

Our Border, Our Future



INFANT HEALTH & HEALTH CARE ACCESS IN TEXAS' BORDER COUNTIES

INFANT HEALTH ALONG THE BORDER¹

One in Seven Texas Babies are Born Along the Border

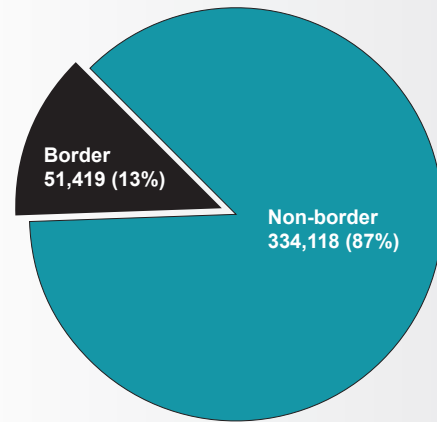
In 2005, nearly 386,000 babies were born in Texas, including more than 51,000 (or 13 percent) in Texas' border counties, yielding a fertility rate of 7.7 births per 100 women ages 15-44. The fertility rate in Texas' border counties is somewhat higher in the rural areas (9.8 percent) than the urban areas (7.4 percent).

Women in the Border Region May Lack Needed Prenatal Care

Early and frequent prenatal care is essential for maternal and child health during pregnancy. Prenatal visits allow mothers to receive counseling on nutrition, physical activity and what to expect during birth. Research suggests women who do not receive prenatal care are more likely to deliver low birth weight babies or die during delivery than their peers.²

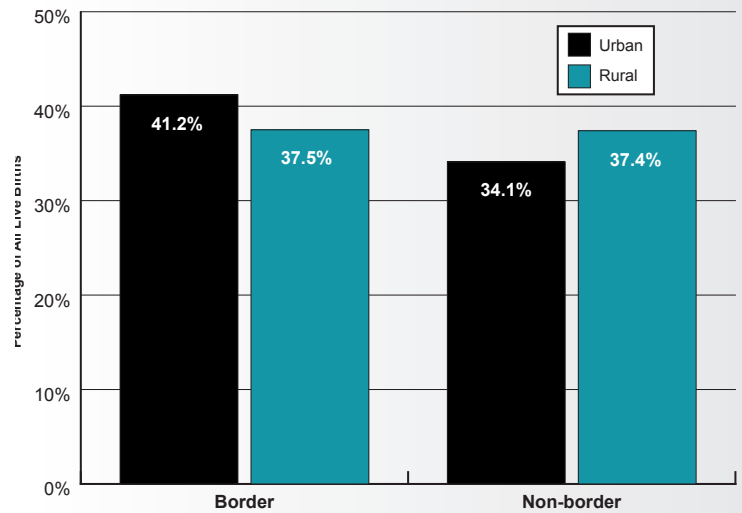
Women living in Texas' border counties are more likely to receive late or no prenatal care than the state average (35 percent). This trend is particularly acute in urban border communities where 41 percent of mothers report receiving late or no prenatal health care—compared to just 34 percent of mothers living outside the border region.

One of Every Seven Texas Babies is Born in a Border County



Source: Texas Department of State Health Services 2005 birth data

Women Living in the Urban Border Counties More Likely to Receive Late or No Prenatal Care



Source: Texas Department of State Health Services 2005 birth data

Although Educational Attainment Increases Likelihood of Prenatal Care, It Does Not Eliminate Regional Disparities

Education may protect against prenatal care inequalities experienced by women living in the border region. Mothers with less than a high school education are at greater risk of receiving inadequate prenatal care (52.5 percent) when compared to women who hold associate's (25.9 percent), bachelor's (22.2 percent) or graduate (20 percent) degrees.

Educational attainment may mitigate women's vulnerability for inadequate prenatal care, but education alone is inadequate to reduce geographic disparities. Regardless of degree, mothers living along the Texas-Mexico border are less likely to receive prenatal care than women in other parts of the state.

