Maternal Child Health in Texas: A Continuing Crisis

April 20, 2023
Dr. Robin Page & Dr. Alison Pittman
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.

Childbirth is the leading reason for hospitalization of women in the United States.

- Maternal deaths during pregnancy: 31%
- Maternal deaths around time of delivery: 17%
- Postpartum maternal deaths (up to 1 year): 52%
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
Related Issues

- Health care provider shortage
- Maternal care provider shortage
- Mental health provider shortage
## Texas Is Last in Access to Care

### Ranking Highlights\textsuperscript{a} 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>National Rank</th>
<th>Rank Among Southwestern States\textsuperscript{*}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>48 of 51</td>
<td>3 of 4</td>
</tr>
<tr>
<td>COVID-19</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>Access &amp; Affordability</td>
<td>51</td>
<td>4</td>
</tr>
<tr>
<td>Prevention &amp; Treatment</td>
<td>44</td>
<td>3</td>
</tr>
<tr>
<td>Avoidable Hospital Use &amp; Cost</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>Healthy Lives</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Income Disparity</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>Racial &amp; Ethnic Equity</td>
<td>46</td>
<td>3</td>
</tr>
</tbody>
</table>

\textsuperscript{a} Southwestern states include AZ, NM, OK, TX

### How Health Care Performance Changed in Texas\textsuperscript{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:
- 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

- 22.8% of Texas counties have low or moderate (not full) access
- 49.2% of Texas counties meet the criteria for maternity care deserts
- 55.9% of Texas counties do not have a single OB provider
- 296,295 women live in a county without a single obstetric provider

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

Link to TX RPC Report on MCH

Link to TX RPC Report on Doula Services
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 |
|------------|--------------|---------|---------------|---------------|---------------|
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

**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.

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*Legend:
- Active County Service Area*

*Last Revised 2/12*
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

You can help save her life.

Leila’s Story
Current State of Child and Adolescent Mental Health

<table>
<thead>
<tr>
<th>February 2023 CDC Youth Risk Behavior Surveillance Survey (YRBSS) Updated</th>
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<tbody>
<tr>
<td>Increasing number of youth reporting depression and sexual violence</td>
</tr>
<tr>
<td>1 in 5 HS students considered suicide (YRBSS, 2021)</td>
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<tr>
<td>Violence, feelings of hopelessness, cyberbullying continue to be concerns</td>
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</table>
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 2022, renewed funds for Texas Child Mental Health Care Consortium (TCMHCC) programs will be critical to help bridge the gaps in child behavioral health care.

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.

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 32% increase in those diagnosed with depression. 

Additionally, 1 in 6 youth will experience a mental health disorder each year. This equates to about 7.7 million children annually.

50% of all lifetime mental illness begins by age 14.
75% of all lifetime mental illness begins by age 24.
2ND Suicide is the second leading cause of death among people ages 10-14.

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. 

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 and housing instability, more than 140,000 children across the nation — disproportionately children of color — also experienced the loss of a caregiver.

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.

Link to TX RPC Report on Child Behavioral Health
Teen Suicide

The Percentage of High School Students Who:

<table>
<thead>
<tr>
<th>Experience</th>
<th>2011 Total</th>
<th>2013 Total</th>
<th>2015 Total</th>
<th>2017 Total</th>
<th>2019 Total</th>
<th>2021 Total</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>28</td>
<td>30</td>
<td>30</td>
<td>31</td>
<td>37</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Experienced poor mental health¹</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>29</td>
<td>–</td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>17</td>
<td>19</td>
<td>22</td>
<td></td>
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<tr>
<td>Made a suicide plan</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td></td>
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<tr>
<td>Attempted suicide</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Were injured in a suicide attempt that had to be treated by a doctor or nurse</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
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</table>

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

YRBS5, 2021
Texas Children's Hospital report

# ED Visits for Suicide Attempts per month

Pre Pandemic  |  Post Pandemic

Texas Children’s Hospital
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

Structural
Limited opportunities and services

Societal
Trivializing
Blaming
Labeled incompetent

Self
Self-blame
Feelings of low worth and failure

APA, 2020
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.
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)

Simpson, S., 2023, Census Bureau American Community Survey 2021
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
• 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

Bolin et al, 2023; Curran et al., 2020
Texas Counties designated as Mental Health Professional Shortage Areas

80% 2016

96% 2023

Simpson, S., 2023
“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 ...
Short and Long Term Solutions

- More Inpatient Beds
- More Outpatient Crisis Treatment
- More Outpatient Therapy
- More MH Support in Schools
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

Simpson, S., 2023
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

American Academy of Pediatrics. *Center of Excellence on Social Media and Youth Mental Health*.


American Psychiatric Association (2020). *Stigma, Prejudice and Discrimination Against People with Mental Illness*.


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References


Questions?

Please enter your questions in the chat!