

# Challenges and Opportunities to Improve the Health of Texans

David Lakey, M.D.

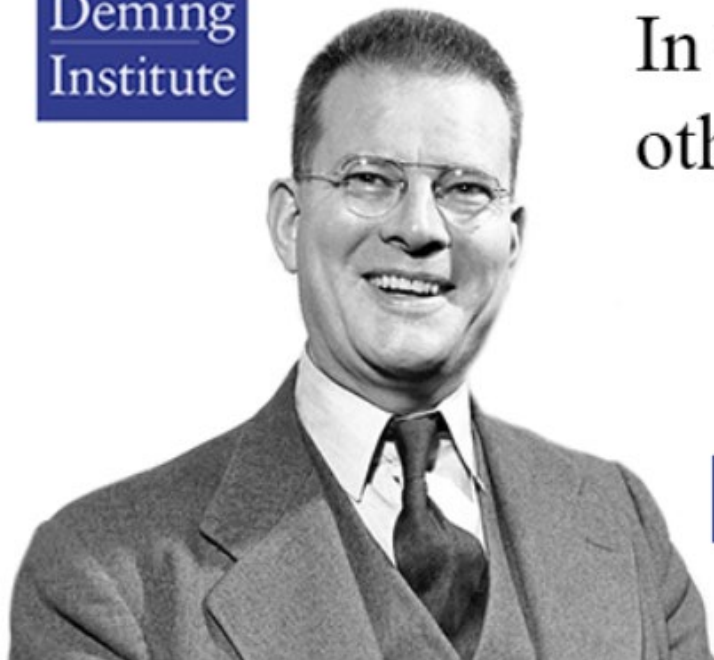
Vice Chancellor for Health Affairs and Chief Medical Officer  
The University of Texas System

Texas Rural Health Association

June 8, 2022



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In God we trust, all  
others must bring data.

\*attribution disputed,  
see source link

W. Edwards Deming

source: [quotes.deming.org/3734](https://quotes.deming.org/3734)

# Our Challenge

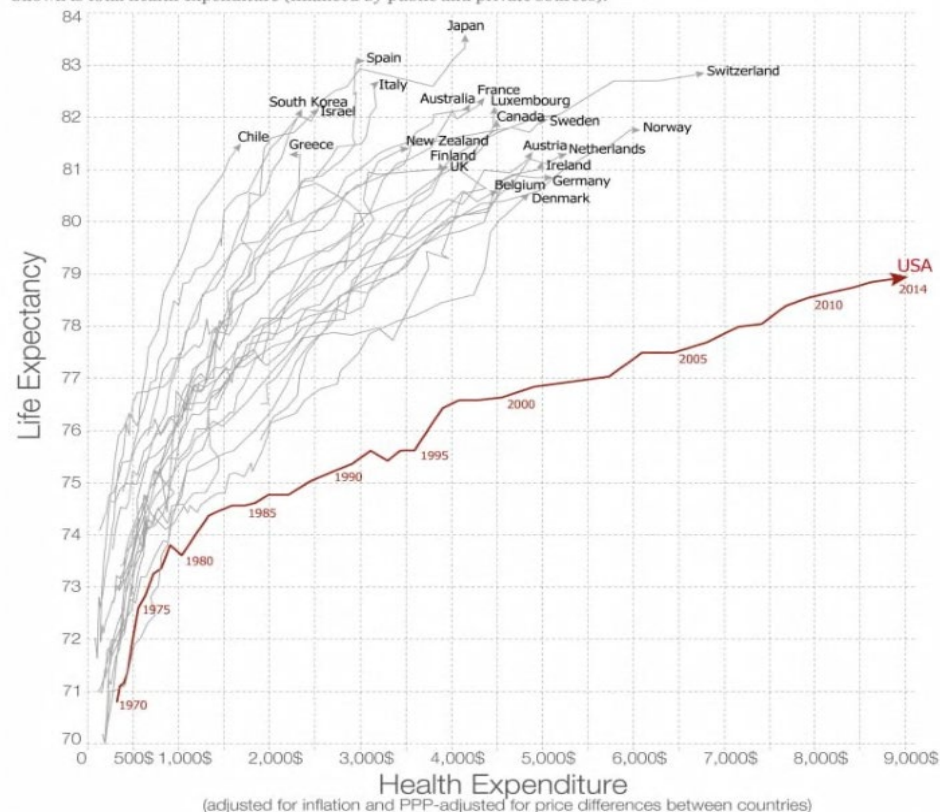
- **The United States Ranks #1 in Health Expenditures at 17.9% of GDP**
  - Roughly \$3 Trillion aggregate annual cost
  - \$8,895 per capita in 2012
  - This crowds out other state and national priorities
- **The United States has mediocre population health outcomes**
  - Ranks 34th Life Expectancy
  - Ranks 42nd Infant Mortality



Christopher Ingraham,  
This chart is a powerful  
indictment of our current  
health-care crisis,  
 The Washington Post,  
 March 8, 2017

## Life expectancy vs. health expenditure over time (1970-2014) Our World in Data

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



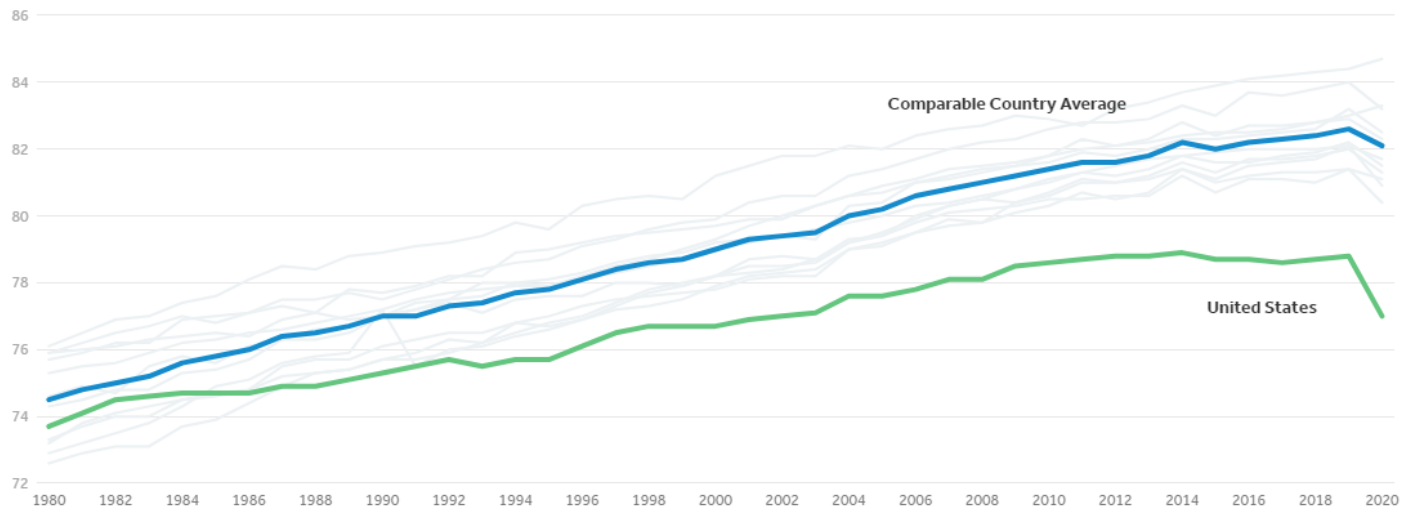
Data source: Health expenditure from the OECD; Life expectancy from the World Bank. Licensed under CC-BY-SA by the author Max Roser. The data visualization is available at [OurWorldInData.org](https://ourworldindata.org) and there you find more research and visualizations on this topic.



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## Life expectancy improved for the U.S. and most comparable countries in 2019 but decreased in 2020 due to COVID-19

Life expectancy at birth in years, 1980-2020



Notes: 2019 & 2020 data for the United States is from CDC. 2020 life expectancy value for Australia is the unweighted average of male and female life expectancy from the Australian Bureau of Statistics. Break in series for Canada in 1982, Germany in 1991, Switzerland and Belgium in 2011, and France in 2013. 2020 values for Germany and United Kingdom are provisional.

Source: KFF Analysis of CDC, Australian Bureau of Statistics and OECD data • [Get the data](#) • [PNG](#)

Peterson-KFF  
**Health System Tracker**



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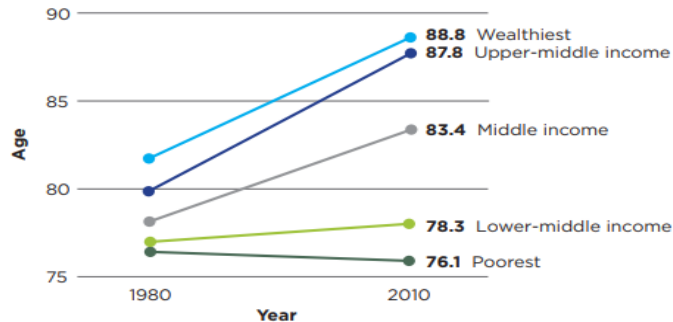
Source: <https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/>

# Vital Directions for Health and Health Care

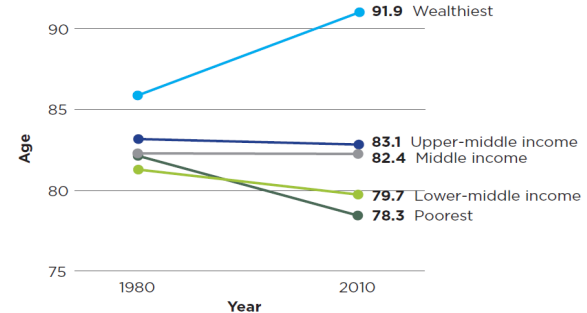
## Priorities from a National Academy of Medicine Initiative

**Victor J. Dzau**, National Academy of Medicine; **Mark McClellan**, Duke University; **Sheila Burke**, Harvard Kennedy School; **Molly J. Coyle**, AVIA; **The Honorable Thomas A. Daschle**, The Daschle Group; **Angela Diaz**, Icahn School of Medicine at Mount Sinai; **The Honorable William H. Frist**, Vanderbilt University; **Martha E. Gaines**, University of Wisconsin Law School; **Margaret A. Hamburg**, National Academy of Medicine; **Jane E. Henney**, National Academy of Medicine; **Shiriki Kumanyika**, University of Pennsylvania Perelman School of Medicine; **The Honorable Michael O. Leavitt**, Leavitt Partners; **J. Michael McGinnis**, National Academy of Medicine; **Ruth Parker**, Emory University School of Medicine; **Lewis G. Sandy**, UnitedHealth Group; **Leonard D. Schaeffer**, University of Southern California; **Glenn D. Steele**, xG Health Solutions; **Pamela Thompson**, American Organization of Nurse Executives; **Elias Zerhouni**, Sanofi

March 21, 2017

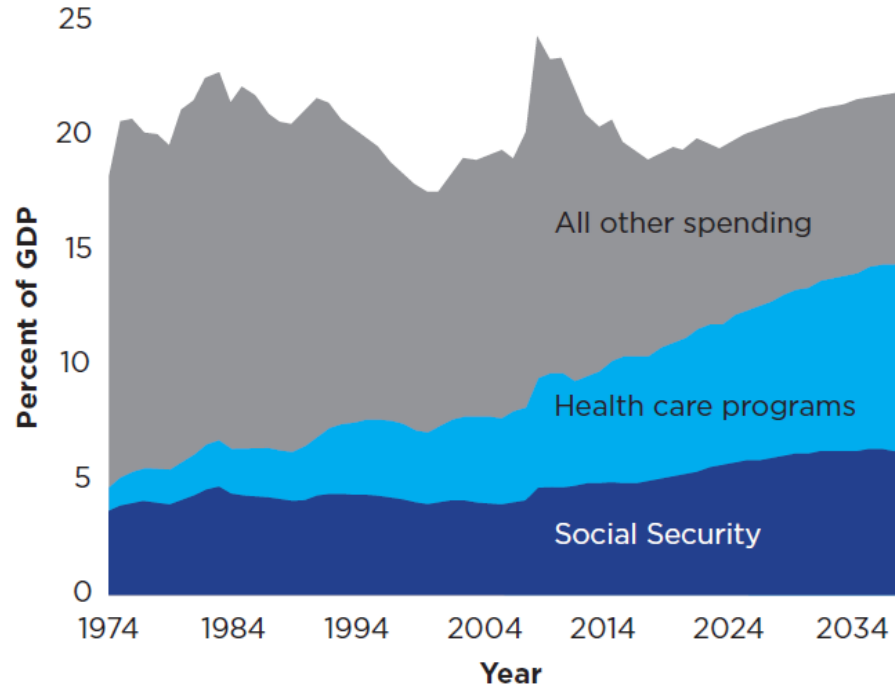


**FIGURE 1-1** | Widening inequality in life expectancy for men in the United States.  
SOURCE: Data from NASEM, 2015.



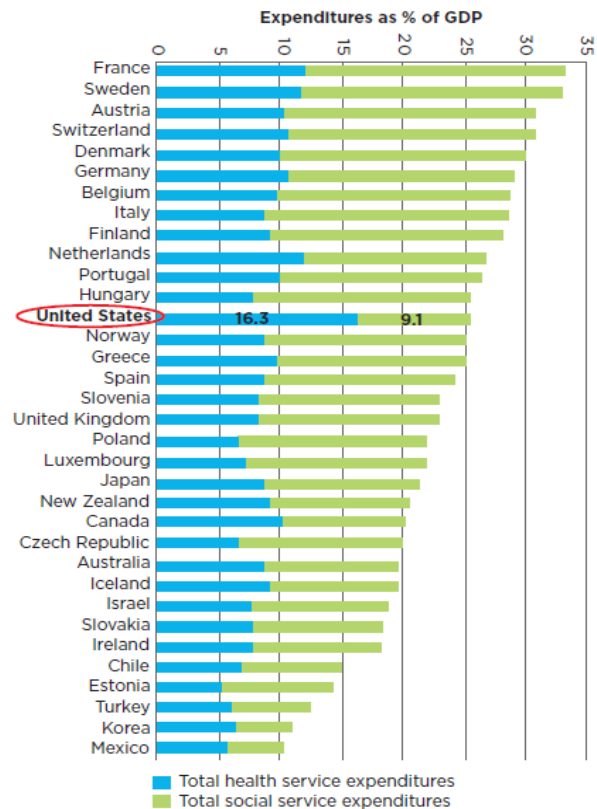
**Figure 2** | Widening inequality in life expectancy for women in the United States.  
SOURCE: Data from NASEM, 2015.





**Figure 3 |** Historical and projected federal spending: health care and other programs.  
SOURCE: Data from Congressional Budget Office.





**Figure 6 |** Health care and social services spending (%GDP) across OECD countries.

SOURCE: Adapted from Bradley and Taylor, 2013. Used with permission.





