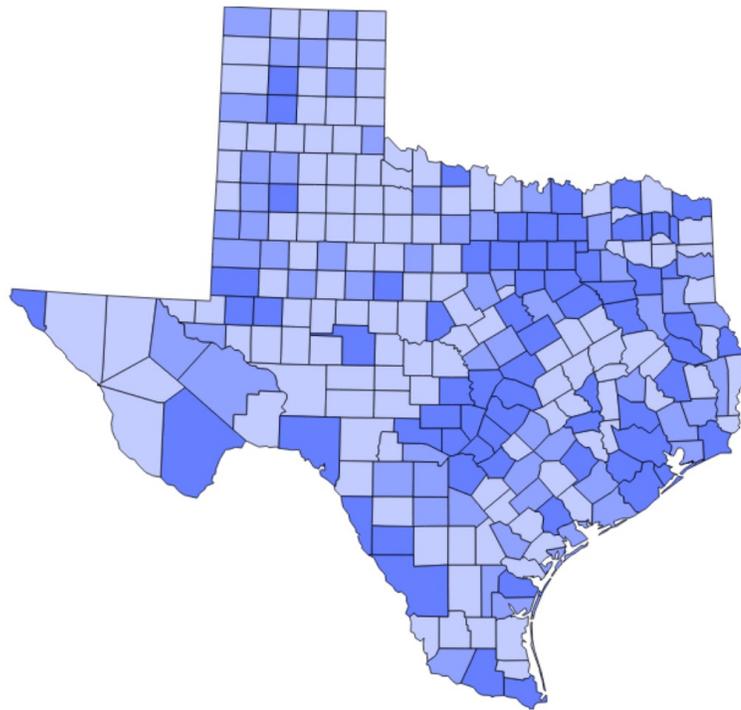


- Indicators that Improved
- Indicators that Worsened
- Indicators with Little or No Change

Maternity Care Access in TX

MATERNITY CARE DESERT

Texas, 2020



Maternity Care Desert

- **Maternity Care Desert**
- **Low Access to Care**
- **Moderate Access to Care**
- **Access to Maternity Care**

Maternity Care Desert:

- No hospitals with obstetric care/birth centers
- No obstetric providers

Low Access:

- Few hospitals with obstetric care/birth centers
- Few obstetric providers (<60 per 10,000 births)
- >10% of women ages 18-64 are uninsured

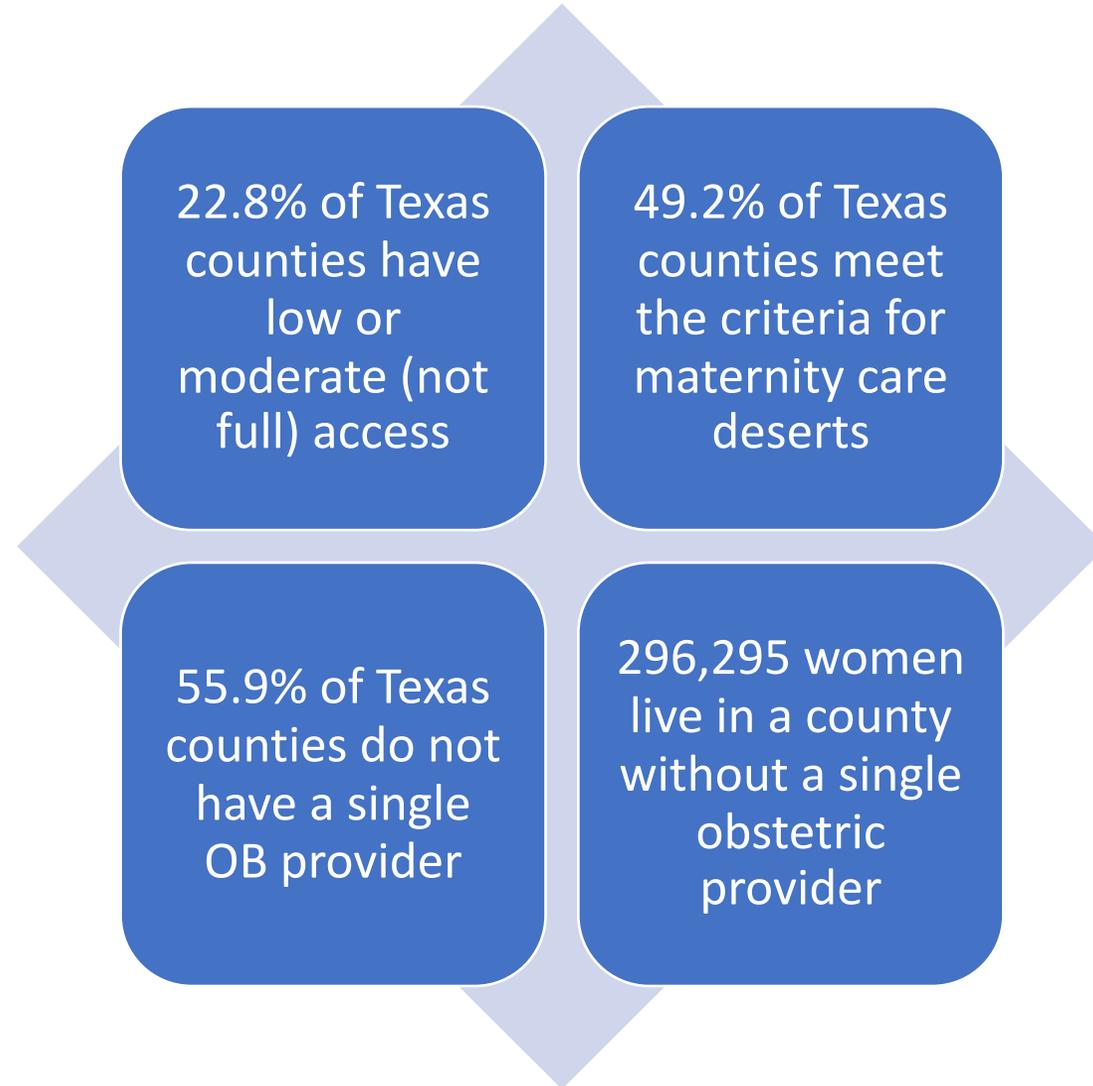
Moderate Access:

- Few hospitals/birth centers or OB providers
- <10% of women ages 18-64 are uninsured

Full Access:

- Availability of hospitals, birth centers, and providers
- Some full access counties still have high proportions of uninsured women

Nowhere to Go: Maternity Care Access in TX



Expansion of Access to Care Needed in Rural Areas

- Rural counties in Texas have a high percentage of women not receiving prenatal care during the first trimester.
- Rural hospital closures – especially OB services



