HEALTH

Maternal and Infant Health

Texas has the fourth highest birth rate in the United States with more than 400,000 babies born in the state in 2014. Maternal and child health indicators provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. Access to quality care before and during pregnancy, especially during the first trimester, decreases harmful risks during pregnancy and increases positive health outcomes for the mother and child. In Tarrant County, a staggering 46% of women do not receive prenatal care during the first trimester of pregnancy, indicating lack of knowledge of pregnancy or lack of access to prenatal care.

Infant mortality is the death of an infant in the first year of life; in 2013 the infant mortality rate for Tarrant County was 7.2 per 1,000 live births compared to 6.05 per 1,000 live births for the rest of the state in the same year. The leading causes of infant death in Tarrant County include sudden infant death syndrome (SIDS), birth defects, perinatal conditions, unintentional injury, maternal health complications, and preterm birth. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and set children on the right path to reach their full potential. Perinatal enrollment in health insurance is critical to early identification and treatment of health conditions; in Texas, total perinatal enrollment in Children’s Health Insurance Program (CHIP) in October 2013 included 33,606 mothers and children.

In addition to identification and treatment of health conditions, vaccinations are important to keeping young children on the path towards healthy futures. Vaccinations protect children against preventable, communicable diseases. The recommended vaccination dosage for children aged 19-35 months consists of at least 4 doses of DTaP, 3 doses of Polio, 1 dose of Measles Mumps Rubella (MMR), 3 doses of Hepatitis B, 3 or 4 doses of Hib, and 1 dose of Varicella (4:3:1:3:3:1). In Texas, 66.5% of children between 19-35 months have completed the 4:3:1:3:3:1 vaccination schedule, lower than the national average of 74.6%.

Most Common Causes of Infant Health Related Deaths in Tarrant County, 2011

- Perinatal Conditions: 41%
- SIDS: 24%
- Birth Defects: 29%
- Other: 6%

Percent of Texas Children 19-35 Months Completed the Recommended Vaccination Schedule*10

66.5%

*TRecommended Vaccination Schedule: 4:3:1:3:3:1
Health

Access and Coverage

Access to affordable health insurance coverage is important to child well-being. Children with access to health insurance generally have better health throughout their childhood and better health outcomes overall. They are less likely to get sick, more likely to receive treatment when they are sick or injured, and more likely to receive preventative care.\(^{14}\)

While the majority of children are covered under their parents’ employer-provided insurance, Medicaid and the Children’s Health Insurance Program (CHIP) help cover those low-income children who may otherwise go uninsured. Additional healthcare services at the state level such as Texas Health Steps (THSteps) and Early Childhood Intervention (ECI) fill other gaps in coverage.

Since the passage of the Affordable Care Act in 2010, overall rates of uninsured children have decreased across the country, though rates remain relatively high in the south and west.\(^{15}\) In Texas, 9% of children were uninsured in 2014, compared with the United States average of 6%.\(^{16}\) In 2013, the rate of uninsured children in Tarrant County was 12.2%, or 65,874 children – double the U.S. average.\(^{17}\) For those children living at or below 200% of the federal poverty guideline, their uninsured rate was even higher at 16.1%.\(^{18}\) In Tarrant County, 53,077 children were enrolled in the CHIP program in 2014 and 179,863 were enrolled in Medicaid as of 2013.\(^{19,20}\)

INVEST IN WHAT WORKS

Support families with health and development interventions that optimize children’s holistic development.

- Connect all families with a medical home, particularly pregnant mothers in need of quality prenatal care;
- Scale health and development screenings for young children across diverse settings and systems and support systems of service referrals;
- Provide home visitation services to those in highest need.

53,077

Tarrant County Children Enrolled in Children’s Health Insurance Program (CHIP), 2014\(^{21}\)

179,863

Tarrant County Children Enrolled in Medicaid, 2013\(^{22}\)
Sexual Health

Sexual health plays an important role in the future health and quality of life outcomes for young adults. Among high school students in Texas, 51.6% report having had sexual intercourse. Teenage pregnancy is an important health outcome that affects teen parents, their children, and society as a whole. Teen parents have an increased risk for dropping out of school, poverty, mental health issues, need for public assistance, and lack of health care coverage. Children born to teen parents are more likely to have academic and behavioral problems. At the state level unintended pregnancies cost Texas $2.9 billion dollars in 2010, the most in the United States. Of that cost, $1.1 billion was associated with unintended teen pregnancies.