# Annual potentially preventable deaths based on average death rates for the three states with the lowest rates for each cause

*Centers for Disease Control and Prevention*

# MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 63 / No. 17

May 2, 2014

## Potentially Preventable Deaths from the Five Leading Causes of Death — United States, 2008–2010

Paula W. Yoon, ScD<sup>1</sup>, Brigham Bastian<sup>2</sup>, Robert N. Anderson, PhD<sup>2</sup>, Janet L. Collins, PhD<sup>3</sup>, Harold W. Jaffe, MD<sup>4</sup>  
(Author affiliations at end of text)



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# Potentially Preventable Deaths in Texas

	Observed	Expected	Potentially Preventable	Percent Preventable Texas	Percent Preventable United States
Heart Disease	19,939	12,683	7,256	36%	34%
Cancer	27,141	22,143	4,998	18%	21%
Chronic Lower Respiratory Disease	5,061	3,139	1,922	38%	39%
CVD/ Stroke	4,254	2,471	1,783	42%	33%
Unintentional Injury	7,612	4,551	3,061	40%	39%



# How does Texas health statistics compare to the rest of the United States?



A call to action for individuals and their communities

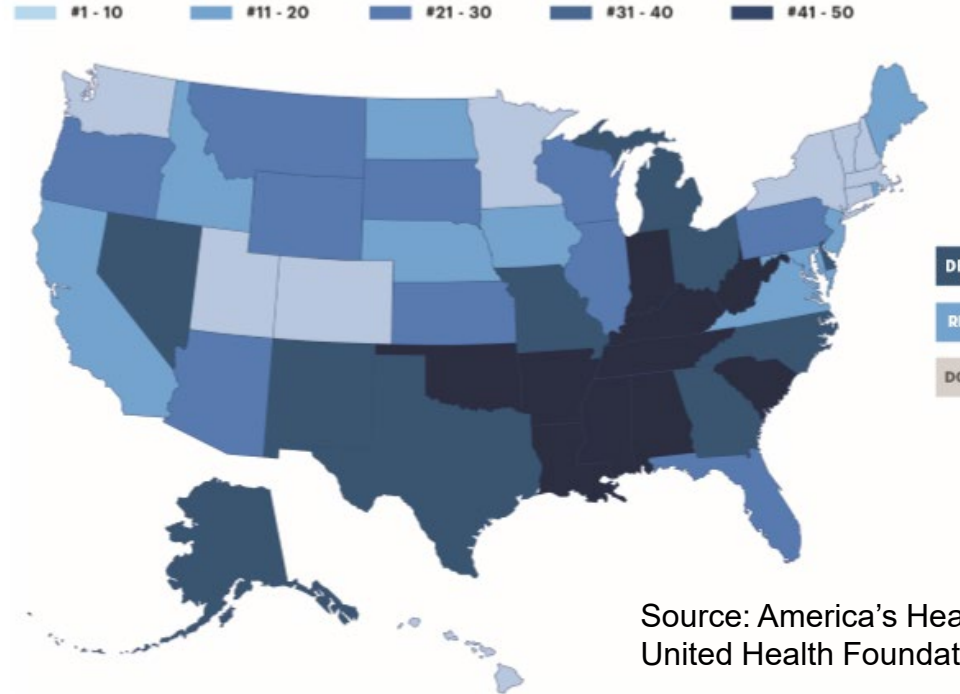
## Annual Report 2018



# Overall State Health Rankings

## OVERALL HEALTH

Rank is based on the weighted sum of the number of standard deviations each core measure is from the national average.

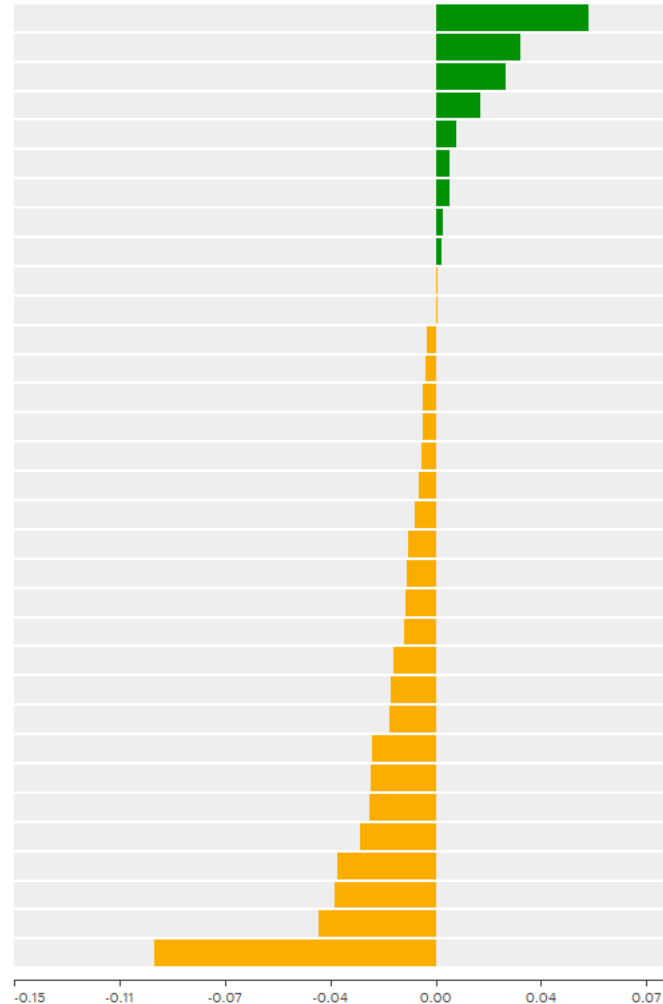


Source: America's Health Rankings,  
United Health Foundation 2018 Annual Report



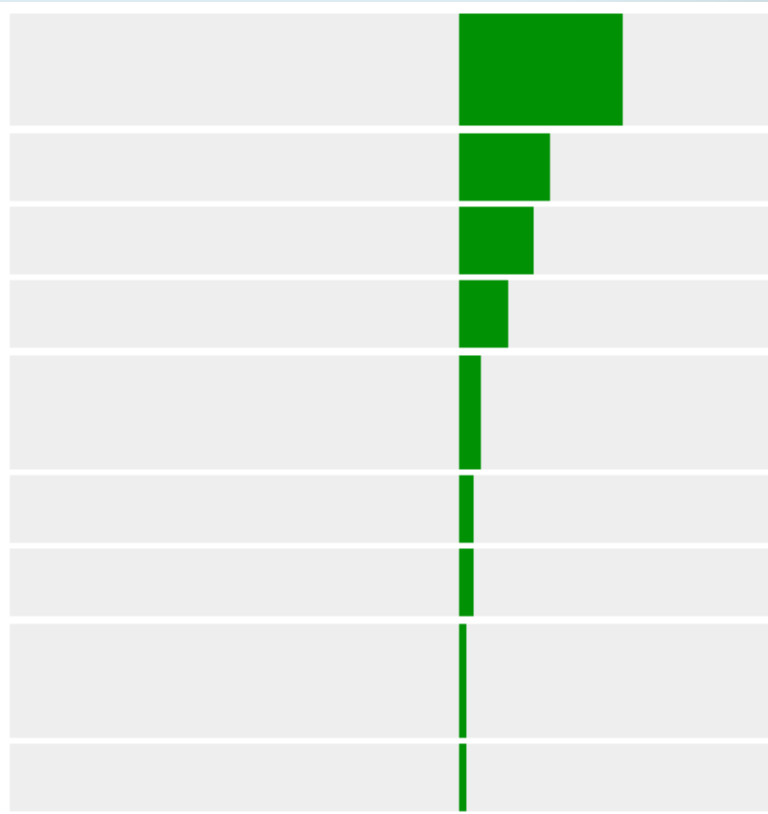
# Core Measures Impact: Texas

High School Graduation  
Smoking  
Drug Deaths  
Cancer Deaths  
Frequent Physical Distress  
Premature Death  
Infant Mortality  
Disparity in Health Status  
Pertussis  
Meningococcal Immunizations  
Frequent Mental Distress  
HPV Immunization Males  
Chlamydia  
HPV Immunization Females  
Excessive Drinking  
Low Birthweight  
Cardiovascular Deaths  
Air Pollution  
Preventable Hospitalizations  
Salmonella  
Tdap Immunizations  
Public Health Funding  
Violent Crime  
Immunizations - Children  
Occupational Fatalities  
Obesity  
Dentists  
Diabetes  
Children in Poverty  
Primary Care Physicians  
Mental Health Providers  
Physical Inactivity  
Uninsured

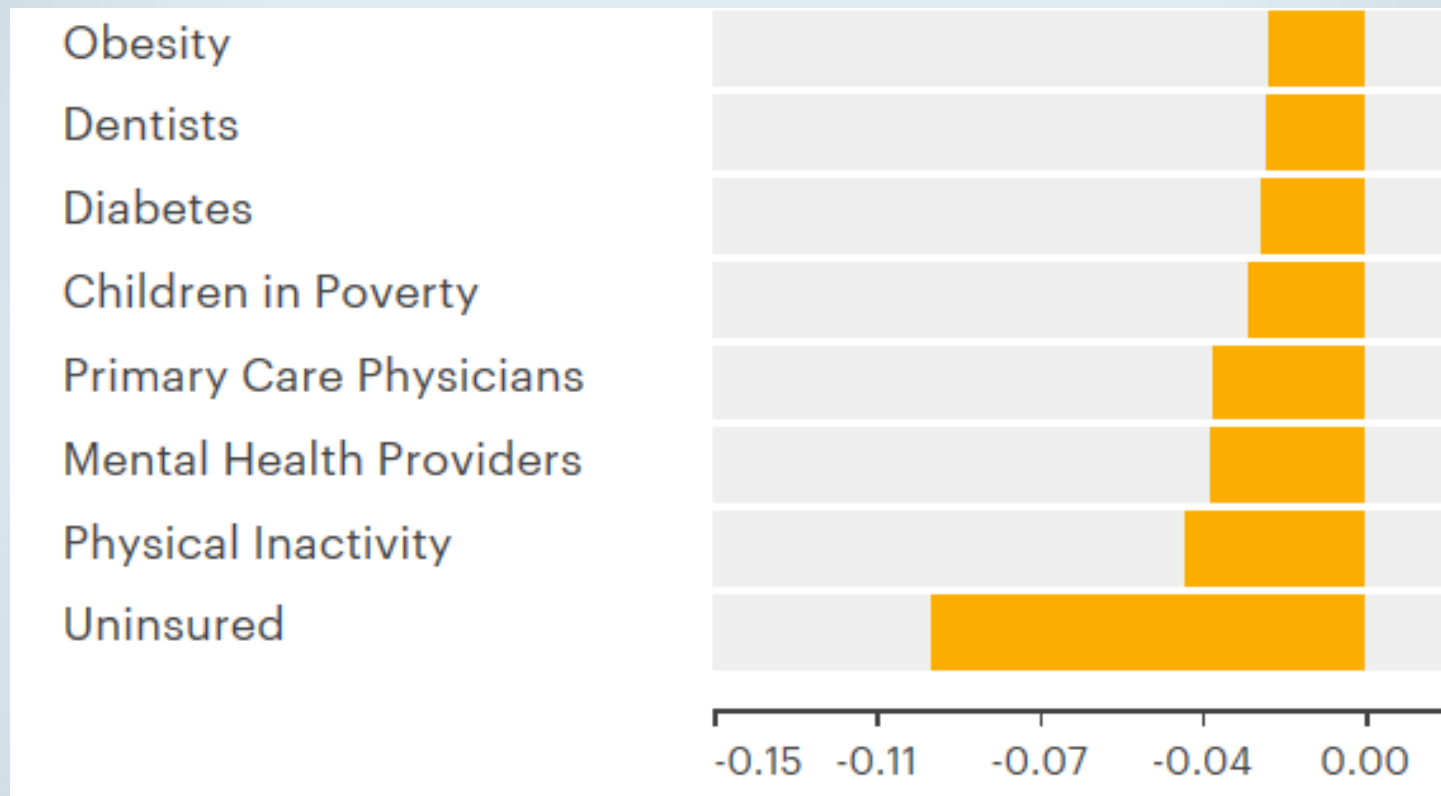


# Areas Where Texas is Above the National Average

High School  
Graduation  
Smoking  
Drug Deaths  
Cancer Deaths  
Frequent Physical  
Distress  
Premature Death  
Infant Mortality  
Disparity in Health  
Status  
Pertussis



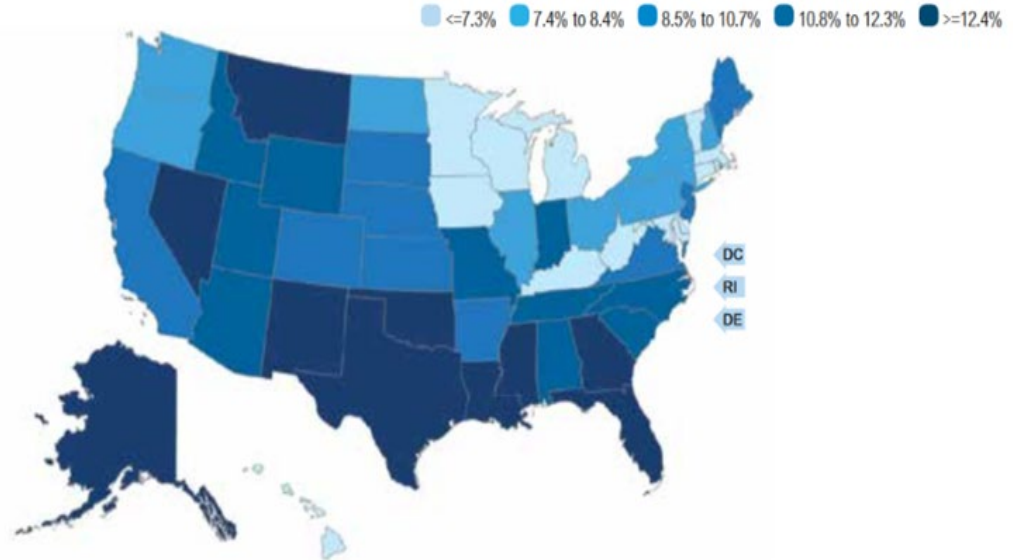
# Lowest Scoring Areas of Texas



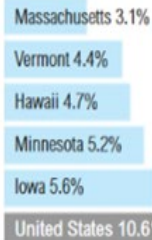


## Lack of Health Insurance by State

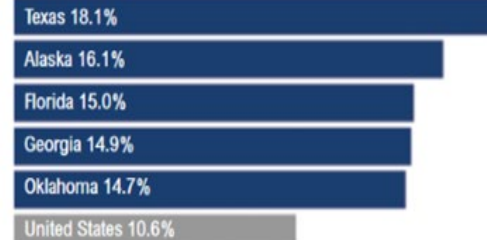
Percentage of the population that does not have health insurance privately, through their employer, or through the government



### Top 5 States



### Bottom 5 States



United States 10.6%

United States 10.6%

Source:  
<https://www.americashealthranking.org>



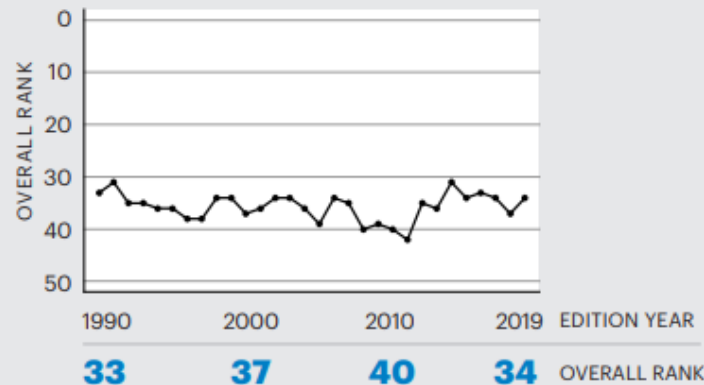
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# Texas



OVERALL  
RANK:  
**34**

Change: ▲ 3

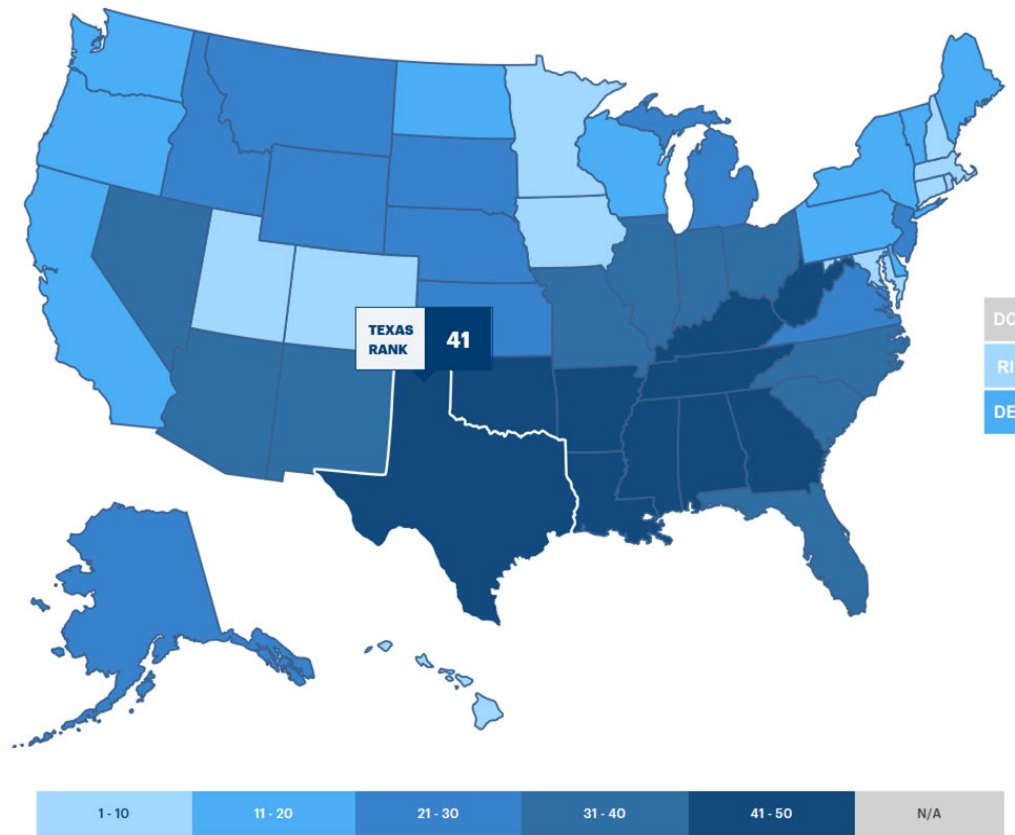


A call to action for individuals and their communities

## Senior Report 2018



**Explore State Rankings of 34 Health Measures from the 2018 Senior Report**



# HEALTH OF WOMEN AND CHILDREN REPORT

MARCH 2018

The full report is available at  
[www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