Expansion of Access to Care Needed in Rural Areas

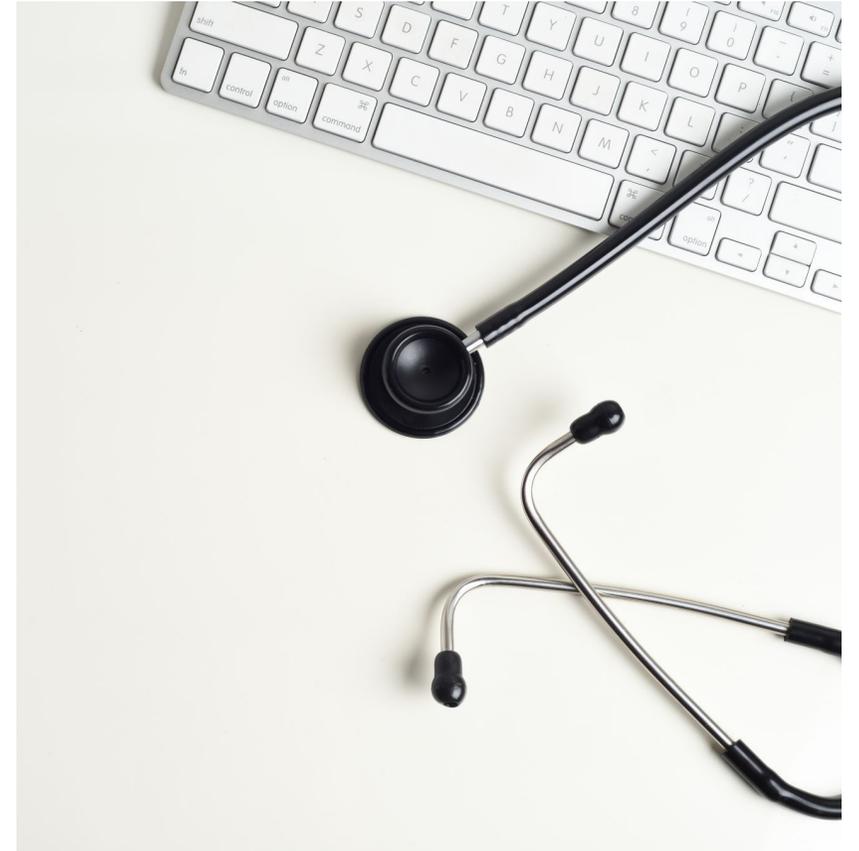
Texas has the lowest proportion of mothers who enter prenatal care during the first trimester in the US

- Only 66% of Texas mothers as opposed to 76.1% nationally.

Texas has the 5th highest birth rate in the US – Lots of babies!

Needs in Texas

- 195 of 254 counties are rural
- Top state for heroin and fentanyl arrests
- High rates of substance use disorder (SUD) and low rates of treatment in young pregnant Texans
- Highest opioid prescription rates are in rural Southern states
- High need for mental health and SUD providers
- Intimate Partner Violence (IPV) services are lacking in rural areas



Solutions: Training and Education for Additional Providers

- **Certified Nurse Midwives**
(Advanced Practice Registered Nurses-APRNs)
 - Graduate degree required
 - Hospital credentials
- **Certified Professional Midwives**
 - Practice out-of-hospital
- **Doulas**
 - Non-clinical support



Texas Research to Policy Collaboration

MCH & Doula Services Reports



KEY TAKEAWAYS

1. The quality of a mother's health before, during, and after pregnancy has lifelong impacts on the health and well-being of both mother and baby.
2. The maternal mortality crisis is compounded in Texas by the number of maternity care deserts across the state.
3. The best approach for preventing maternal death is ensuring adequate health care services before, during, and after pregnancy.
4. Midwives, doulas, home-visiting nurses, and community health workers can help bolster the maternal care workforce, especially in rural communities.
5. Ensuring adequate and timely data collection and analysis of state maternal and infant morbidity and mortality is important to monitor trends.

PROBLEM

The quality of a mother's pregnancy determines the well-being of her infant and is also the time when the foundations of a child's lifelong health are built. (1)

- Prenatal experiences like maternal malnutrition, elevated levels of stress hormones, or exposure to toxins are linked to disease outcomes later in life through: (a) physiologic changes that can impact either the developing fetus directly or (b) the health of the mother, which in turn affects fetal development. (2,3)

Pregnancy can also impact the health of the mother beyond the birth of her child.

- Some women will develop medical issues like pre-eclampsia or gestational diabetes during pregnancy. (4) These issues can lead to long-lasting impacts.
- Women with these conditions see higher lifelong risks for cardiovascular disease, type 2 diabetes, and stroke. (5)
- Pre-eclampsia, a serious form of high blood pressure during pregnancy, is linked to hemorrhaging, one of Texas's leading causes of pregnancy-associated deaths. (6,7)



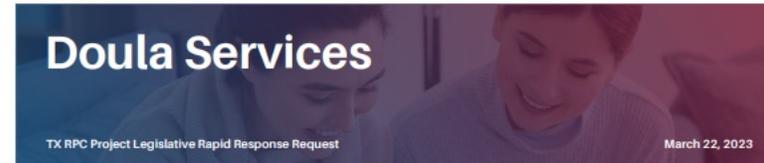
FOR YEARS, THE U.S. HAS HAD THE HIGHEST MATERNAL MORTALITY RATES OF ANY OTHER HIGH-INCOME COUNTRY

The maternal mortality crisis in the U.S. is well documented.

- The most recent data published in 2022 by the National Center for Health Statistics show 23.8 maternal deaths for every 100,000 live births in 2020, up 38% in just two years from 17.4 per 100,000 in 2018. (8)
- Racial disparities in maternal mortality have persisted for years. (9) Black women in the U.S. are almost three times as likely to die from pregnancy complications than white women are, regardless of socioeconomic status. (8)



[Link to TX RPC Report on MCH](#)



KEY TAKEAWAYS

1. Doulas can provide support and serve as a liaison between pregnant women and their prenatal care providers.
2. Doula support can improve birth outcomes and reduce pregnancy complications leading to healthcare cost-savings.
3. Nine states and the District of Columbia currently cover prenatal, labor and delivery, and postpartum doula services for women enrolled in Medicaid.
4. Pilot programs in Texas testing the effectiveness of doula-Medicaid partnerships show positive impacts on pregnancy and delivery.

What are Doulas? What do they do?

Doulas are non-clinical health professionals who provide physical, emotional, and educational support to women and their families before, during, and after labor and delivery. (1, 2) Doulas do not provide medical care but are knowledgeable about many medical aspects of pregnancy and can play an important role on the maternal healthcare team.