Child Birthweight and Age at Death Impact Infant Mortality

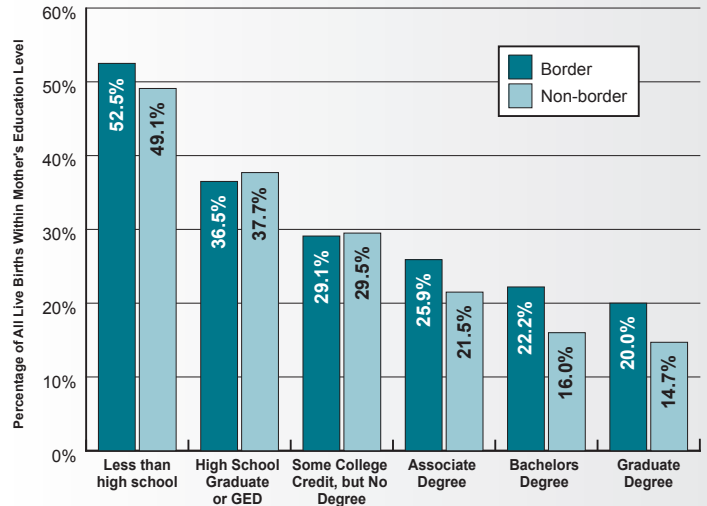
Despite the fact that infant mortality rates and fetal deaths are lower along the border than in other regions of the state, 237 babies born in border counties in 2005 died before their first birthday. Add to that the 276 incidents of fetal death in border counties, and the need for greater prevention and intervention becomes clear. To know where to best direct efforts and limited funds for maximum impact, communities should first explore the mortality data by age at death and birthweight. This model and the resulting data shows the largest number of infant deaths occur with very low birthweight babies (1500 grams) in their first month of life. Border mortality rates, then, can be best reduced by increasing support for maternal health interventions and preventing prematurity.

When making targeted program decisions intended to improve infant mortality rates, both birthweight and age at death should be considered.

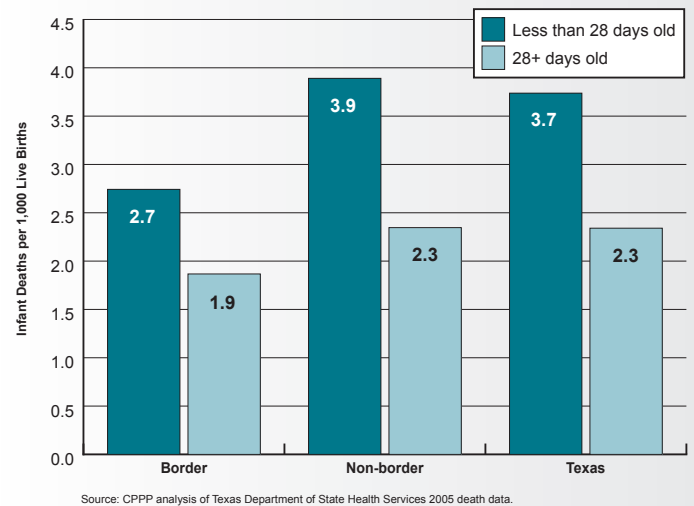
		Age at Death		
		Fetal	Neonatal (< 28 days old)	Post Neonatal (>= 28 days old)
Birthweight	< 2500 grams	Maternal Health and Prematurity		
	>= 2500 grams	Maternal Care	Newborn Care	Infant Health and Safety

Source: Adapted from presentation on March 27, 2009 by Brian Castrucci, Director of the Office of Program Decision Support at the Division of Family and Community Health Services with the Department of State Health Services

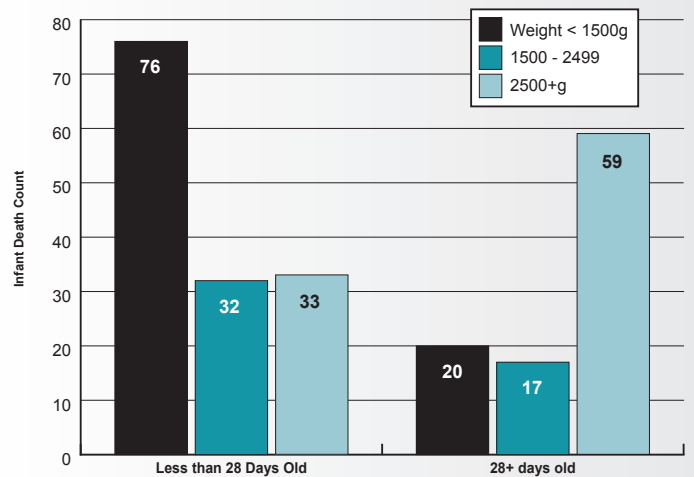
At Most Education Levels, Women Along the Border More Likely to Receive Late or No Prenatal Care