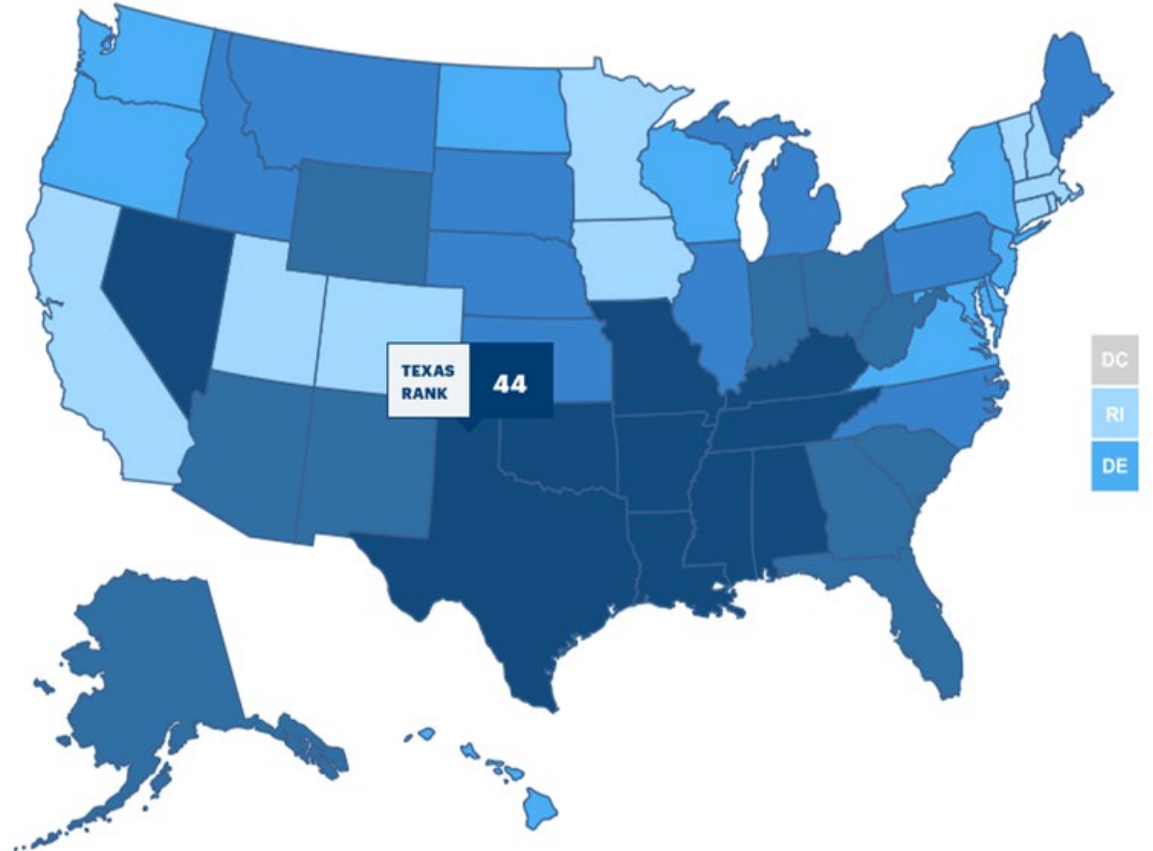


# Texas

OVERALL-HWC RANK: **44**

CHANGE: ▼ 3

Source: 2018 Health of Women and Children Report



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# How Big Is Texas, Compared to Other Land Masses?

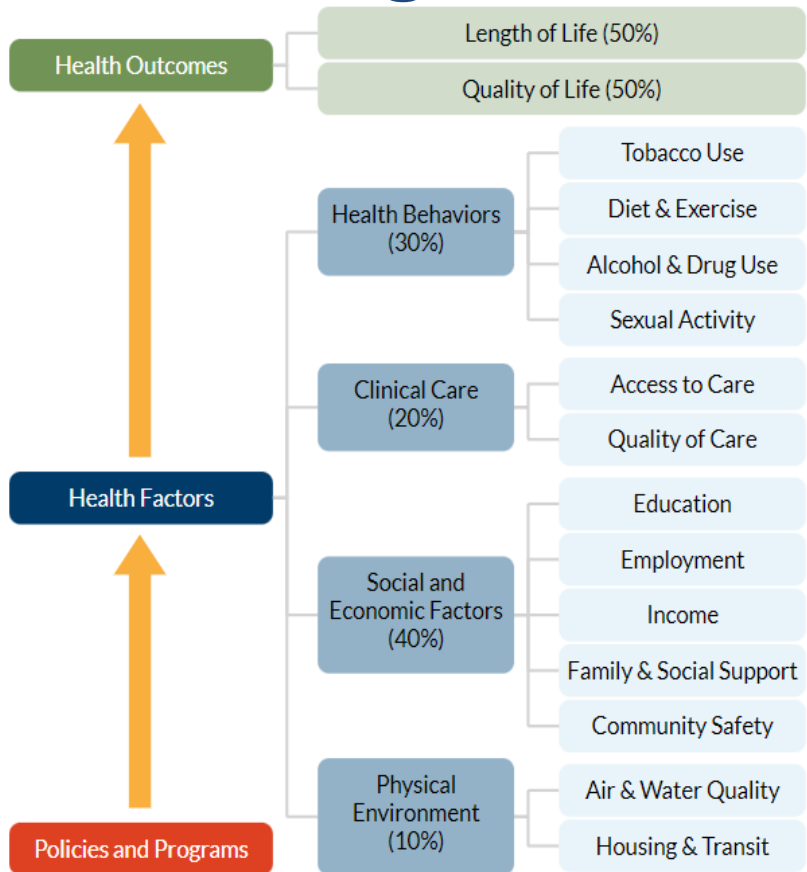
Source:  
Dan Solomon,  
The Texas Monthly,  
January 14, 2015



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# County Health Rankings Model

Source:  
<https://www.countyhealthrankings.org>



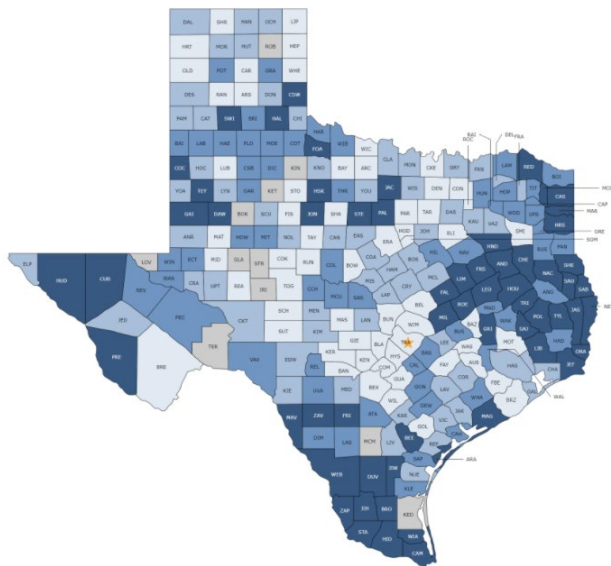
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County Health Rankings model © 2014 UWPHI



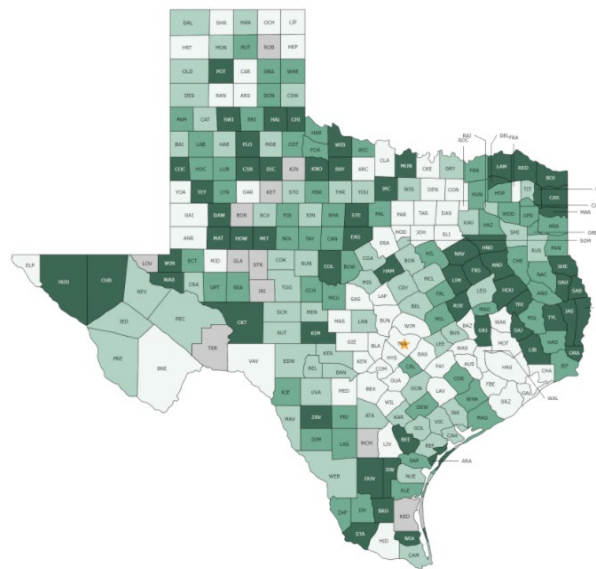
# County Health Rankings 2021

## 2021 Health Factors - Texas



Health Factor Ranks 1 to 61 62 to 122 123 to 182 183 to 243

## 2021 Health Outcomes - Texas



Health Outcome Ranks 1 to 61 62 to 122 123 to 182 183 to 243



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Source: <https://www.countyhealthrankings.org>

# Texas Department of Agriculture: Texas Rural Health and Economic Development Advisory Council, December 2018

- “Geographic isolation, a critical lack of physicians and specialty providers, hospital solvency, and socioeconomic factors create considerable barriers for rural residents to receive adequate healthcare services.
- Eighty-four percent of Texas’s landmass is rural and expansive distances have significant implications for access to care and the delivery of quality health services.
- Of the state’s 254 counties, 177 counties are rural or non-metropolitan.
- An overwhelming majority of rural hospitals are located in one of the state’s 139 federally designated Health Professional Shortage Areas (HPSAs) and 111 Medically Underserved Areas (MUAs), measures that signify both provider shortages and adverse health outcomes.
- Additionally, 63 Texas counties do not have any hospital and 35 counties do not have a primary care physician.”

Source:

[2018 Rural Policy Plan Report.pdf](#) ([texasagriculture.gov](http://texasagriculture.gov))

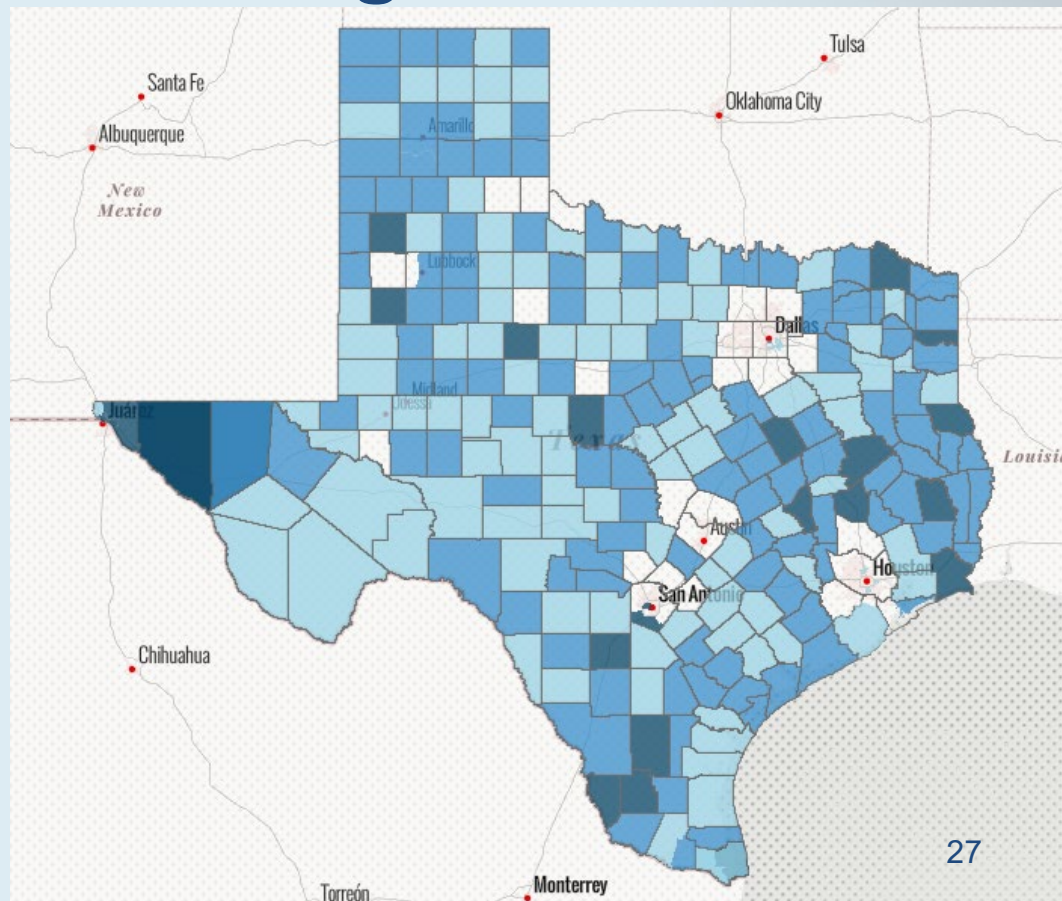


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# Health Professional Shortage Areas: Primary Care

- 223 of 254 Whole Counties are HPSA
- An additional 13 counties have partial HPSA designations
- This data is current as of 5/27/2021

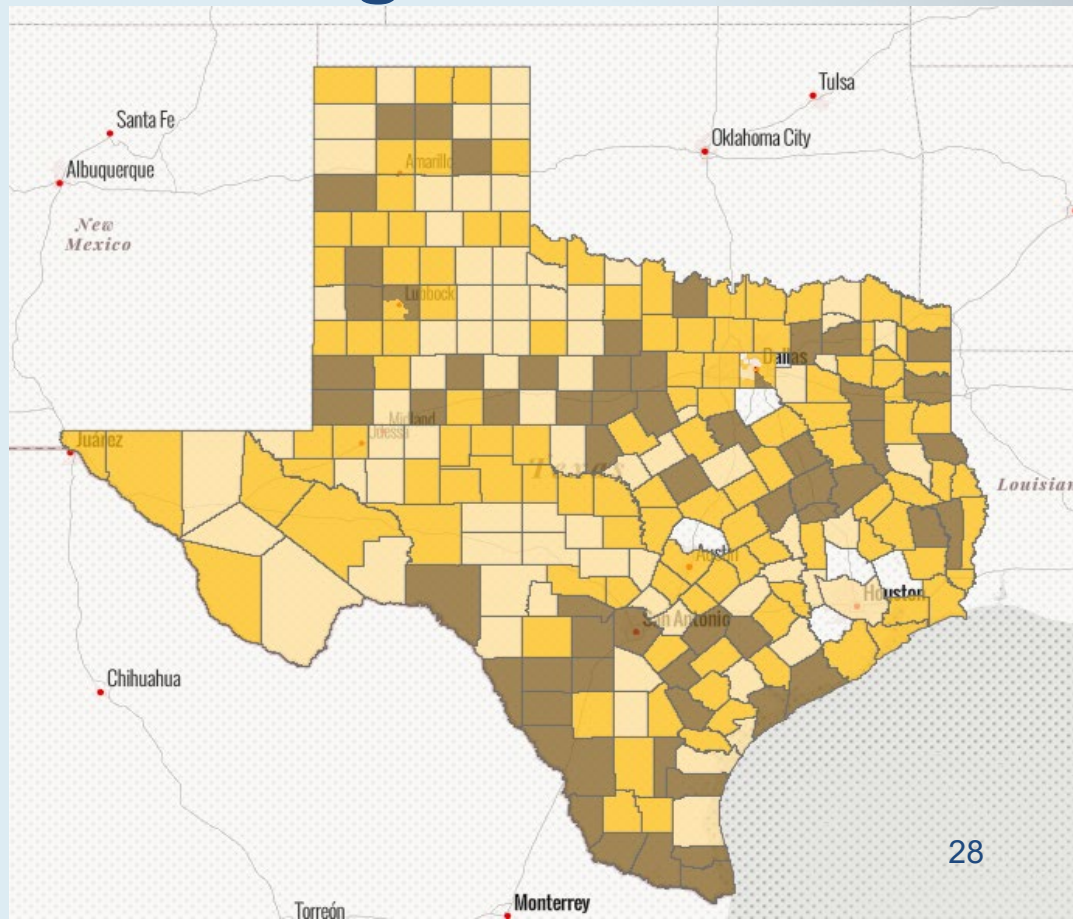
Source:  
Health Professional Shortage Areas ([arcgis.com](https://arcgis.com))