PRENATAL

- Translate medical information
- Help mothers clarify their goals
- Communicate needs to their provider (1)

LABOR & DELIVERY

- Assist with pain relief, breathing techniques, and relaxation
- Facilitate communication with the maternal healthcare team (1)

POSTPARTUM

- Share information on infant feeding, recovery from childbirth, and coping skills for new parents (3)

Benefits of Receiving Doula Services

Having the extra support from a doula through pregnancy can prevent the occurrence of pregnancy-related emergencies outside the hospital, and ensure the mother and baby receive faster care. (4)

Studies show that doulas are associated with improved birth outcomes and fewer pregnancy complications: (5, 6, 7, 8, 9)

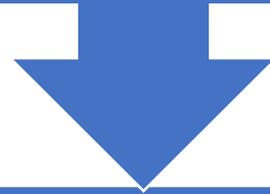
- Shortened labor times
- Lower use of epidurals
- Lower rates of cesarean births
- Lower odds of postpartum depression
- Fewer low birthweight babies
- Increased satisfaction with the birth experience
- Higher breastfeeding initiation rates



[Link to TX RPC Report on Doula Services](#)

AIM- Alliance for Innovation on Maternal Health

AIM is a quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



Patient Safety Bundles

Hemorrhage

Hypertension

Cardiac

Substance
Use

Mental
Health



TEXAS A&M HEALTH
Center of Excellence
in Forensic Nursing

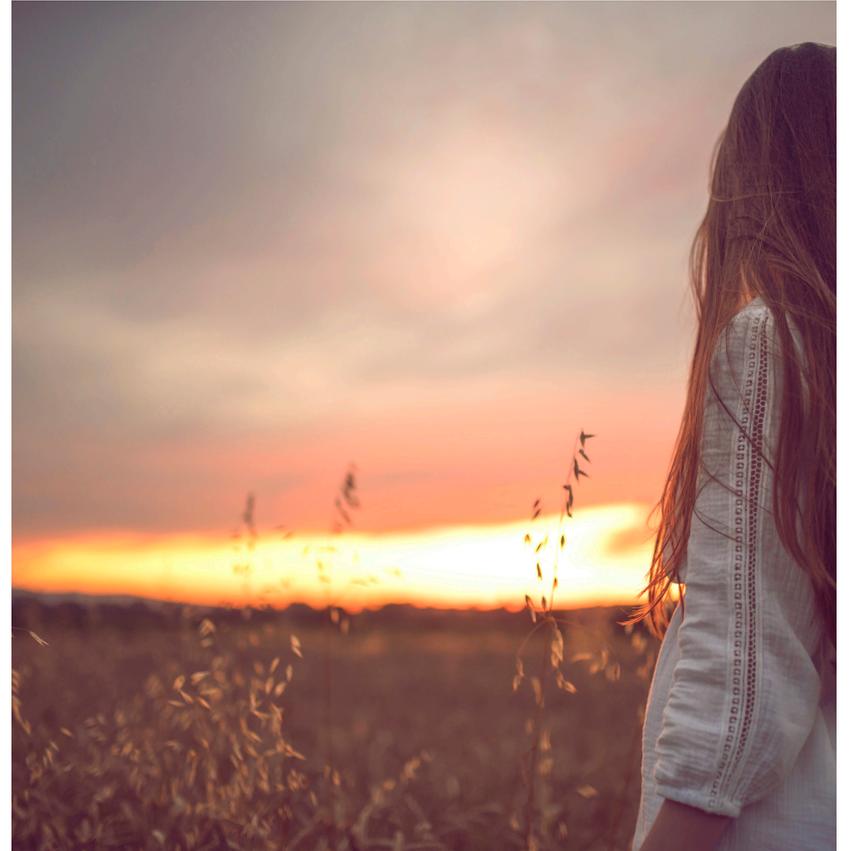


Safe Mothers in Texas

Texas A&M University School of Nursing

Safe Mothers in Texas

- Association between intimate partner violence (IPV) and substance use disorder (SUD)
- Pregnant and post-partum women are at heightened risk for victimization and
- Best practices for providers and IPV workers to provide necessary care and resources are limited.
- To address this gap and improve maternal and child outcomes, the School of Nursing at Texas A&M University is leading a consortium of stakeholders from across the State to develop and pilot **Safe Mothers in Texas**, a program to train providers of SUD treatment on IPV and address the intersections of IPV and SUD during pregnancy and postpartum.