Border Counties' Infant Mortality Rates Lower Than Rest of State, but Show the Same Pattern



Reducing Border Infant Mortality Rates will Require Increased Attention to Prenatal Care, Prematurity, and Newborn Care & Safety



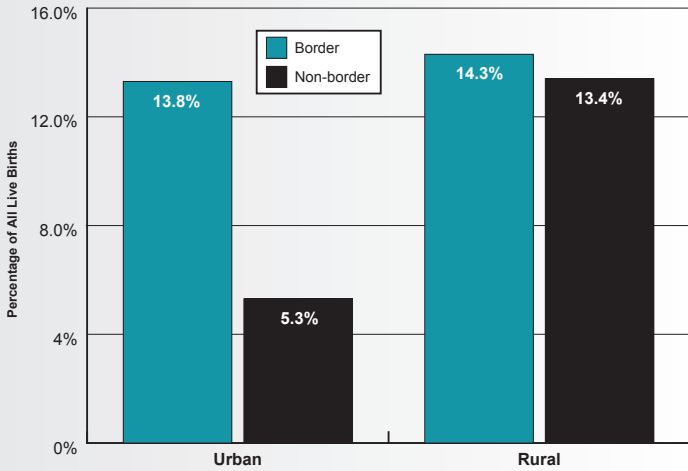
RISK FACTORS ASSOCIATED WITH INFANT HEALTH

Preterm Deliveries Account for the Largest Percentage of Low Birthweight Births along the Border

Babies weighing less than 5.5 pounds (2500 grams) are considered low birthweight. Low birthweight babies face increased risks of health complications and lasting disabilities which may persist through adulthood. There are two causes of low birthweight births: fetal growth restriction and preterm births.³

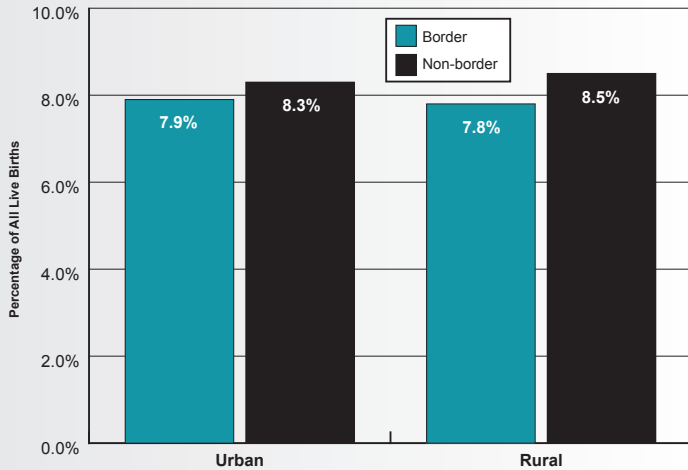
Babies that experience fetal growth restrictions may reach full term and are born with smaller than average birthweights.⁴ Proportionally, the low birthweight rate is about the same regardless of where the child is born within Texas (about eight percent of all live births), as are those low birthweight births that are also preterm (roughly 60 percent). Other common indicators linked to low birthweight births, however, do seem to differ by region. Restrictions on fetal growth are aggravated by smoking and other maternal risk factors during pregnancy. Interestingly, the proportion of low birthweight babies born to mothers who smoke (2.9 percent) or have other maternal risk factors such as hypertension or a previous preterm birth (25.7 percent) is lower for border communities than for non-border regions (11.9 and 32.6 percent respectively).