Texas, like the rest of the country, has seen decreases in the teen birth rate since 1991, especially since 2007. This drop has been particularly steep for Hispanic and Black youth, declining 46.5% for Hispanic youth and 41.1% among Black youth in the past 10 years. However, rates of teen births in Texas remain high compared to the rest of the country. Texas had an 8% decline in the teen birth rate from 2013 to 2014; the state had the fifth highest teen birth rate in the nation at 37.8 births per 1,000 women. In Tarrant County, the teen birth rate is higher than the state average at 50.1 per 1,000 women. While some progress has been made, decreasing the number of teen pregnancies and teen births is necessary to the health, continuing education, and overall well-being of Tarrant County adolescents.

In addition to pregnancy, sexually transmitted diseases (STDs) are an important aspect of sexual health. Chlamydia and Gonorrhea top the list of communicable diseases in Tarrant County. Tarrant County ranks 21st of all counties in the United States for reported cases of Chlamydia, 24th for reported cases of Gonorrhea, and 27th for primary and secondary Syphilis. Of high school students in Tarrant County who are sexually active, 81% used some form of contraception, decreasing their chance of unplanned pregnancy, but 53.8% did not use a condom, increasing their risk of contracting STDs. Youth cases of Chlamydia, Gonorrhea, and Syphilis account for 21% of all respective cases in the Tarrant County population.
Chronic Conditions

Obesity is an ongoing epidemic in the United States. From 1980 to 2012 the percentage of obese children, 6-11 years, increased from 7% to 18% and the percentage of obese adolescents, 12-19 years, increased from 5% to 21%.45,46 Obese children and adolescents carry with them short and long term health effects. For example, they are at risk for cardiovascular diseases, type 2 diabetes, bone and joint problems, sleep apnea, several types of cancer, and social and psychological problems. They are also more likely to be obese as adults and continue to carry many of the same health risks as they grow older.47,48 Texas ranks 10th for childhood obesity in the country, with 19.1% of children being obese. Tarrant County ranks slightly better than state average, with only 17.8% of 2-15 year olds being obese.49 Physical activity plays an important role in obesity rates. Among high school students the rate of participation in physical activity at least five days out of the week in Texas (48.3%) remains similar to the national average (47.3%).50 In Tarrant County, 56% of individuals live within a half mile of a park, where they have access to places they can play and exercise.51 Children and families should be encouraged to maintain healthy, balanced diets and be physically active to reduce obesity and its associated health risks.

Another prevalent chronic condition is asthma which can cause shortness of breath, wheezing, coughing, and tightness in the chest. It can lead to lowered quality of life and economic burden of treatment.52 Asthma is one of the most prevalent chronic conditions among children, and prevalence rates have remained steady in Texas. In 2013 11% of children 0-17 in the Health Service Region 3, which contains Tarrant County, had been diagnosed with asthma compared to 9.1% of children across Texas. Access to medical care and healthy air environments are important to helping reduce the prevalence of asthma in children.53

Children are also affected by disabilities and developmental delays that can inhibit health and development. Children that experience disabilities or developmental delays need early diagnosis, treatment and access to resources, and monitoring. One way children and families can access needed services is through the Department of Assistive and Rehabilitative Services’ Early Childhood Intervention services who contract with local providers to serve children birth to three years of age. Children with disabilities ages 3-5 years can access Preschool Programs for Children with Disabilities (PPCD), through their local school districts. While in 2015 over 4,600 Tarrant County children were given access to necessary resources through ECI, this represents only a small percentage, 4.1% of all Tarrant County children, and it is likely that many more are in need of services but lack access or appropriate resources.54 Continuing to ensure that children with delays and disabilities receive the services they need is imperative to putting young children on a path to a healthier future.
HEALTH

11% Approximately 45,700 Children in the Tarrant County Region have Asthma, 2013

8.2% Approximately 29,000 Tarrant County Students are in Need of Special Education Services in 2014-2014 School Year

COUNTY COMPARISON

CHILDREN (0-3) RECEIVING EARLY CHILDHOOD INTERVENTION (ECI) SERVICES BY COUNTY, 2015

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
<th>Number served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>4.7%</td>
<td>5,427</td>
</tr>
<tr>
<td>Dallas</td>
<td>2.2%</td>
<td>3,682</td>
</tr>
<tr>
<td>El Paso</td>
<td>4.9%</td>
<td>2,895</td>
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<tr>
<td>Harris</td>
<td>2.1%</td>
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<tr>
<td>Tarrant</td>
<td>4.1%</td>
<td>4,637</td>
</tr>
<tr>
<td>Travis</td>
<td>2.5%</td>
<td>1,847</td>
</tr>
</tbody>
</table>

INVEST IN WHAT WORKS

• Conduct health screenings across diverse settings and systems;
• Increase access to affordable, healthy foods;
• Support programs that promote physical activity (youth sports leagues, hiking clubs, etc.).