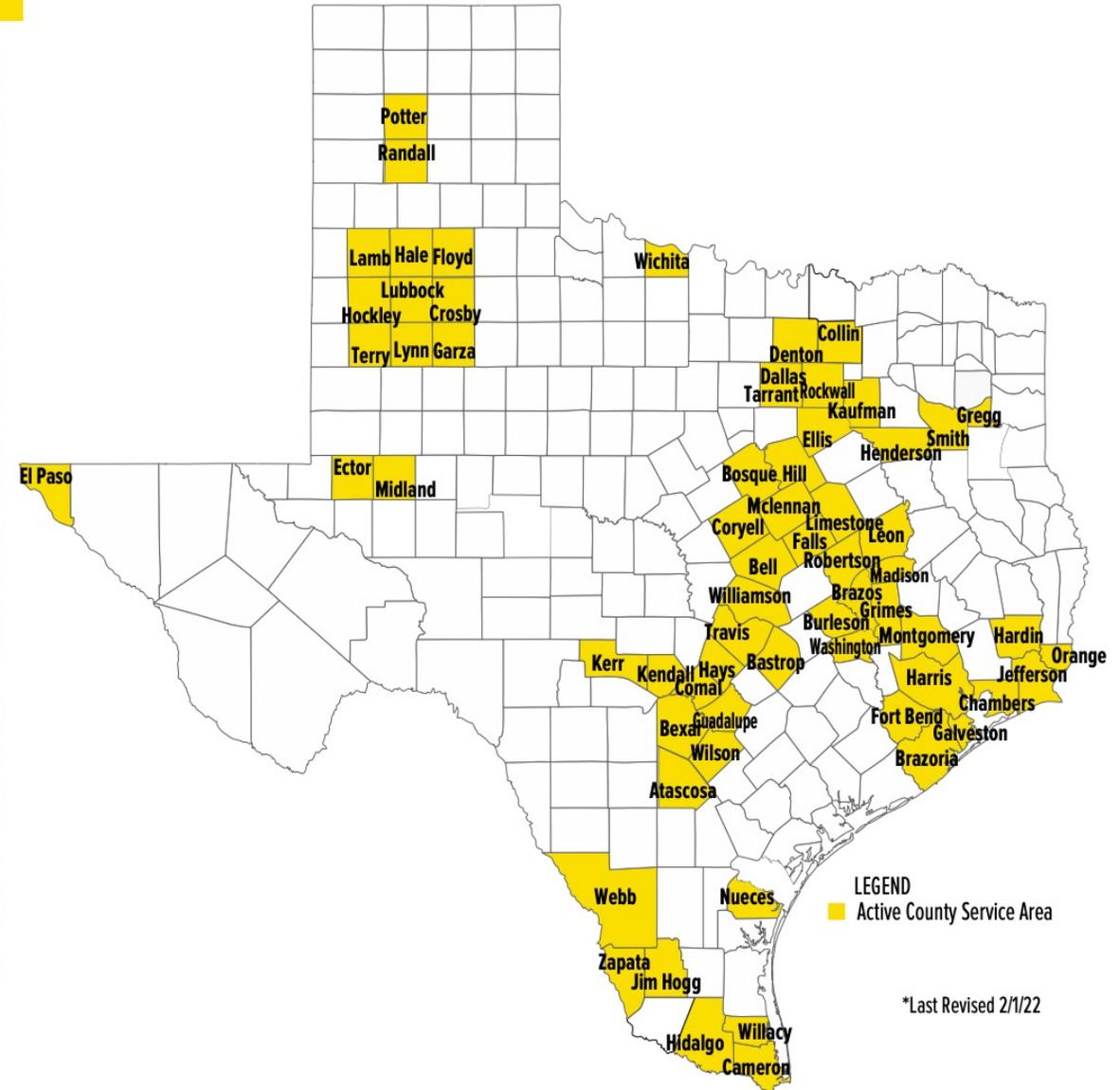
Solutions: Home Visiting Programs

TEXAS



Nurse-Family Partnership Goals

1. Improve pregnancy outcomes by helping women engage in good preventive health practices.
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future.



*Last Revised 2/1/22



Best Practices

-
- Extend Medicaid to 12 months postpartum to give critical support to moms during the fourth trimester
 - Expand telehealth services to bridge gaps in healthcare
 - Expand maternal health workforce through midwives and doulas
 - Full practice authority for Advanced Practice Registered Nurses (APRNs)
 - Increase public awareness of warning signs

Solutions: Hear Her Texas



<https://www.dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/hear-her-texas>

Leila's Story



Current State of Child and Adolescent Mental Health

February 2023 CDC Youth Risk Behavior Surveillance Survey (YRBSS) Updated

Increasing number of youth reporting depression and sexual violence

1 in 5 HS students considered suicide (YRBSS, 2021)

Violence, feelings of hopelessness, cyberbullying continue to be concerns

Child Behavioral Health

January 11, 2023



KEY TAKEAWAYS

1. Rates of childhood mental challenges and suicide have been rising for years, an issue that has been exacerbated by the COVID-19 pandemic.
2. Texas has a severe shortage of child and adolescent psychiatric care providers, leaving many children untreated.
3. With American Rescue Plan funds expiring December 2023, renewed funds for Texas Child Mental Health Care Consortium (TCMHCC) programs will be critical to help bridge the gaps in child behavioral health care.

BACKGROUND

Mental health disorders such as depression, anxiety, behavioral problems, and attention-deficit/hyperactivity disorder (ADHD) are much more common among children in the U.S. than they were previously thought to be.⁽¹⁾

According to the Health Resources and Services Administration, between 2016 and 2020 there was a 29% increase in children ages 3-17 diagnosed with anxiety and 27% increase in those diagnosed with depression.⁽²⁾ Additionally, 1 in 6 youth will experience a mental health disorder each year.⁽³⁾ This equates to about 7.7 million children annually.

50% of all lifetime mental illness begins by age 14.⁽³⁾

75% of all lifetime mental illness begins by age 24.⁽³⁾

2ND Suicide is the second leading cause of death among people ages 10-14.⁽⁴⁾



Rates of childhood mental health challenges and suicide had been rising steadily for at least a decade prior to the pandemic and have risen further due, in large part, to the pandemic. Globally, symptoms of depression and anxiety doubled among youth within the first year of the pandemic compared to pre-pandemic estimates. Between January 2020 and February 2021:⁽⁵⁾



1 in 4 youth experienced depressive symptoms



1 in 5 youth experienced symptoms of anxiety

In addition to social isolation, disruptions to daily routine, food insecurity, and financial or housing instability, more than 140,000 children across the nation - disproportionately children of color - also experienced the loss of a caregiver.⁽⁶⁾

The toll of these experiences is demonstrated by the 24% and 31% increases in emergency department visits related to mental health emergencies between March and October 2020, among children ages 5-11 years and 12-17 years, respectively. In 2021, suicide attempts among girls ages 12-17 were 51% higher than they were in 2019.⁽⁶⁾

[Link to TX RPC Report on Child Behavioral Health](#)

Teen Suicide

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

YRBSS, 2021

Suicide rates in youth...
“Basically, it’s 9/11 happening every 18 months.”

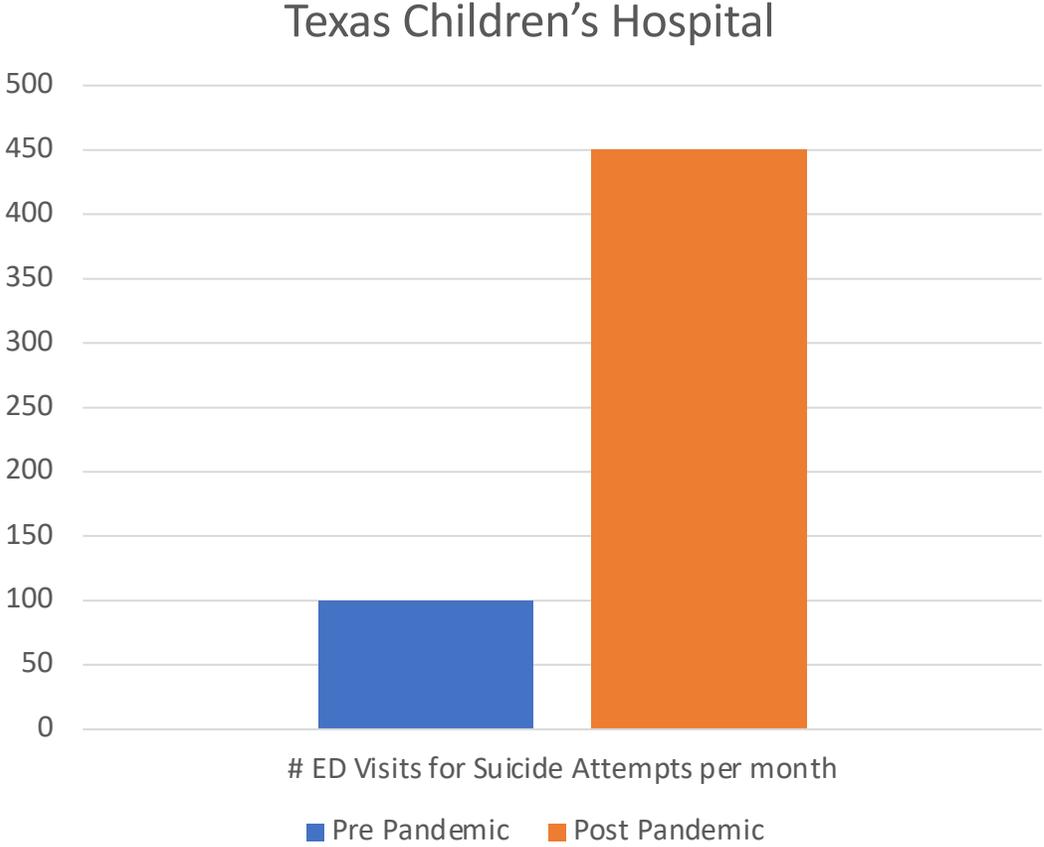
- John Ackerman, PhD, Center for Suicide Prevention & Research at Nationwide Children’s Hospital