One in Seven Babies in Border Counties Born Preterm (<37 Weeks Gestation)



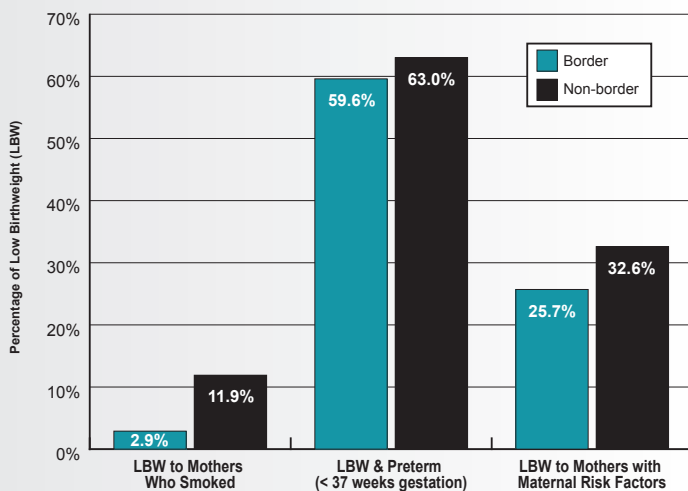
Source: CPPP analysis of Texas Department of State Health Services 2005 birth data

The Percentage of Low Birthweight Babies (< 2500 grams) Born in Border Counties is Similar to Rest of State



Source: CPPP analysis of Texas Department of State Health Services 2005 birth data

Majority of Low Birthweight Births Are Linked to Preterm Deliveries

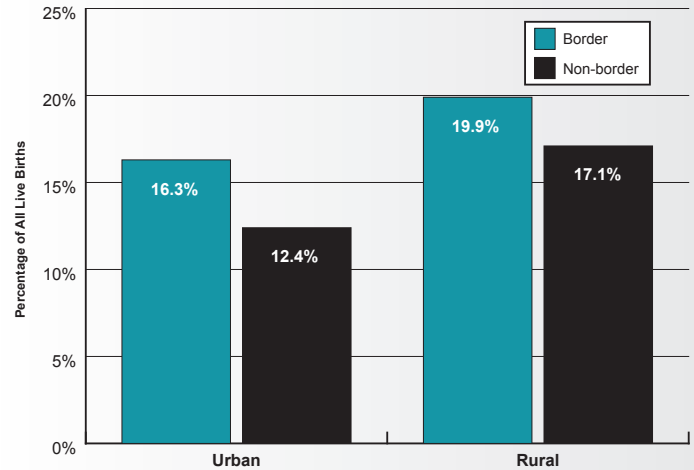


Source: Texas Department of State Health Services

Teen Pregnancy A Significant Challenge for Border Communities

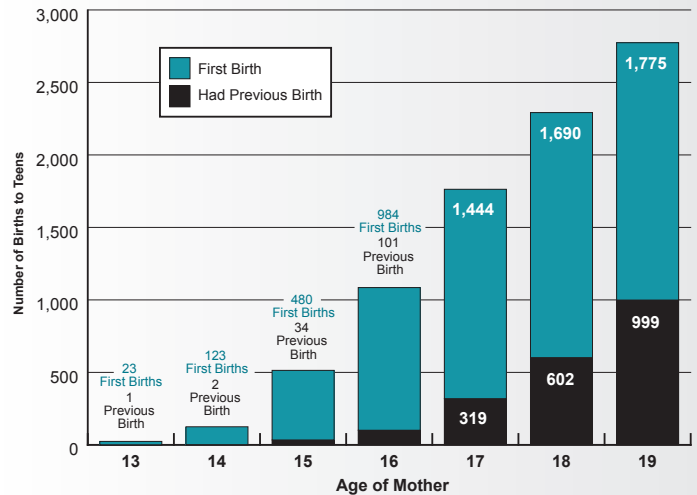
The percentage of births to teens age 13-19 is higher in both rural (19.9 percent) and urban (16.3 percent) border regions than non-border communities. In 2005, 59 percent of all babies delivered along the Texas-Mexico border were to mothers ages 18-19 who had previously given birth to another child. Young mothers engage more often in risky behaviors before and after birth. New mothers age 19 and younger are more likely to postpone prenatal care if the pregnancy was unwanted, less likely to initiate breastfeeding or continue breastfeeding during the first nine weeks after births, and less likely to place their newborns on their backs to sleep (reducing the chances of SIDS) as compared to mothers not in their teens.⁵

One in Five Babies Born in Rural Border Counties is to a Teen Mom ages 13-19



Source: CPPP analysis of Texas Department of State Health Services 2005 birth data

Of the Nearly 8,600 Births to Teens in Texas Border Counties, One in Four Are to Teens Who Were Already Mothers