# Health Professional Shortage Areas: Mental Health

- 246 of 254 counties are Mental Health HPSA
- An additional 2 counties have partial HPSA designations
- This data is current as of 5/27/2021

Source:  
Health Professional Shortage Areas ([arcgis.com](http://arcgis.com))



# Specialty Services are Especially Hard to Find in Rural Areas!

National Rural Health Snapshot	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population	69-82%	45%
Adults who describe health status as fair/poor	19.5%	15.6%

Data from the National Rural Health Association

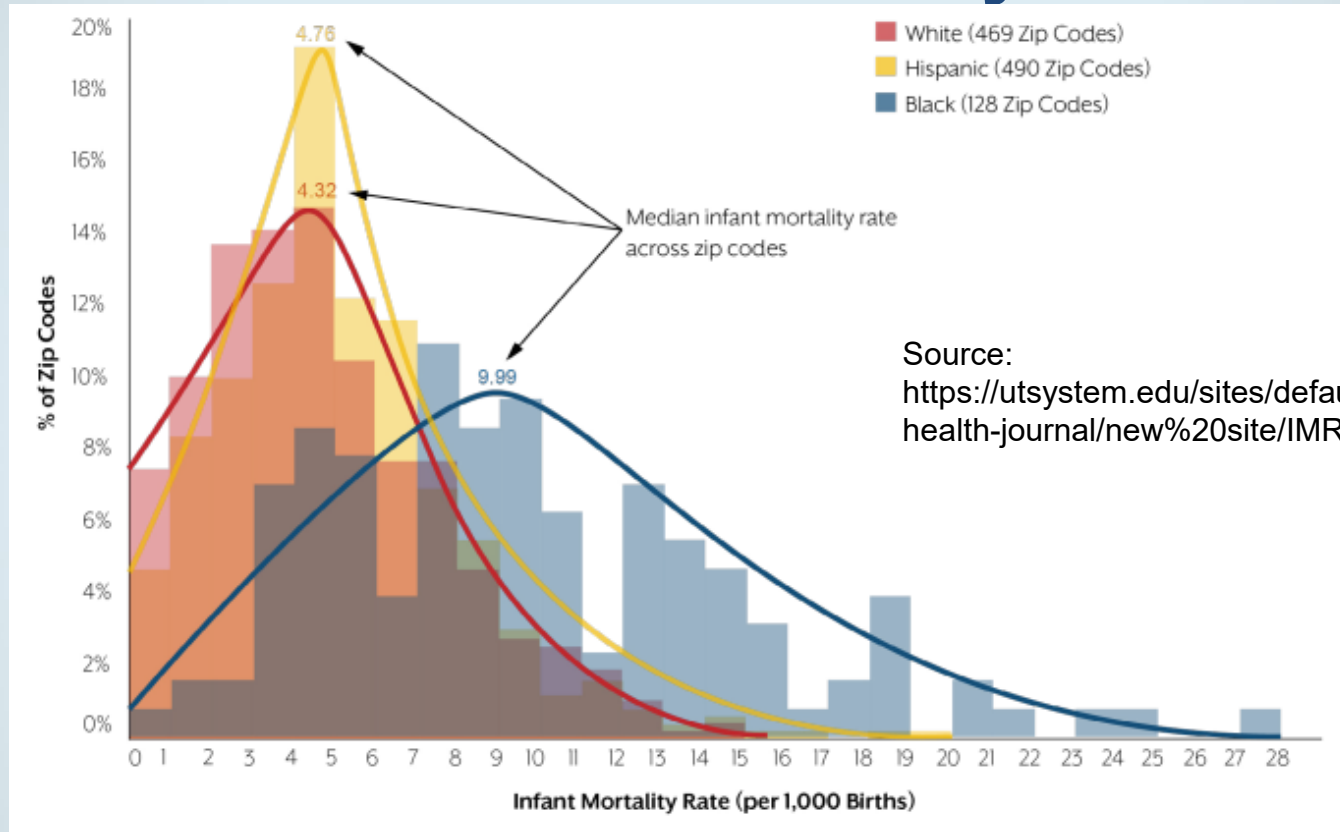


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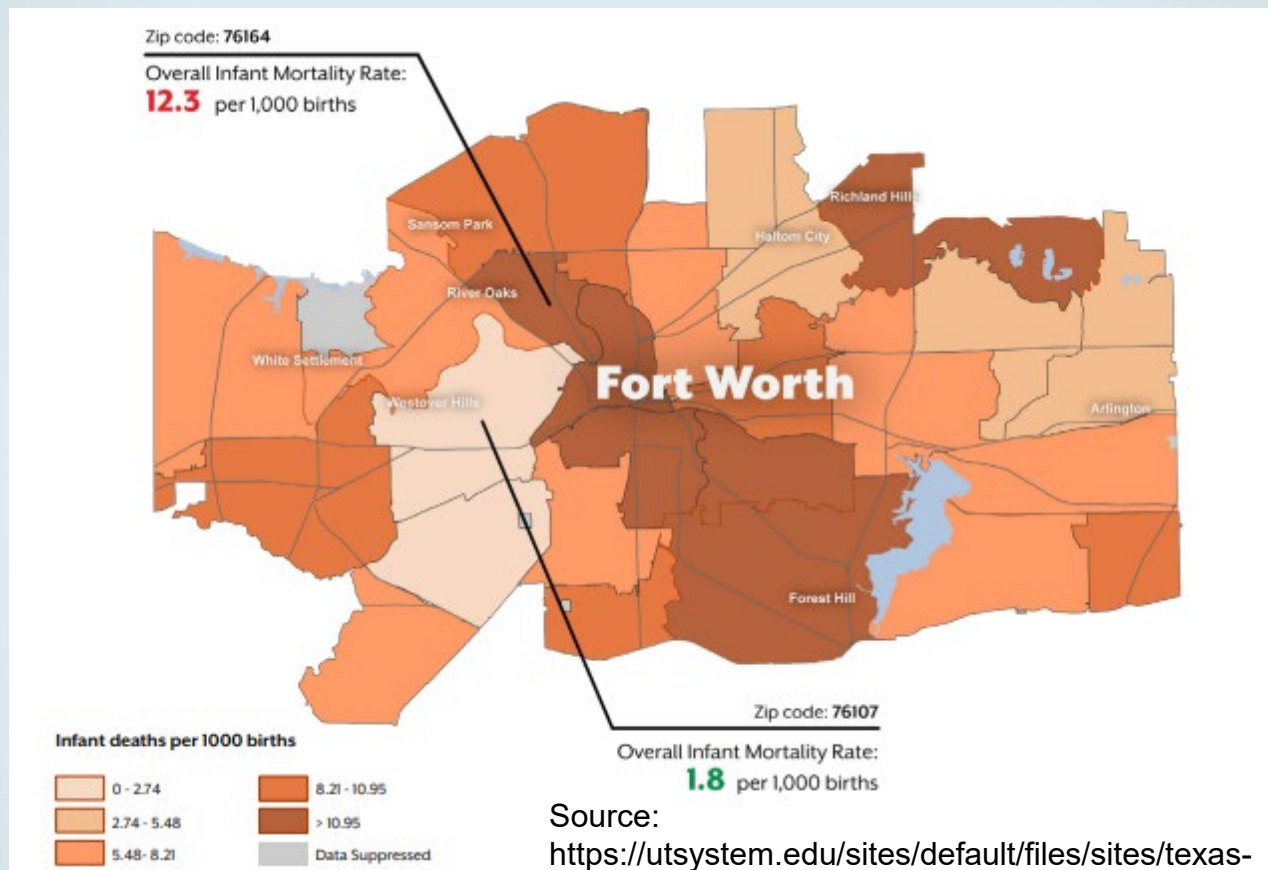
Source: <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>



# Zip Codes and Infant Mortality in Texas



# Zip Codes and Infant Mortality in Texas (cont.)



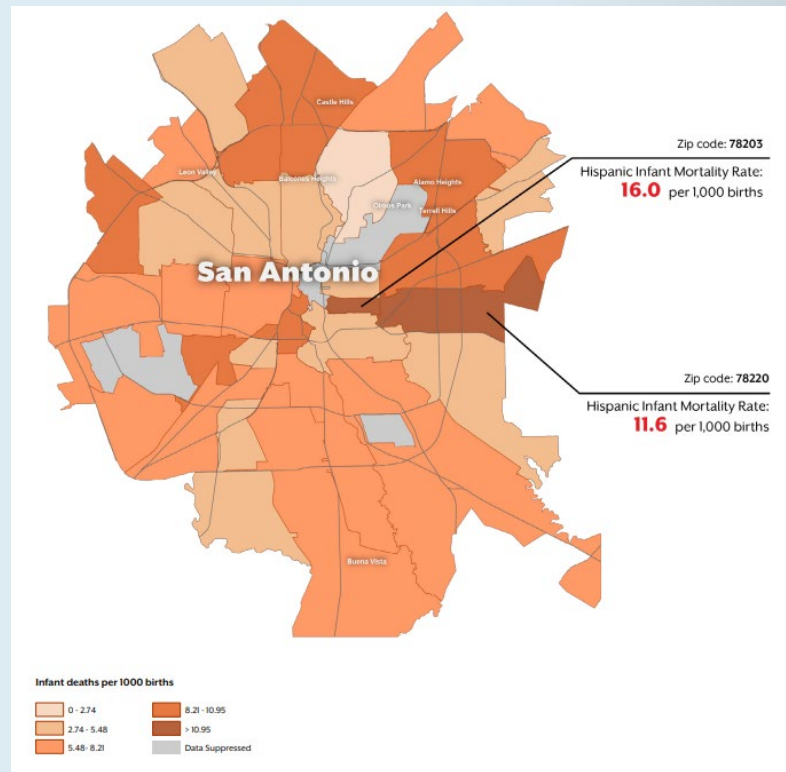
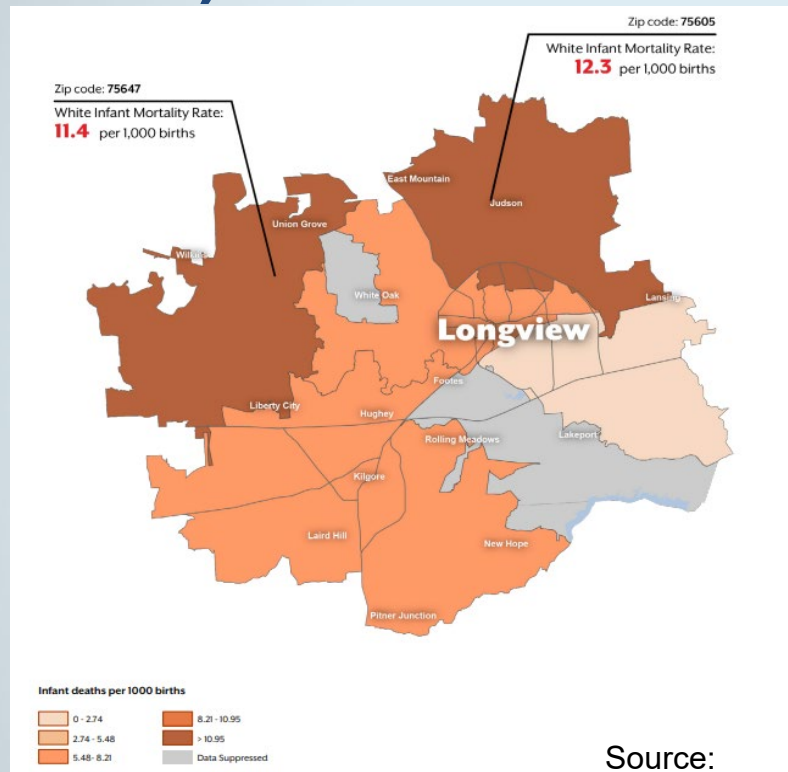
Source:

[https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR\\_Texas.pdf](https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR_Texas.pdf)



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# Zip Codes and Infant Mortality in Texas (cont.)



Source:

[https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR\\_Texas.pdf](https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR_Texas.pdf)



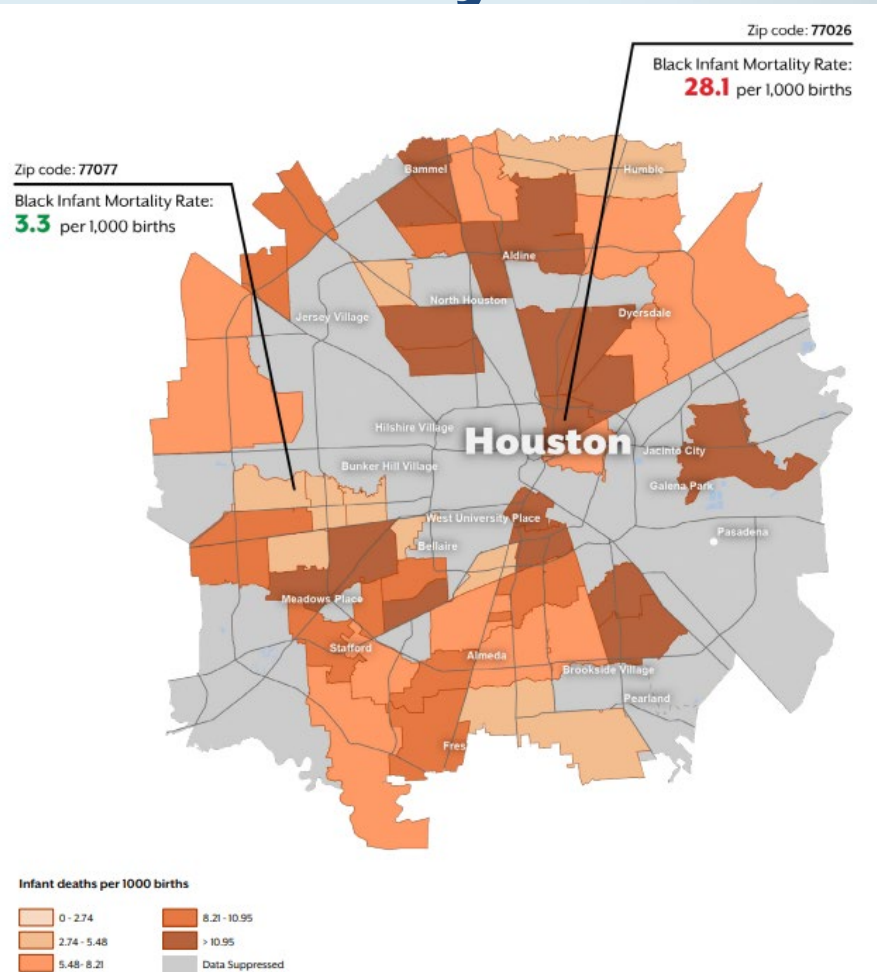
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# Zip Codes and Infant Mortality in Texas (cont.)