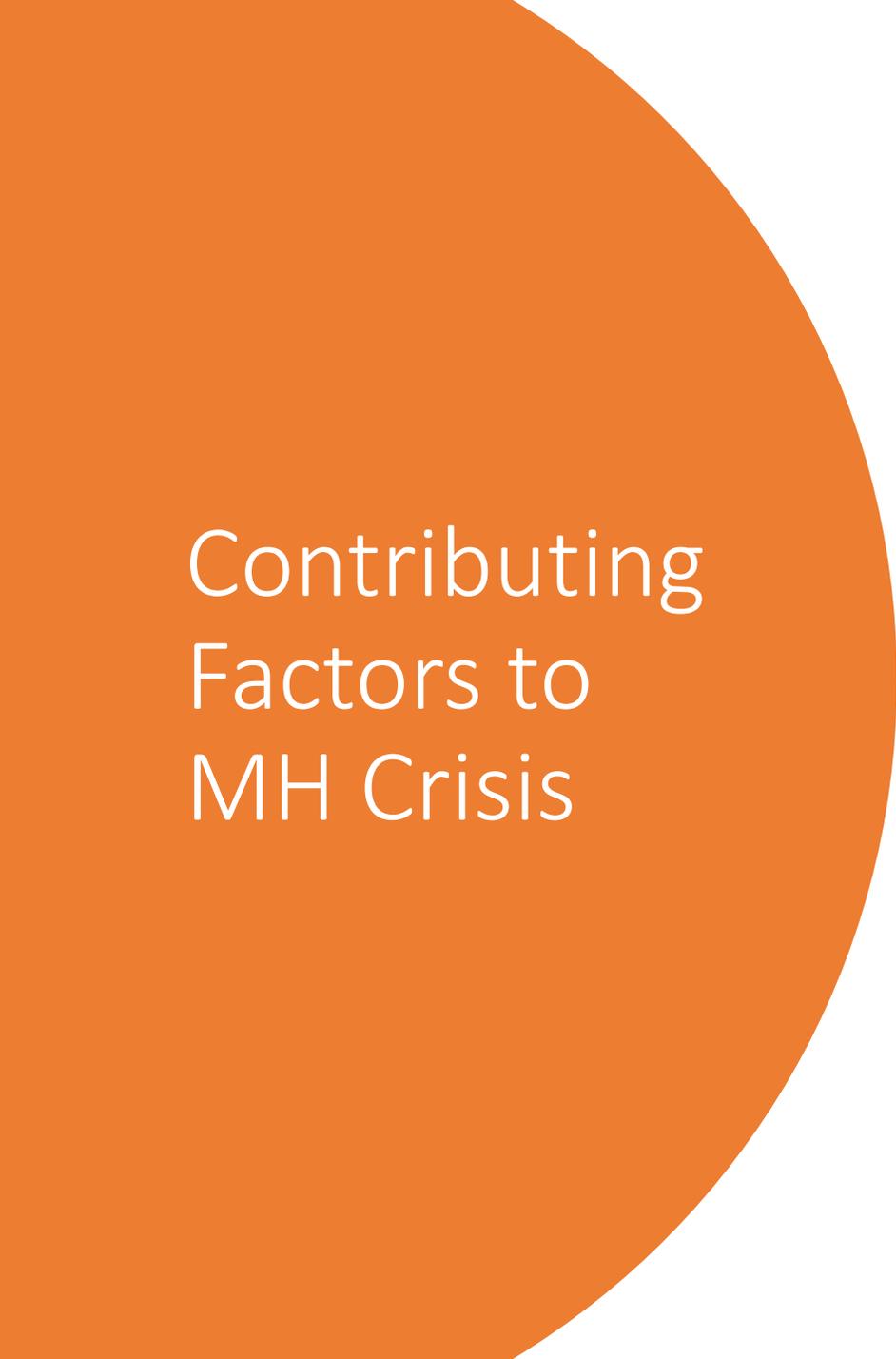
ON OUR SLEEVES
 The Movement for Children’s Mental Health

Texas Children's Hospital report



NPR





Contributing Factors to MH Crisis

COVID-19 Pandemic

Social Media

Stigma and Education

Lack of providers and resources

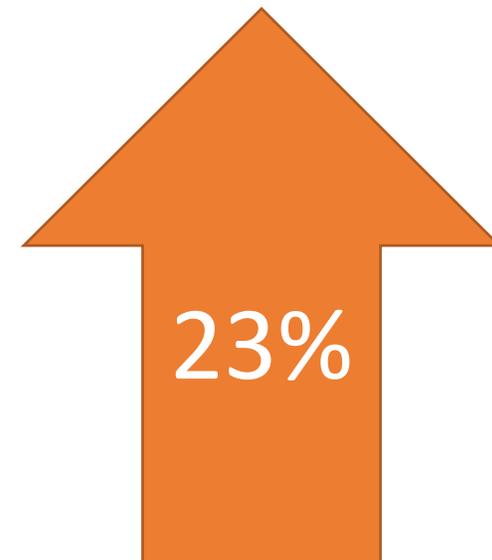
Poor Insurance Coverage and Inability to Pay

Increasing School Pressures

Increasing Mental Health Problems with
Adults/Parents

COVID-19 Pandemic and MH in Youth

- MH challenges already rising pre-pandemic
- Disruption in routine and social isolation → anxiety and depression
- Social Anxiety
- Too early to tell full impact
- Number of children in Texas diagnosed with anxiety or depression increased by 23% from 2016-2020