Source: Texas Department of State Health Services 2005 birth data

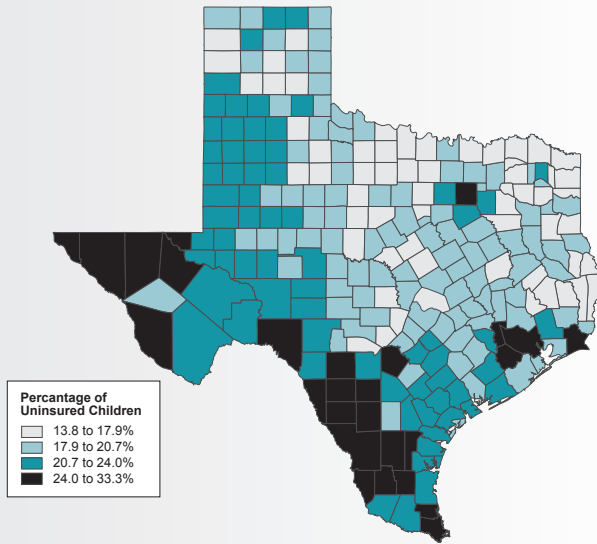


HEALTH CARE ACCESS

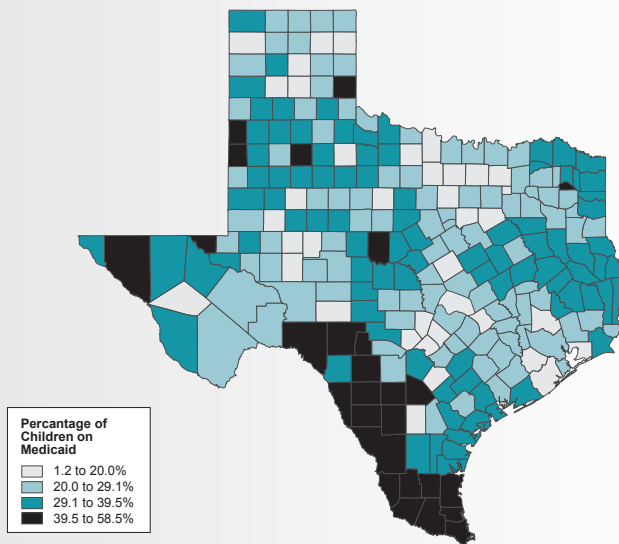
Health insurance is critical for connecting children to medical homes and preventative care.

Texas' rate of uninsured children has been the worst in the country for nine of the last 10 years,⁶ with the highest concentrations occurring along the border. The Texas State Demographer estimates that, by 2010, more than 1.5 million children will be uninsured in Texas,⁷ including 206,688 living in the border counties. Given that about half of Texas' uninsured kids are estimated to be eligible but not enrolled in our public health programs (i.e., Medicaid or CHIP), Texas can significantly improve our high children's uninsured rate by increasing enrollment through improved technical and administrative systems and increased outreach.

Texas Border Counties Projected to Have Some of the Highest Rates of Uninsured Children in 2010



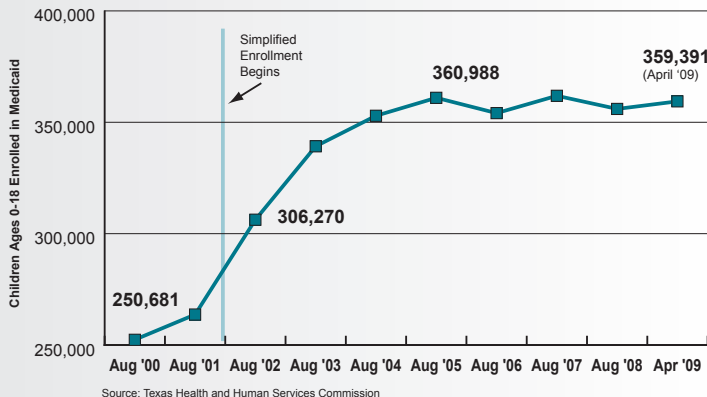
More Children Enrolled in Medicaid in Border Counties



Medicaid

Medicaid is a federal-state program that provides health care for the poorest Texans, including children, pregnant women, elderly, and people with disabilities. As of April 2009, 1.8 million Texas children (including 359,391 on border) relied on Medicaid for health coverage. Although our population and poverty rates increased in recent years, Medicaid enrollment plateaued in our Border Counties. This stagnation is likely due to a lack of coordinated outreach and a breakdown of the eligibility system that began in 2006 from which it has not recovered.⁸

The Number of Border Children on Medicaid Increased After Instituting Six-Month Continuous Enrollment in 2002; Plateaued Due to Breakdown of Eligibility System Beginning in 2006.