Source:

[https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR\\_Texas.pdf](https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR_Texas.pdf)



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# Life Expectancy at Birth in Communities Across Texas:

2005-2014

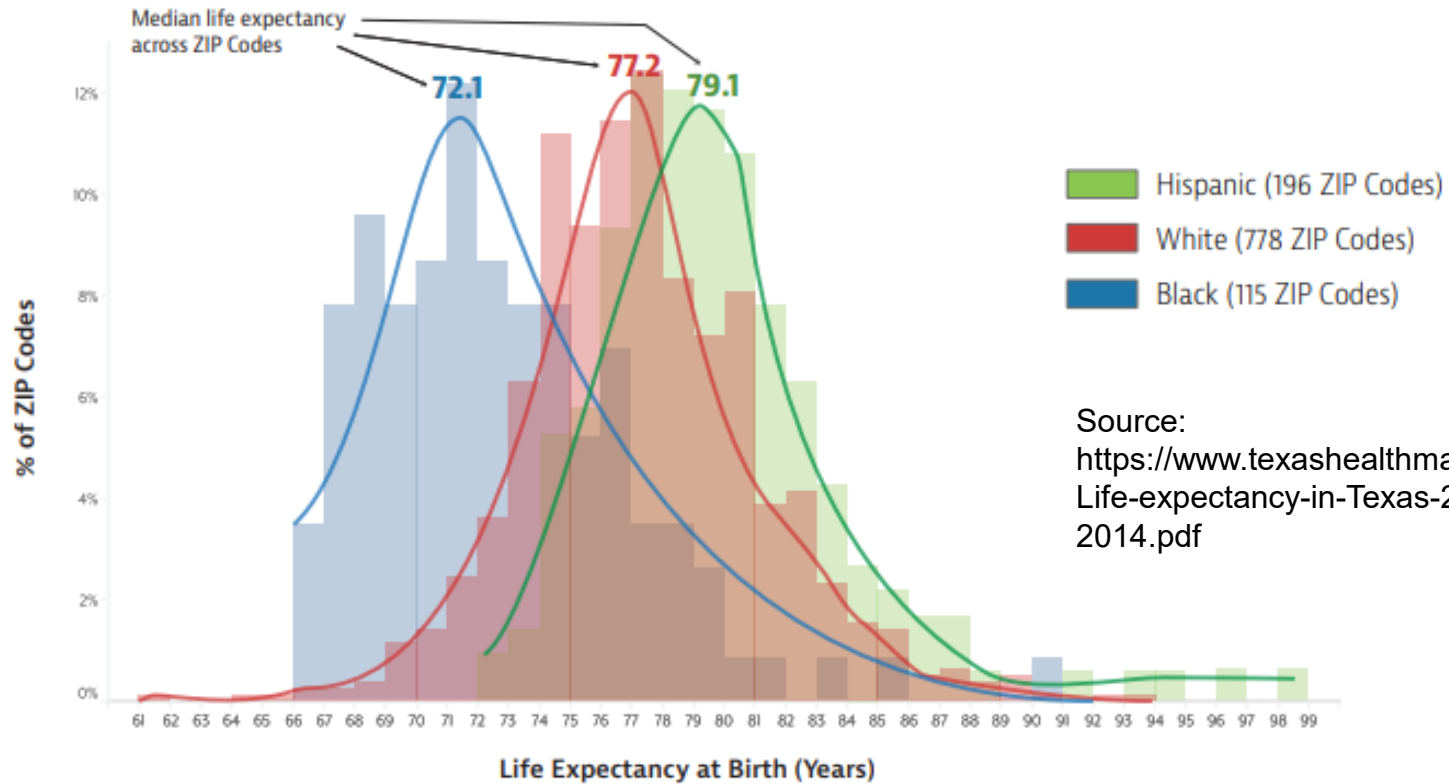


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Source:

<https://www.texashealthmaps.com/Life-expectancy-in-Texas-2005-2014.pdf>

# Zip Codes and Life Expectancy in Texas



Source:  
<https://www.texashealthmaps.com/Life-expectancy-in-Texas-2005-2014.pdf>

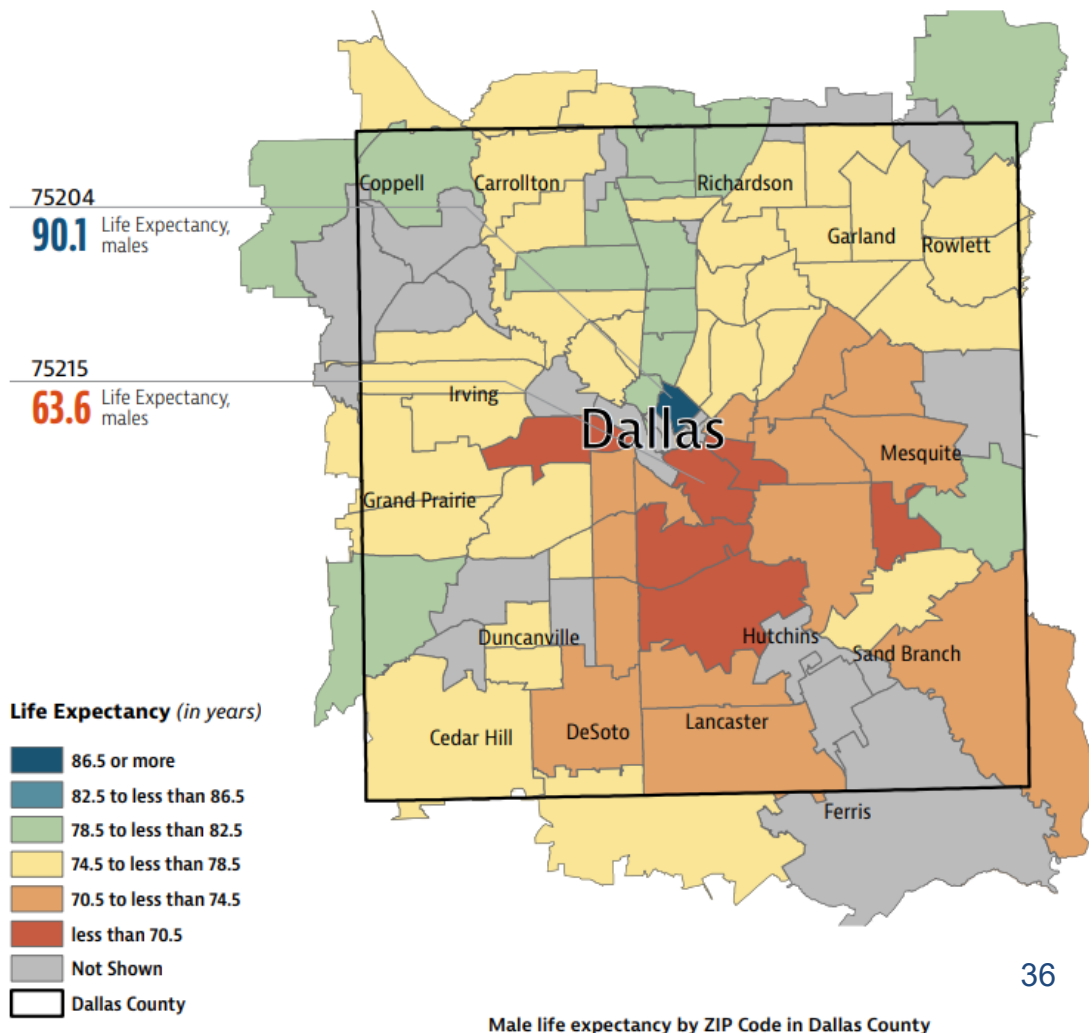


# Life Expectancy by Zip Code in Dallas

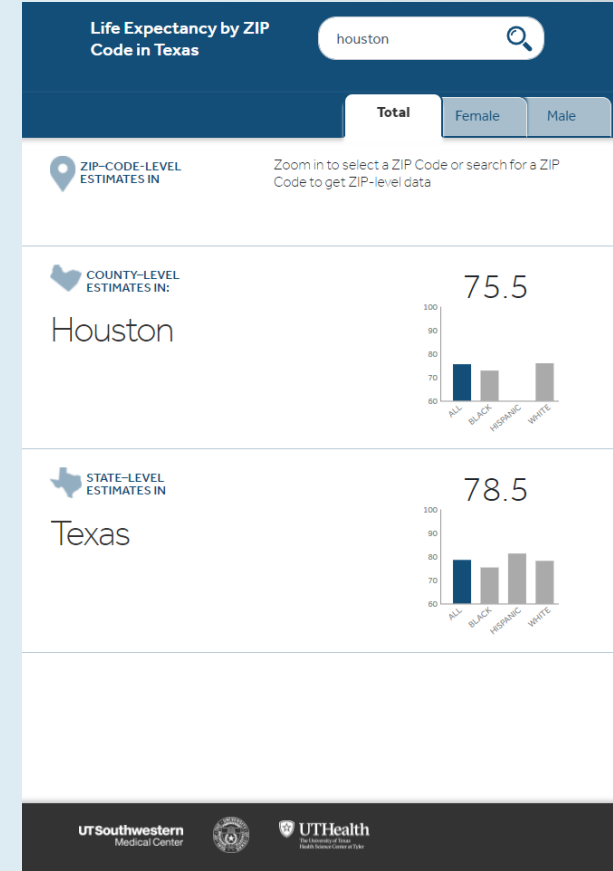
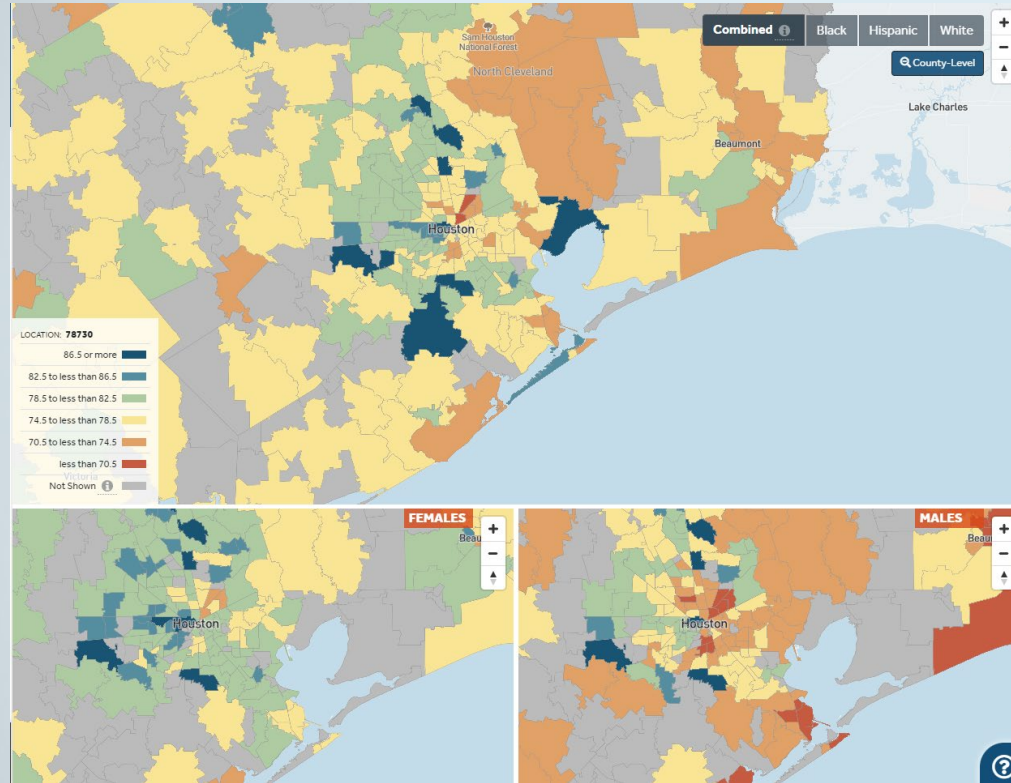
Source:  
<https://www.texashealthmaps.com/Life-expectancy-in-Texas-2005-2014.pdf>



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# Life Expectancy by Zip Code in Houston and Texas



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Source: <https://www.texashealthmaps.com/lfex>

# Socioeconomic Factors and Life Expectancy

To explore socioeconomic factors associated with life expectancy in Texas, we obtained two ZIP-Code-level measures from the American Community Survey: the percent of population in a ZIP Code who live below the federal poverty level and the percent of population in a ZIP Code under the age of 65 years who do not have health insurance.<sup>5</sup> Results indicate that life expectancy is associated with both indicators of socioeconomic status. Texans living in ZIP Codes

with less than 5 percent poverty lived an average of 82.4 years, versus those living in ZIP Codes with more than 20 percent poverty who lived an average of 76.4 years. Texans living in ZIP Codes wherein less than 10 percent of the population are uninsured lived an average of 83.3 years, versus those living in ZIP Codes with more than 20 percent uninsured, who lived an average of 76.8 years.

**Table 1.** Average life expectancy by categories of ZIP Code socioeconomic and health insurance status.

<b>ZIP Code percent of population living at or below federal poverty line</b>	<b>Number*</b>	<b>Mean life expectancy, in years</b>	<b>Range of life expectancy, in years</b>
<5%	133	82.4	74.9-97.0
≥5 - <10%	231	78.9	66.7-89.1
≥10 - <20%	397	77.0	69.9-94.3
≥20%	231	76.4	66.7-90.4
<b>ZIP Code percent of population under age 65 who do not have health insurance</b>	<b>Number*</b>	<b>Mean life expectancy, in years</b>	<b>Range of life expectancy, in years</b>
<10%	79	83.3	75.5-92.9
≥10 - <20%	381	78.6	66.7-97.0
≥20%	532	76.8	66.7-94.3

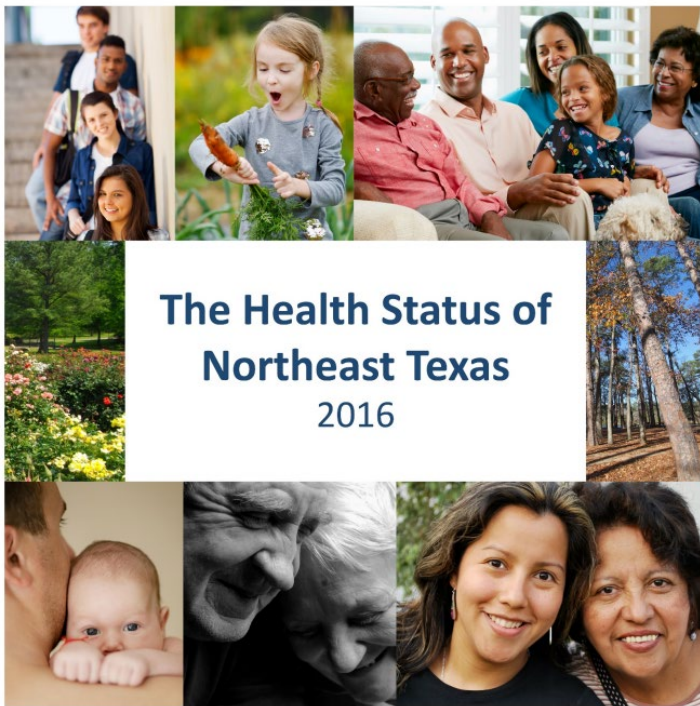
\*Number of ZIP Codes that did not have 1) fewer than 400 deaths over the entire study period or 2) a difference in the 95% confidence interval lower and upper bounds of more than 4 years. (See Suppression section for more information).