Social Media and Mental Health in Youth

Benefits

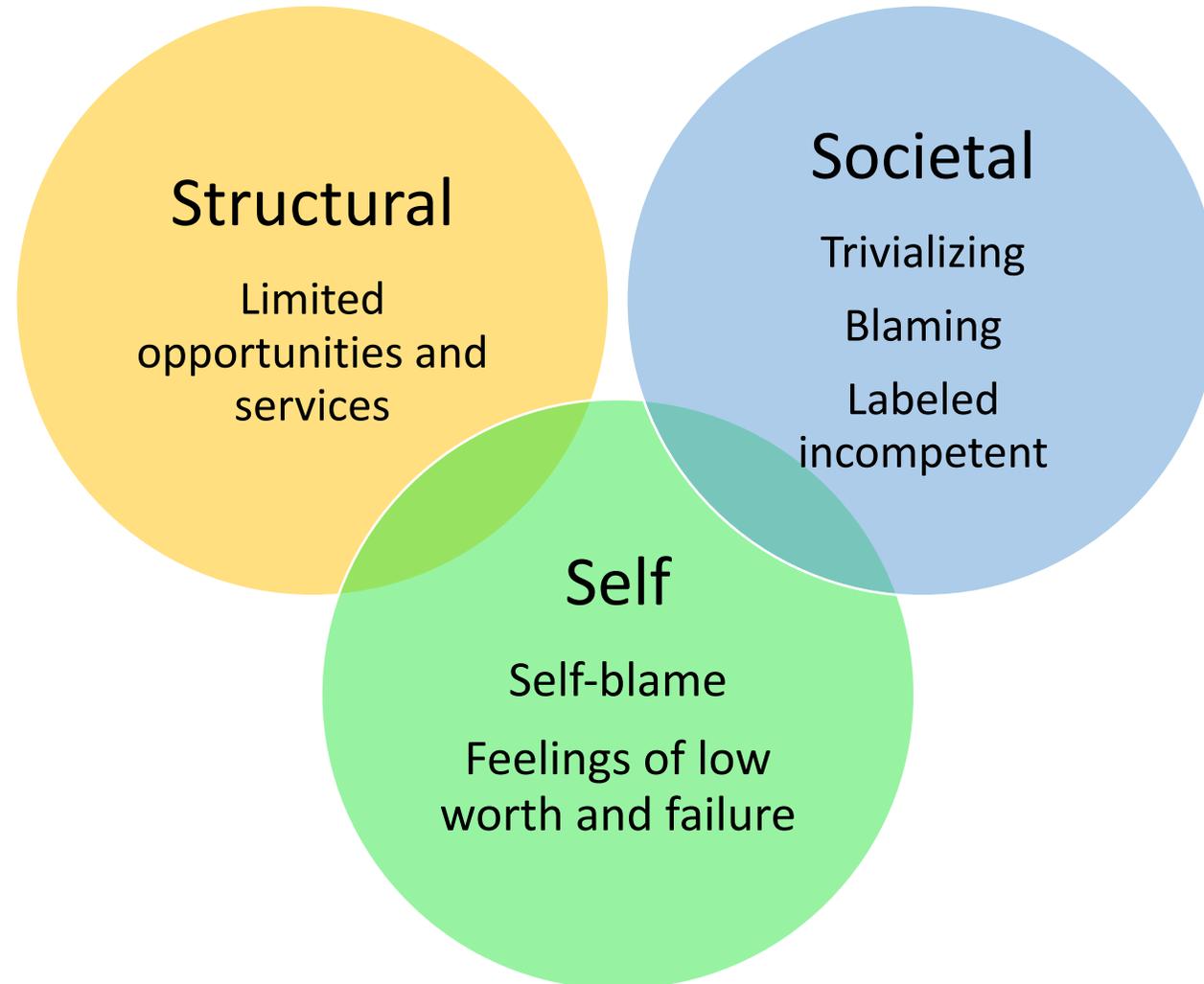
- New ideas and information
- Interaction and Connection
- Collaboration
- Support

Risks

- Sleep deprivation
- School performance
- Increase in mental distress, self harm, and suicidality
- Obesity
- Exposure to risky content, cyberbullying, and solicitation

MH Stigma

Negative attitudes and beliefs



5 WAYS TO END MENTAL HEALTH STIGMA

Did you know up to **1 in 5 children** experience a mental health disorder and half don't receive the treatment they need? Together, we can support children and stop the negative stigma around mental health.



Educate yourself and your children about mental health



Share real-life examples of people with mental health disorders



Explain mental health has a range of symptoms



Listen to and support others with mental health concerns



Share stories of overcoming mental health disorders



Lack of Providers and Resources

- All these Screenings and Nowhere to Refer

“They want us to screen for depression, they want us to screen for anxiety. OK, you get a positive. What do you do? Well, guess what – there are no resources for children and mental health in this country.”

Herschel Lessin, MD, of the Children's Medical Group in Hopewell Junction, N.Y.

Pediatricians: We Can't Bear the Burden of Teen Angst

Medscape Medical News | 102

Teenagers are experiencing record levels of sadness and sexual violence, and pediatricians say they can't be the only professionals responsible for tackling the problem.



5 Likes Share

Financial Burden

- Low Mental Health Treatment Reimbursement for both Medicaid and Private Insurance
 - Many MH providers only accept cash
 - 55% of TX psychiatrists accept private insurance
 - 21% of TX psychiatrists will accept Medicaid (TMA)
 - Patient has to bill insurance or Medicaid
- 12% of children in TX do not have any coverage (double the national average)

Increasing School Pressure

- College applications increasing, while acceptance rates decreasing
- Removal of SAT/ACT means grades more important
- HAS (high achieving schools)
- “grind culture”



Mental Health of Children and Parents

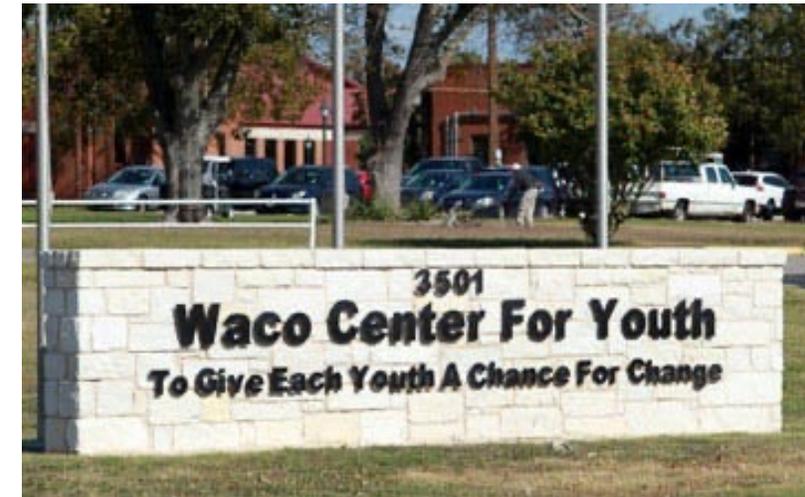
- Poor MH in parents associated with poor MH and physical health in children
- U.S. Parents MH decreased during COVID-19