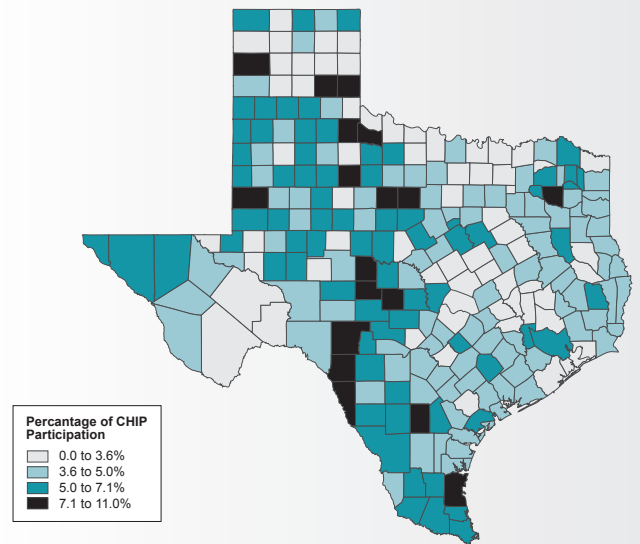


CHIP

The Children's Health Insurance Program (CHIP) is also a joint federal-state funded program that provides health coverage to children living in families that make too much to qualify for Medicaid, but still can't afford private coverage. In April 2009, more than 465,000 children (including 69,664 along the border) were enrolled in CHIP.

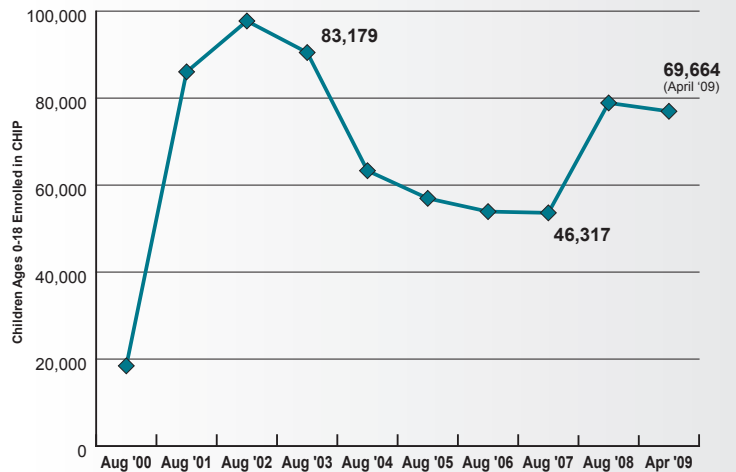
Despite high rates of uninsured children, Texas' CHIP enrollment numbers dropped over several years. In September 2003, the state implemented cuts to CHIP in response to a state revenue deficit, increasing families' out-of-pocket costs and reducing length of coverage (from 12 to six months), among other adjustments. In Texas' border counties, enrollment fell by almost half from 2003 to 2007 as a result of these cuts and significant problems with the eligibility and enrollment system at the state level. In 2007, the Texas Legislature restored 12-month continuous coverage, relaxed asset limits, and allowed a modest deduction of child care expenses, leading to increases in enrollment for the first time in six years.

Children's Health Insurance Program (CHIP) Participation



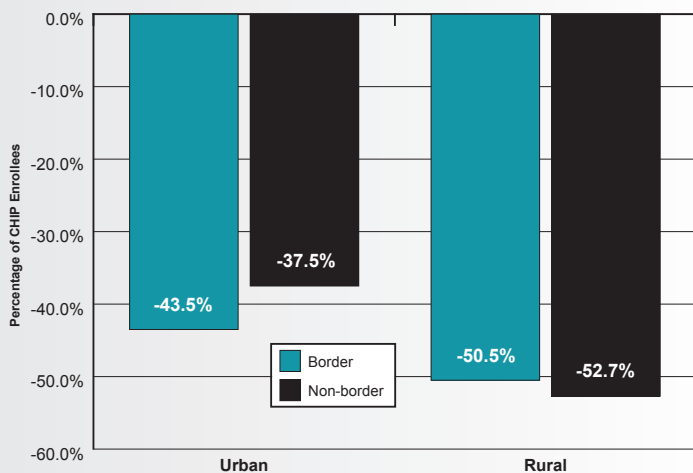
Source: CPPP analysis of Texas Health and Human Services Commission data: All Children ages 0-18 enrolled in Medicaid in August 2007 as percentage of total 2007 child population 0-18