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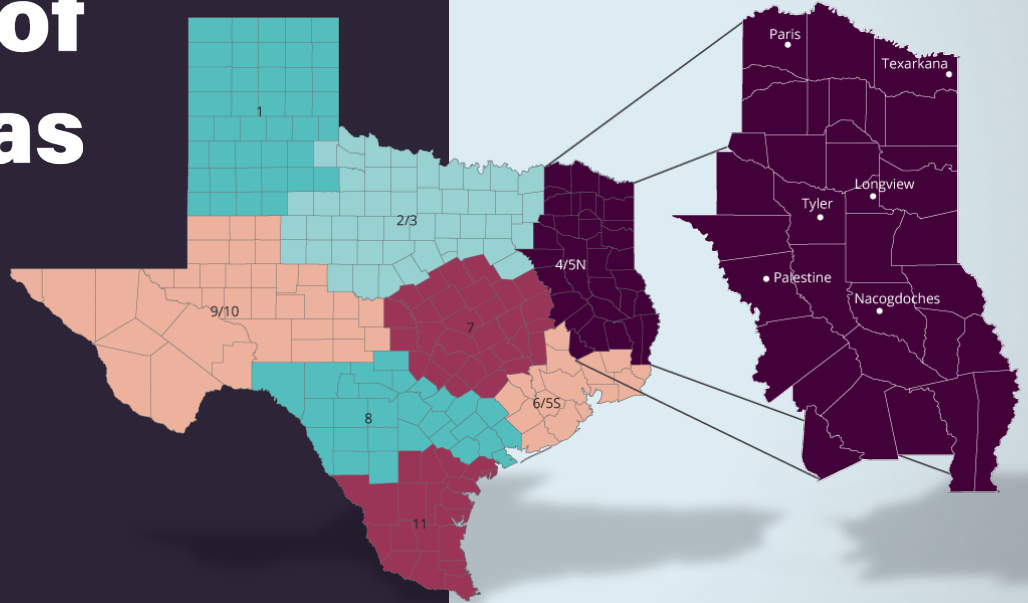
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# THE HEALTH STATUS OF NORTHEAST TEXAS

## 2021



# 2021 Health Status Report of Northeast Texas



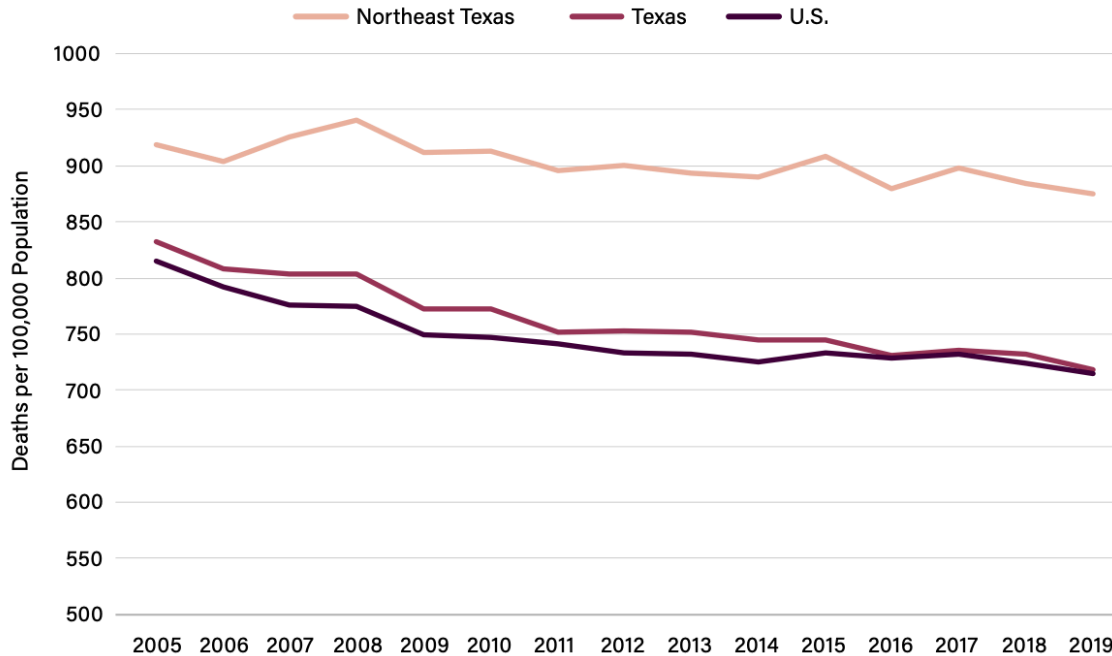
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# All Cause Mortality Rates



Age-Adjusted All-Cause Mortality Rates: Northeast Texas, Texas, and U.S.  
(2005-2019)

If NETX were a state,  
it would rank

**44<sup>th</sup>**

in age-adjusted  
**ALL-CAUSE** mortality

In 2019, mortality rates were:

- 20% higher for males
- 22% higher for females
- 17% higher for Non-Hispanic Whites
- 14% higher for Non-Hispanic Blacks

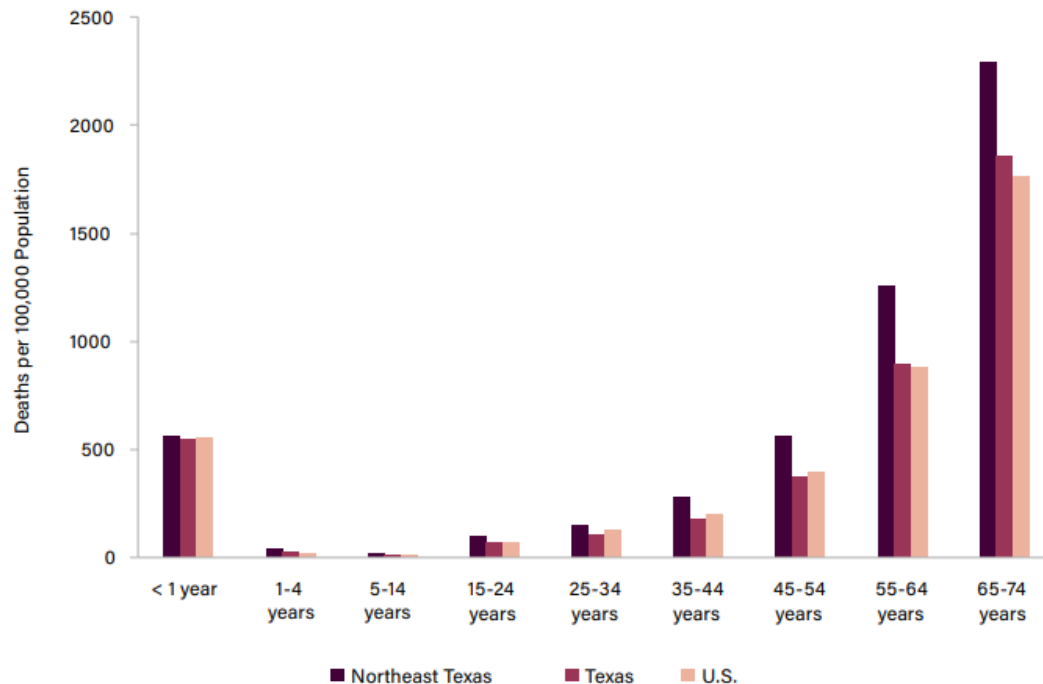
in Northeast Texas than  
Texas overall



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# All Cause Mortality Rates by Age Group

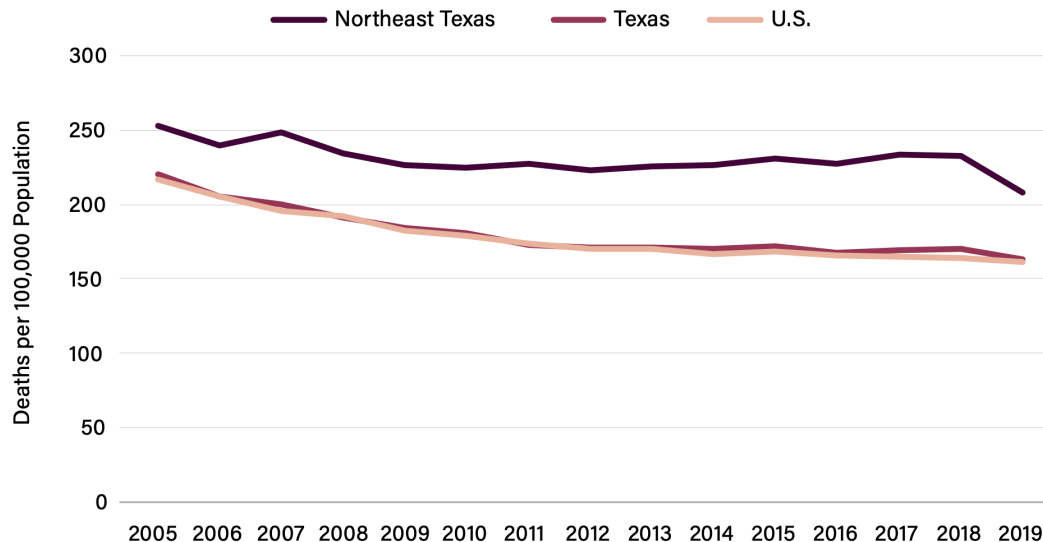
Figure 17. All-Cause Mortality Rates by Age Group: Northeast Texas, Texas, and U.S. (2019)



Data source: National Center for Health Statistics on CDC WONDER database.



# Heart Disease (#1 Cause of Death in NETX)



Age-Adjusted Heart Disease Mortality Rates: Northeast Texas, Texas, and U.S. (2005-2019)

If NETX were a state,  
it would rank

**47<sup>th</sup>**

in age-adjusted **HEART  
DISEASE** mortality

Modifiable risk factors:

- High blood pressure
- High blood cholesterol
- Cigarette smoking
- Physical inactivity
- Obesity



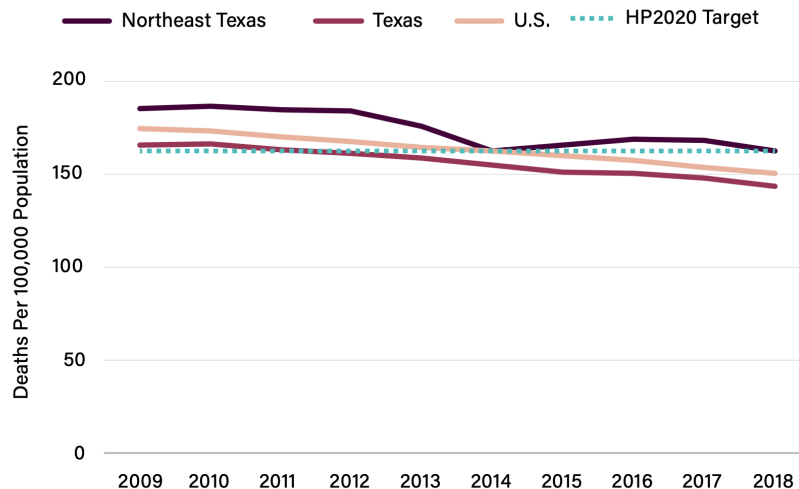
# Cancer (#2 Cause of Death in NETX)

If NETX were a state,  
it would rank

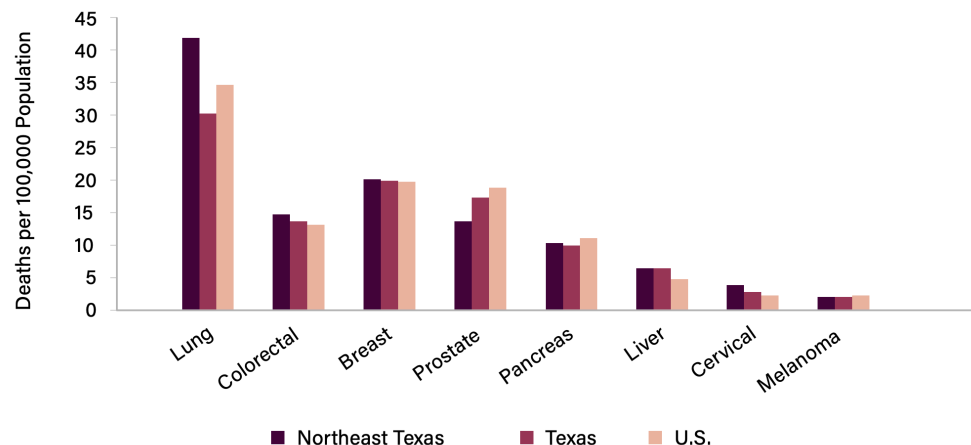
# 48<sup>th</sup>

in age-adjusted  
**CANCER** mortality

Age-Adjusted Cancer Mortality Rates:  
Northeast Texas, Texas, and U.S. (2009-2018)



Age-Adjusted Cancer Mortality Rates by Type of Cancer:  
Northeast Texas, Texas, and U.S. (2018)



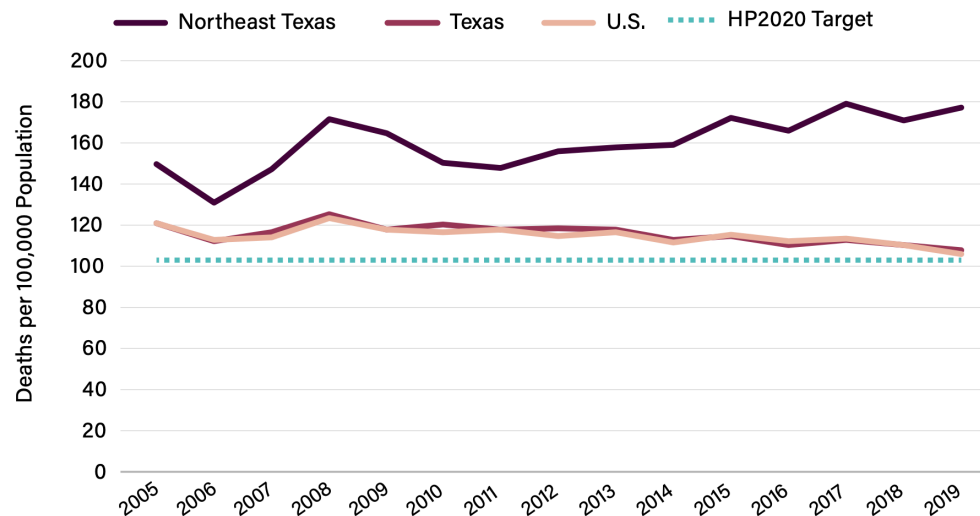
# Chronic Lower Respiratory Disease (#3 Cause of Death in NETX)

If NETX were a state,  
it would rank

# 51<sup>st</sup>

in age-adjusted  
**CHRONIC LOWER  
RESPIRATORY  
DISEASES** mortality

CLRD includes Chronic Obstructive Pulmonary Disease (COPD and Asthma)



Age-Adjusted Mortality Rates for COPD in Adults ≥45 Years-Old: Northeast Texas, Texas, and U.S. (2005-2019)



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## Modifiable Risk Factors for

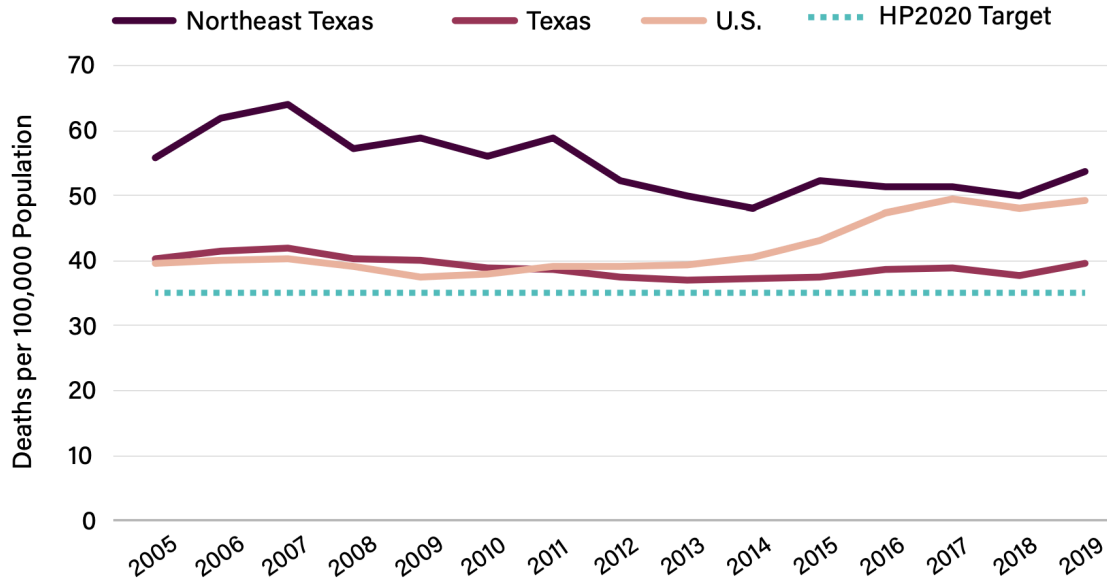
### COPD

- Cigarette smoking

### Asthma

- Exposure to cigarette smoke, air pollution, microbes, or allergens
- Workplace hazards such as chemical irritants or dusts

# Unintentional Injuries (#4 Cause of Death in NETX)



Age-Adjusted Unintentional Injury Mortality Rates: Northeast Texas, Texas, and U.S.  
(2005-2019)