(Moreland et al., 2022)

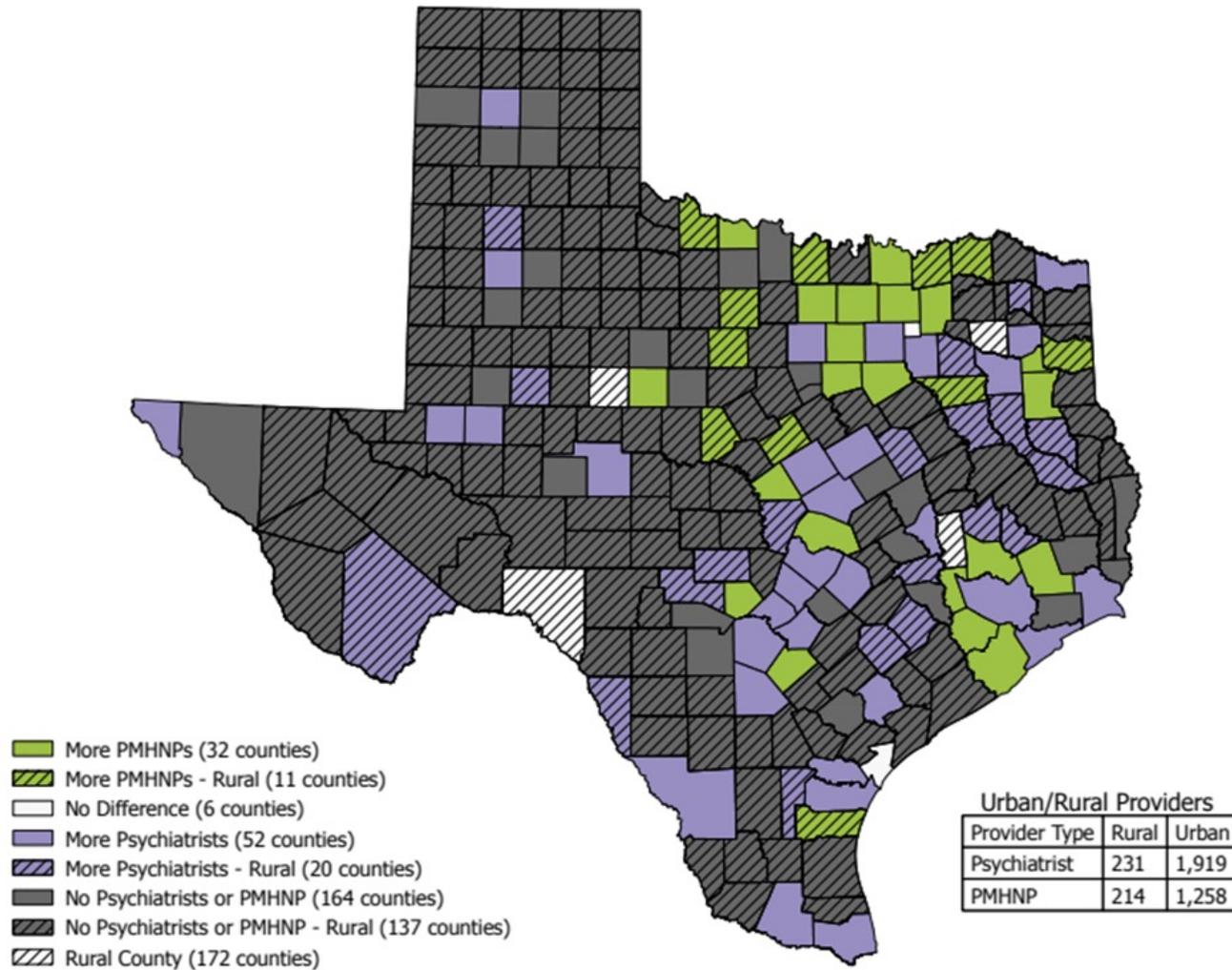


Resources Available Now in Texas

- Providers
 - 593 TX ISDs (half) no psychologist on staff (CBS News' analysis of data from the TEA)
 - Difficult to find psychologist, LPC or LCSW
- Facilities
 - 9 state hospitals and one state residential youth center (Waco)
 - HB 3396: calls for HHS to ensure that each state-funded forensic bed is usable no later than Aug. 31, 2024 (in committee)
 - Private Psychiatric Hospitals and Crisis Stabilization Units: 12 private inpatient hospitals in Texas, not all allow children

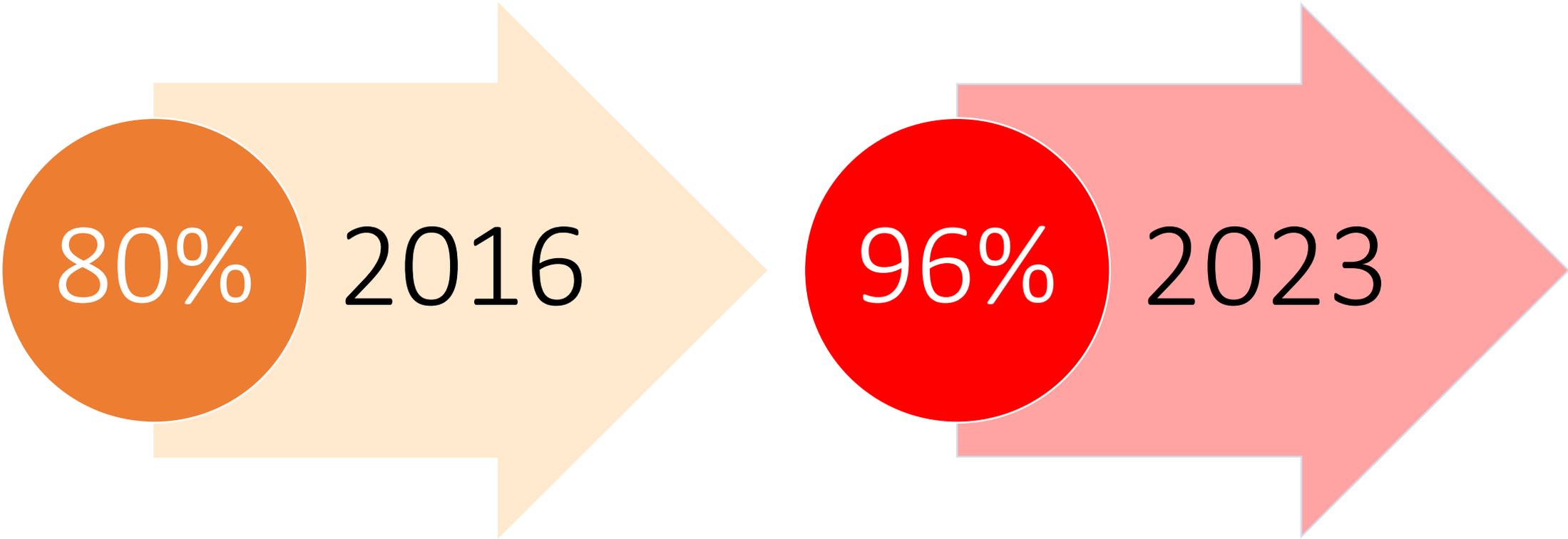


Map 2: Comparison of Current Distribution of Psychiatric Mental Health Nurse Practitioners to Psychiatrists in Texas by Practice Location. October 2022 NPI Practice location.