Following 2003 State Budget Cuts, Border CHIP Enrollment Dropped by Nearly 50%; Regained Some Since Restrictions Eased in 2007



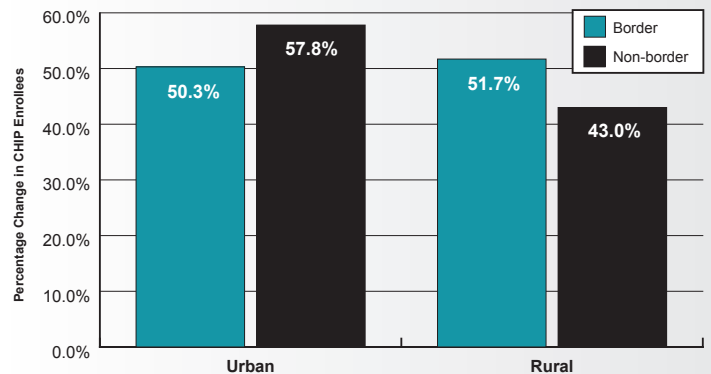
Source: Texas Health and Human Services Commission

Border and Rural Areas of Texas Lost Half of CHIP Clients from 2003-2007



Source: CPPP analysis of Texas Health and Human Services CHIP enrollment data August 2002 & August 2007

Urban Non-border Counties have Regained Larger Share of their CHIP Enrollment Since 2007; No Area Has Completely Recovered from 2003-07 Losses



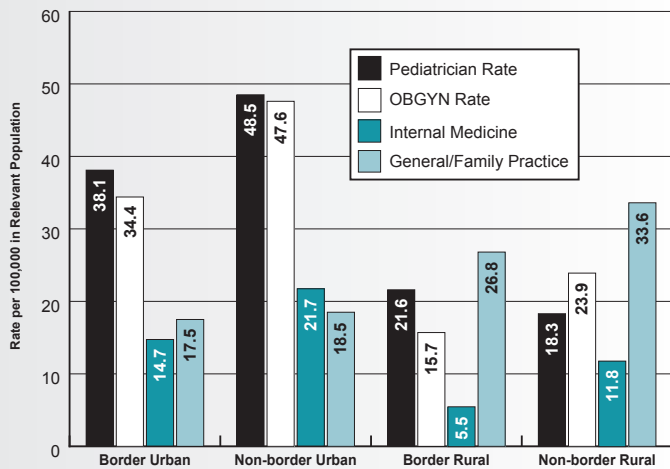
Source: CPPP analysis of Texas Health and Human Services CHIP enrollment data August 2007 & April 2009

Too Few Medical Providers Along the Border

Texas faces a continued shortage of nurses and an increasing shortage of physicians and other health care personnel. Population growth and the historic lack of a four-year medical school along the border contribute to the status of many of the border counties as Health Professional Shortage Areas.⁹

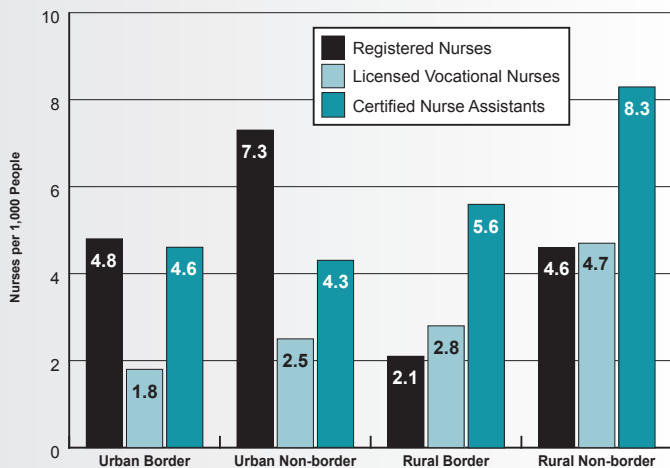
The high medical-personnel-to-patient ratios that exist along the border may improve with the addition of medical schools in the region. The Health Sciences Center Paul L. Foster School of Medicine in El Paso is currently the only four-year medical school on the entire U.S.-Mexico border, and in 2009 accepted its first class of M.D. students. Efforts also are under way to bring a four-year medical school to the Valley.¹⁰