Mental and Behavioral Health

Mental health is an important facet of overall child well-being and impacts social, emotional, and physical health. In the United States, the most common mental health disorders in children 3-17 years of age are attention-deficit/hyperactivity disorder (6.8%), behavioral or conduct problems (3.5%), anxiety (3.0%), depression (2.1%), and autism spectrum disorders (1.1%). Mental health disorders if not diagnosed and treated can impact children’s physical and cognitive development as well as lead to issues at home and school and deter formation of positive, nurturing relationships. Only 7.3% of Tarrant County families surveyed reported their children had been diagnosed with a mental health issue in 2012 compared to 9.7% in 2008. It is likely that many more children are suffering from a mental health issue but have yet to be diagnosed. Around 10% of children reported bullying, 5.8% had experienced trauma, and 8.8% reported having self-esteem issues. According to the community survey, of those who needed services, 1.2% did not receive the services that they needed. 63 Children and families need increased awareness of mental and behavioral health issues and access to services, as it is likely that many more children need services.

In the United States 4.7% of adolescents aged 12–17 years reported an illicit drug use disorder in the past year, 4.2% reported an alcohol abuse disorder in the past year, and 2.8% reported cigarette dependence in the past month. In Texas, 50% of high school students had tried smoking at least once and 17% had smoked at least once in the past 30 days. Among high school students, 40% had reported having at least one drink in the past 30 days and 23% reported binge drinking at least one day in the past 30 days. The most common illicit substances used by Texas high school students were marijuana, inhalants, and cocaine.

In terms of spending, the Texas State Mental Health Agency mental health expenditures totaled $40.65 per capita in 2013, much lower than the U.S. average of $119.62 per capita and second lowest in the U.S. behind Idaho. In total, 46,807 Medicaid and indigent children received mental health services in 2013 from the Texas Department of State Health Services. Ensuring that funding for treatment of mental health issues and risky adolescent behavior is available, if necessary, gives all children the care they need to grow, develop, and perform optimally in Tarrant County and across Texas.
Most Common Mental Health Disorders in Children (3-17) in the U.S., 2013

- ADD/ADHD: 6.8%
- Behavioral or Conduct: 3.5%
- Anxiety: 3.0%
- Depression: 2.1%
- Autism Spectrum: 1.1%

Most Common Illicit Substances Reportedly Used by High School Students in Texas, 2013

- Marijuana: 40%
- Inhalants: 11%
- Cocaine: 4%

36 CASES OF TEEN SUICIDE in Tarrant County, 2013

7.3% Children with Reported Mental Health Issues, 2012

4.7% U.S. Adolescents Reported Illicit Drug Use, 2013

$40.65 Texas Mental Health Spending Per Capita, 2013

$119.62 U.S. Average Mental Health Spending Per Capita, 2013

46,807 Texas Medicaid and Indigent Children Received Mental Health Treatment from Texas DSHS, 2014
HEALTH

INVEST IN WHAT WORKS

- Ensure access to early intervention services for infants and toddlers; ensure preschoolers access to quality early education programs that screen for developmental delays and support children with disabilities;
- Ensure access to quality social, emotional, and behavioral healthcare;
- Provide companionship/mentoring services that offer recreational, vocational, educational, outreach or supportive services;
- Offer positive youth development strategies to prevent out of home placement, deter juvenile delinquency, promote safety, prevent teen pregnancy, and help adolescents transition safely to adulthood.

AN EXPERT’S PERSPECTIVE

Dr. Elizabeth Trevino
CEO, North Texas Area Community Health Centers, Inc.

According to The Center for Children’s Health 17.8% of Tarrant County children ages 2-15 are estimated to be obese, and figures are highest in the Hispanic community. These children have greater than a two-thirds chance of remaining obese at age 35. With short and long term health effects such as cardiovascular disease, pre-diabetes, type 2 diabetes, and social and psychological problems, it is important that interventions to address this problem are comprehensive and involve families, communities, schools and medical care providers.

North Texas Area Community Health Centers (NTACHC) provide children and families with access to culturally competent and timely behavioral and medical health care regardless of families’ ability to pay. Access is particularly important for children who do not have a medical home. In 2015, close to 75% of NTACHC patients served were Hispanic and approximately 65% were uninsured.

NTACHC serves obese children using a team-based approach that links medical and behavioral care providers and community health workers with parents. The goal is to educate families on healthy eating habits, optimal physical activity, and healthy cooking. Further, behavioral goals are set. Psychological impacts are discussed with parents and caretakers and services to address social needs are coordinated with other agencies. As younger patients present complications from diagnosed conditions such as diabetes, this strategy is helping to educate families on disease management and the prevention of further complications.