If NETX were a state,  
it would rank

**25<sup>th</sup>**

in age-adjusted  
**UNINTENTIONAL  
INJURIES** mortality

Top cause of unintentional injury mortality is motor vehicle crashes

In 2019, the motor vehicle crash mortality rate was 77% higher in Northeast Texas than in Texas overall

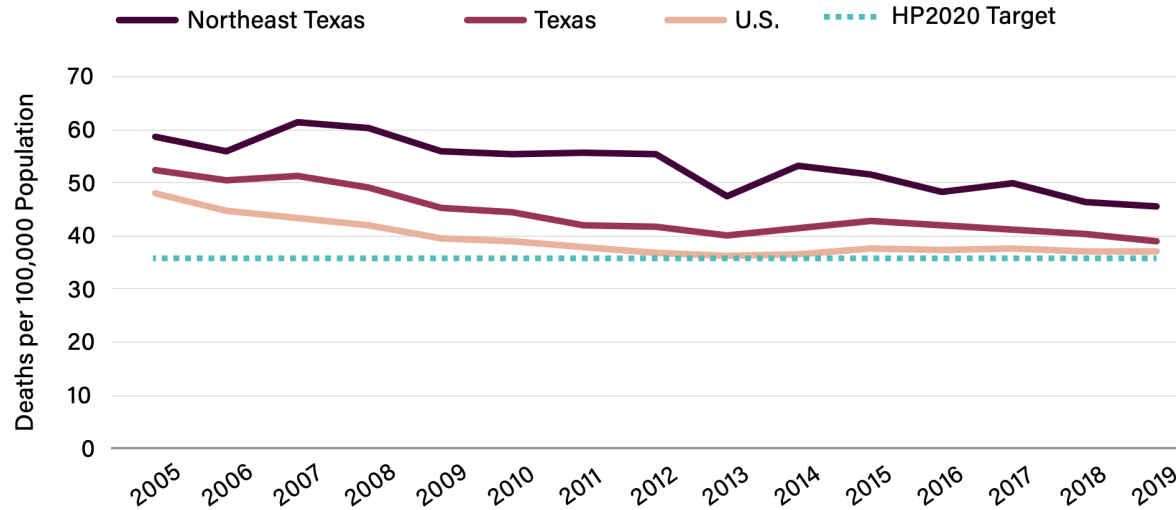


# Stroke (#5 Cause of Death in NETX)

If NETX were a state,  
it would rank

# 50<sup>th</sup>

in age-adjusted  
**STROKE** mortality



Age-Adjusted Stroke Mortality Rates: Northeast Texas, Texas, and U.S. (2005-2019)

## Modifiable risk factors:

- High fat diets
- Physical inactivity
- Heavy alcohol consumption
- Tobacco use





# Mortality Rates for Top 5 Causes of Death

Table 6. Age-Adjusted Mortality Rates for Top 5 Causes of Death:  
Northeast Texas Compared to Texas (2019)

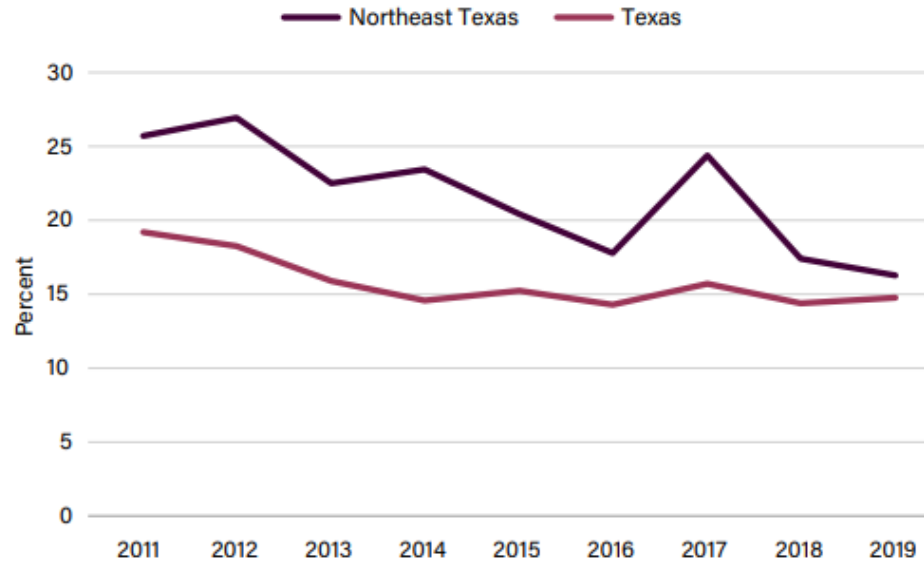
	Texas Rate	Northeast Texas Rate	Rate Difference	% Higher Rate in Northeast TX	TX State Rank*	Northeast TX "State" Rank*
Heart disease	163.4	207.9	44.5	27%	31st	47th
Cancer	141.4	173.9	32.5	23%	16th	48th
Chronic Lower Respiratory Diseases	38.6	63.5	24.9	65%	24th	51st
Unintentional Injuries	39.7	53.7	14.0	35%	5th	25th
Stroke	39.0	45.5	6.5	17%	34th	50th
All causes	717.8	874.6	156.8	22%	24th	44th

\*A rank of 1=best (lowest) rate, 51=worst (highest) rate, with Northeast Texas included as a U.S. "state." Data source: National Center for Health Statistics on CDC WONDER database. Rates are per 100,000 population.



# Smoking Rates

Figure 10. Estimated Prevalence of Current Smoking among Adults (2011-2019)

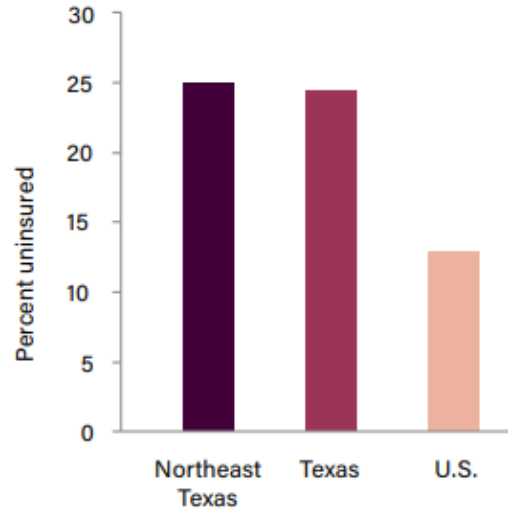


Data source: Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services.



# No Health Insurance Coverage

Figure 4. Civilian Non-institutionalized Adults 19-64 Years-old with no Health Insurance Coverage: Northeast Texas, Texas, and U.S. (2019)

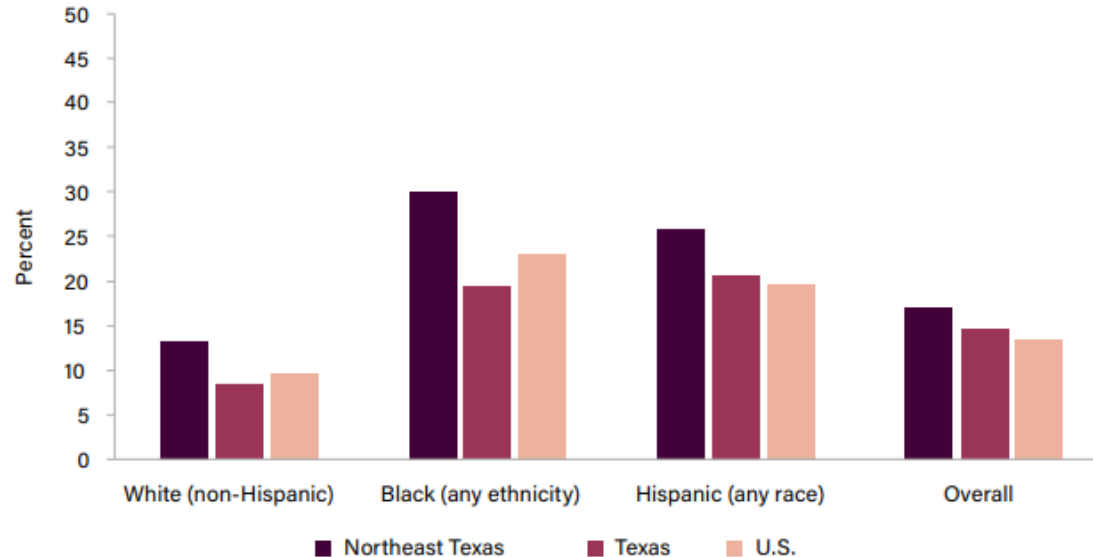


Data source: U.S. Census Bureau, Model-based Small Area Health Insurance Estimates for Counties and States (2019); 2019 American Community Survey 1-Year Estimates: Table DP03



# Income Below Poverty Level

Figure 8. Individuals with Income Below Poverty Level, Past 12 Months, by Race or Hispanic Ethnicity: Northeast Texas, Texas, and U.S. (2015-2019)

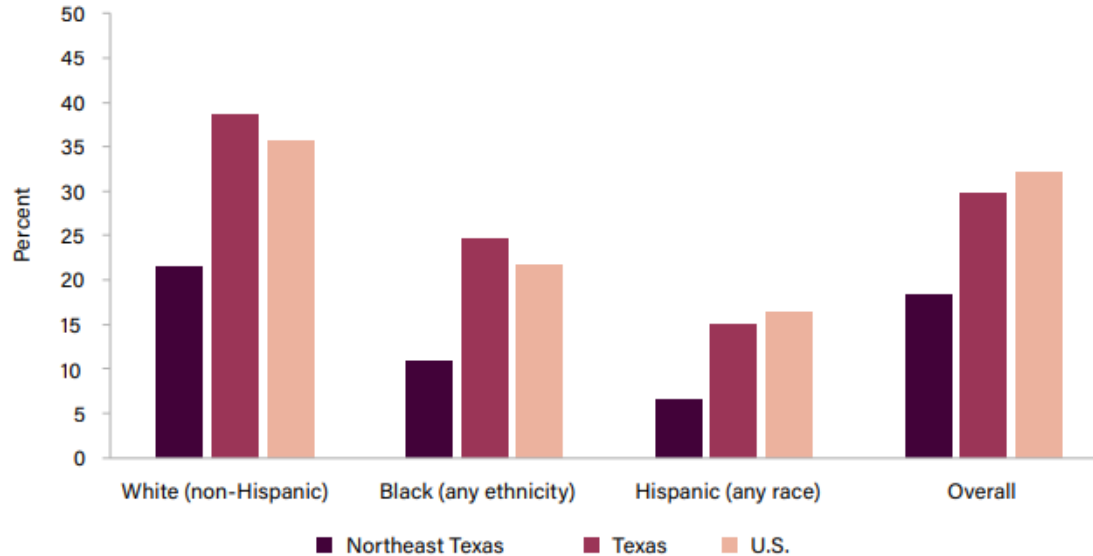


Data source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Table S1701. Note that the racial and ethnic groupings used in this figure reflect the available categories in Table S1701, and differ from standard categories used the report, where the Black population only includes non-Hispanic Blacks.



# With a Bachelor's Degree

Figure 9. Individuals Aged 25 Years and Older with a Bachelor's Degree, by Race or Hispanic Ethnicity: Northeast Texas, Texas, and U.S. (2015-2019)



Data source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Table S1501; note that the racial and ethnic groupings used in this figure reflect the available categories in Table S1501, and differ from standard categories used the report, where the Black population only includes non-Hispanic Blacks.

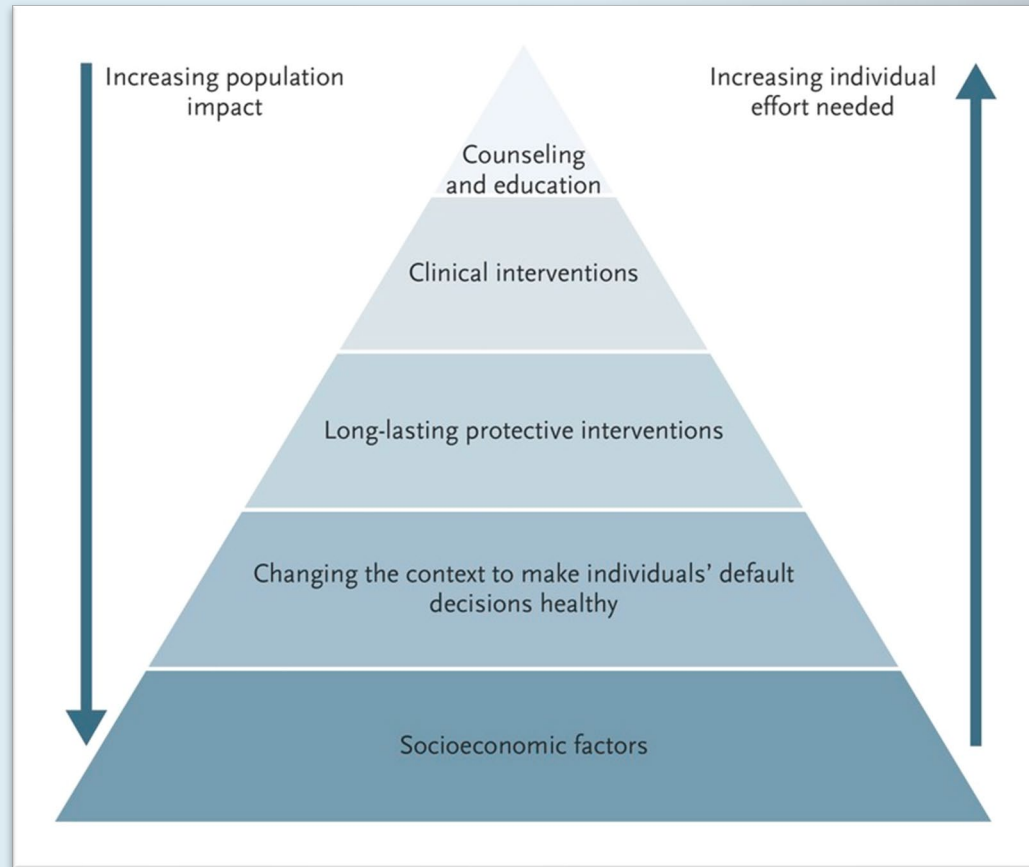


# So, what do we do?



# Understanding Where Our Approaches Impact Health

- Intense individual focused programs will impact individuals, but will have small impacts on the population at large
- Less intense wide-spread programs will have small impacts on the individual, but will move the population



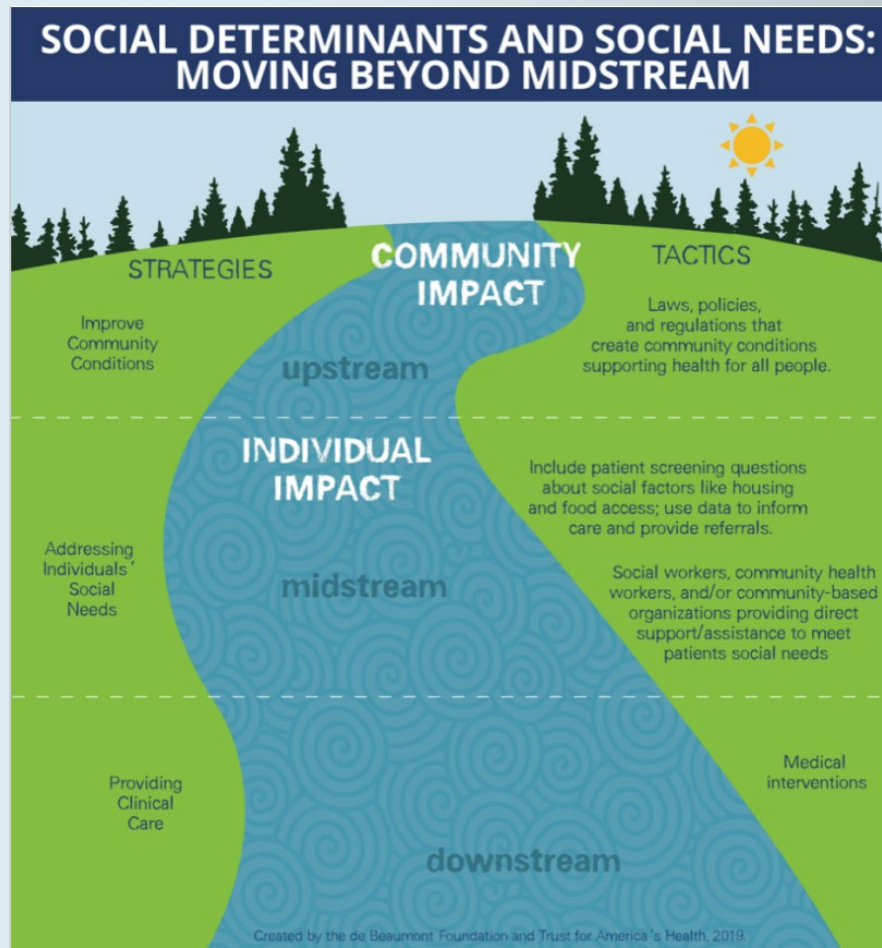
Source: Frieden (2010). A framework for public health action: Health impact pyramid, *Am J. Public Health*