- 164 TX counties without a psychiatrist or PMHNP, 137 of which are rural
- MHNPs: 1,472 PMHNPs in Texas. Reducing scope of practice restrictions currently in place on NPs would reduce the psych provider shortage by 13%
- PAs: only 1% of PAs work in psych, attributed to lack of understanding on how to use, inconsistencies in training and lack of track options in psych

Texas Counties designated as Mental Health Professional Shortage Areas



Simpson, S., 2023



The Washington Post

@washingtonpost



“The system is broken on many levels.”

Zach Chafos languished for a total of 76 days in a Maryland ER waiting for a psychiatric bed — part of a growing mental health treatment crisis for teens across the country.



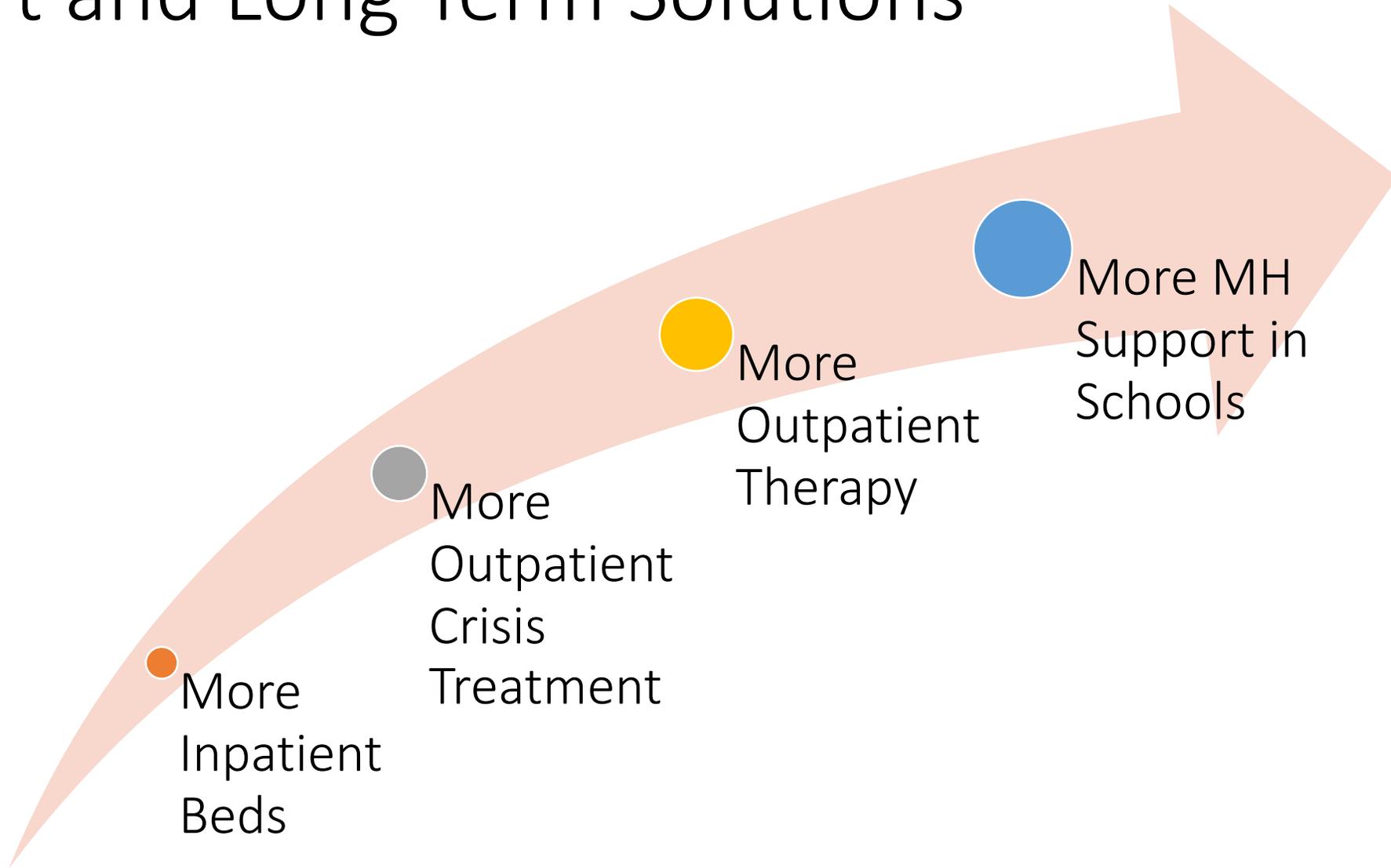
washingtonpost.com

An autistic teen needed mental health help. He spent weeks in an ER instead. Zach Chafos languished for a total of 76 days in a Maryland ER waiting for a psychiatric bed -- part of a growing mental health treatment crisis for teens ...

11:07 AM · Oct 20, 2022

59 Retweets 18 Quotes 142 Likes 5 Bookmarks

Short and Long Term Solutions



More Solutions

- Prevention of Burnout in MH Providers
- Improving reimbursement from insurance and Medicaid

“The job itself is demanding. Nobody comes into your office having a good day.”

- Darrel Spinks, ED of TX Behavioral Health Exec Council

Factors that Contribute to Resilience

- Cognitive development/problem-solving skills
- Self-regulation
- Relationships with caring adults

“**Resilience** is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” (APA)

Bills Currently in Congress

HB 3396

Increase State Hospital
Beds

HB 1898 and SB 1365

Increase children's
hospital capacity and
access to care for MH

HB 1211 and 1551

Loan reimbursement
for MH professionals

SB 1700

Heal Texans Act
Healthcare Expanded
and Accessed Locally

HB 12, HB 56, SB 73

Increases Medicaid
coverage postpartum

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