Texas Border Counties have Fewer Doctors to Serve Children and Families than the Rest of State



Source: CPPP analysis of Texas Department of State Health Services 2008 data

Texas Border Counties Tend to Have Fewer Nurses to Serve Children and Families than Rest of State

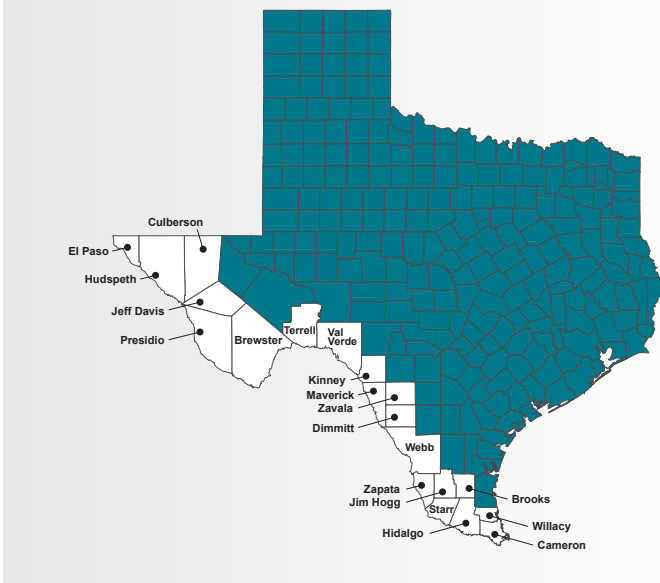


Source: CPPP analysis of Texas Department of State Health Services 2008 data

Endnotes

- For this report, the border counties include: Brewster, Brooks, Cameron, Culberson, Dimmit, El Paso, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kinney, Maverick, Presidio, Starr, Terrell, Val Verde, Webb, Willacy, Zapata, and Zavala. These counties were included based on border community feedback during listening sessions held by Texas KIDS COUNT in 2008.
- U.S. Department of Health and Human Services (2009), *Prenatal Care*. <http://www.womenshealth.gov/faq/prenatal-care.cfm> (accessed April 16, 2009).
- March of Dimes, *Low Birth Rate*. http://www.marchofdimes.com/professionals/14332_1153.asp (accessed April 17, 2009).
- Ibid.
- 2006 Pregnancy Risk Assessment Monitoring System (PRAMS) data. Obtained from the Texas Department of State Health Services.
- Texas 50-state uninsured ranking, KIDS COUNT Data Center, Annie E. Casey Foundation, <http://datacenter.kidscount.org> (accessed April 27, 2009).
- Uninsured data projections commissioned by Methodist Healthcare Ministries and produced by Dr. Karl Eschbach, Ph.D., State Demographer of Texas, www.mhm.org
- For more information on the eligibility crisis, see: Hagert, C. (2009). *Fixing the crisis in our eligibility system*. Center for Public Policy Priorities. <http://www.cppp.org/research.php?aid=828&cid=3&scid=7> (accessed April 27, 2009).
- Texas Department of State Health Services, 2009 Whole County Primary Care Health Professional Shortage Area Designations, <http://www.dshs.state.tx.us/chs/hprc/PChpsaWC.shtm> (accessed April 27, 2009).
- Senate Bill 98 by Senator Eddie Lucio seeks to provide approval for the University of Texas System Board of Regents to establish the UT Health Science Center-South Texas. As of this printing, it had only passed the Senate and had no funding attached to support the project.

Texas Counties Along the Border with Mexico



Acknowledgements

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Center for Public Policy Priorities

The Center for Public Policy Priorities is a nonpartisan, nonprofit policy institute committed to improving public policies to better the economic and social conditions of low- and moderate-income Texans. CPPP is home to the Texas KIDS COUNT project. To learn more about CPPP or the Texas KIDS COUNT Project, visit <http://www.cppp.org>.

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