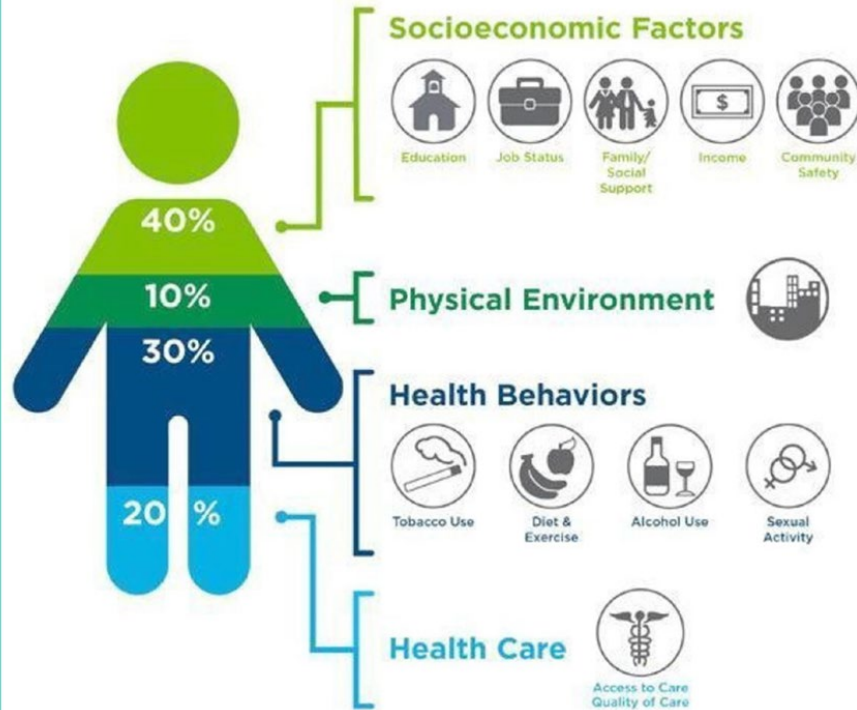
# Health Affairs: Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health – de Beaumont Foundation

Source: <https://debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>



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# What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group



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# Social Determinants of Health



Source:  
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>









## POPULATION HEALTH

[Initiatives](#)[Health Indicators](#)[Scholars Program](#)[Who We Are](#)[News & Events](#)

# Using Collaboration and Precision Prevention to Improve Health in Texas

[LEARN MORE](#)

### WHO WE ARE

Meet our staff and leadership, learn the history of the initiative, contact us, and discover more about what population health means.

[Get to know us —](#)

### INITIATIVES

We're working on a range of population health issues, including obesity, maternal and infant health, diabetes, tobacco use, mental health, and more.

[Learn more —](#)

### ANALYSES & REPORTS

Our experts are using the latest Texas health data to produce reports, analyses, and visualizations to better inform citizens and policymakers about health in Texas.

[See the Numbers —](#)

Prepared at the  
request of the  
U. T. System  
Board of Regents



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Source: <http://www.utsystempophealth.org/pophealth-strategic-plan/>

# Six Objectives of the U. T. System Population Health Strategic Plan

1. Increase UT System collaborations to address population health.
2. Develop strategies to promote data sharing, repository use and analytics.
3. Increase use and reach of telemedicine for delivery of primary and secondary care.
4. Promote cancer prevention and screening.
5. Prioritize mental health and expansion of integrated mental health services.
6. Advance health and health care workforce development







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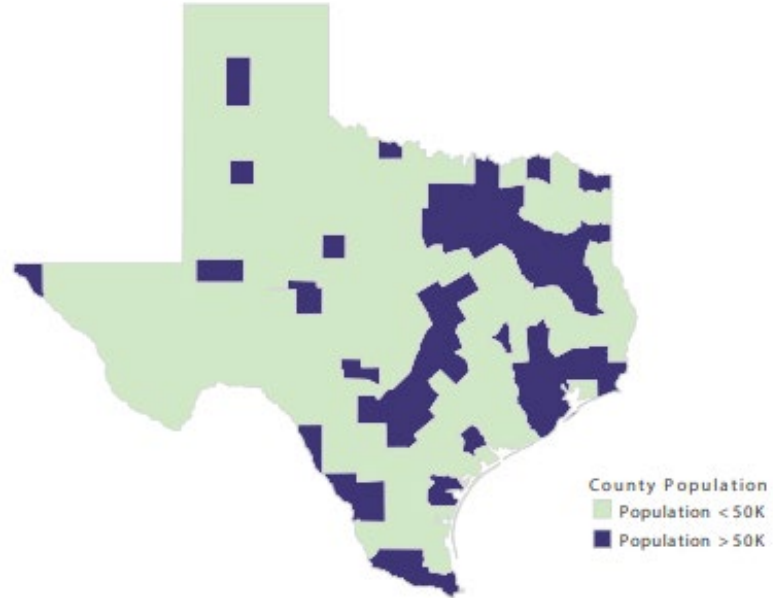


## The Potential for a Rural Community Health System to Improve Health Care Access and Value in Texas

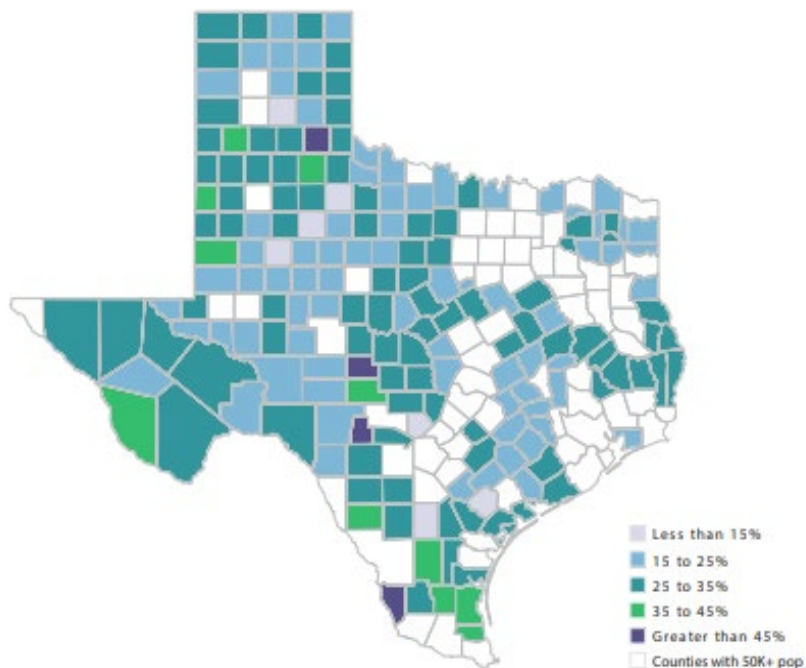
Eileen Nehme, PhD MPH  
Ken Janda, JD  
Jennifer Meier, MPH  
Kim Wilson, DrPH  
David Lakey, MD



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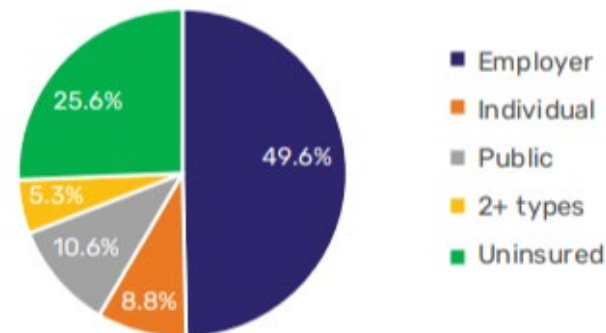
**Figure 2:** Map of 186 Texas Counties with Populations of Less Than 50,000 in 2020



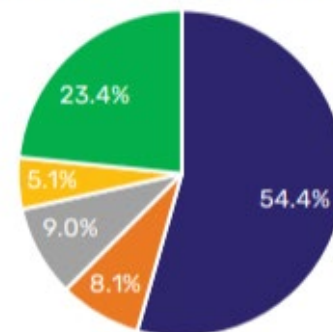
**Figure 4.** Percentage of 19- to 64-year-olds Uninsured in Counties with Less Than 50,000 Population in 2018

Data source: U.S. Census Bureau; 2018 American Community Survey 5-Year Estimates, Table B27010

Counties with <50K population



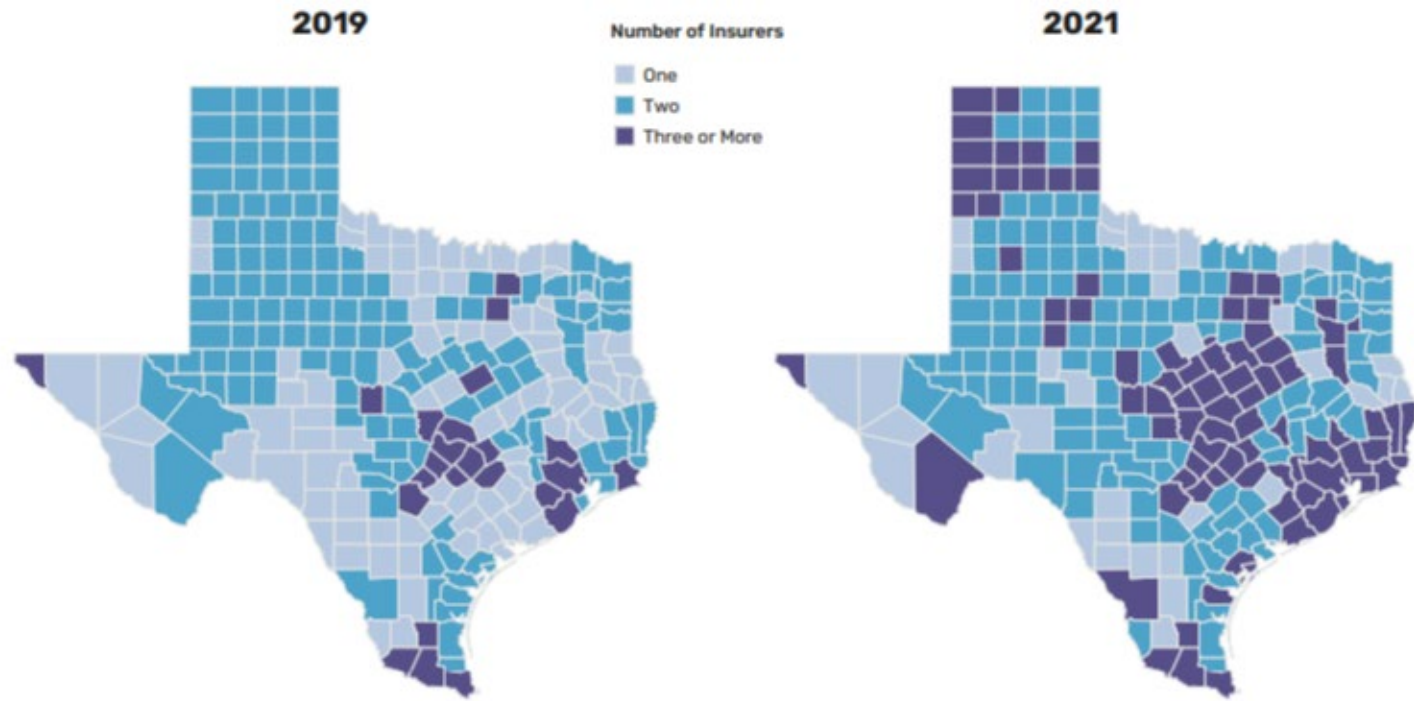
Counties with population 50K or greater



**Figure 5.** Health Care Coverage Distribution by Source Among 19- to 64-year-olds (2014- 2018)

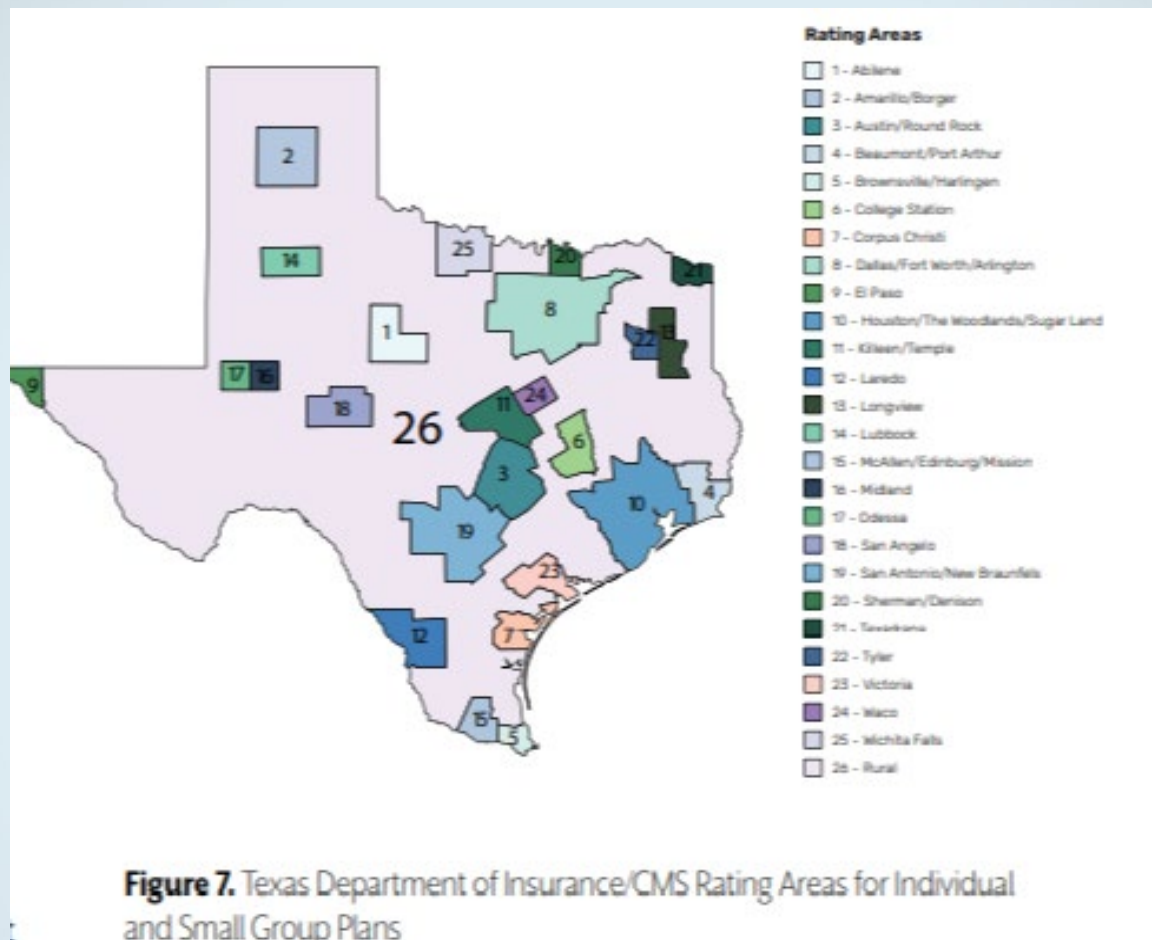
Data source: U.S. Census Bureau; 2018 American Community Survey 5-Year Estimates, Table B27010

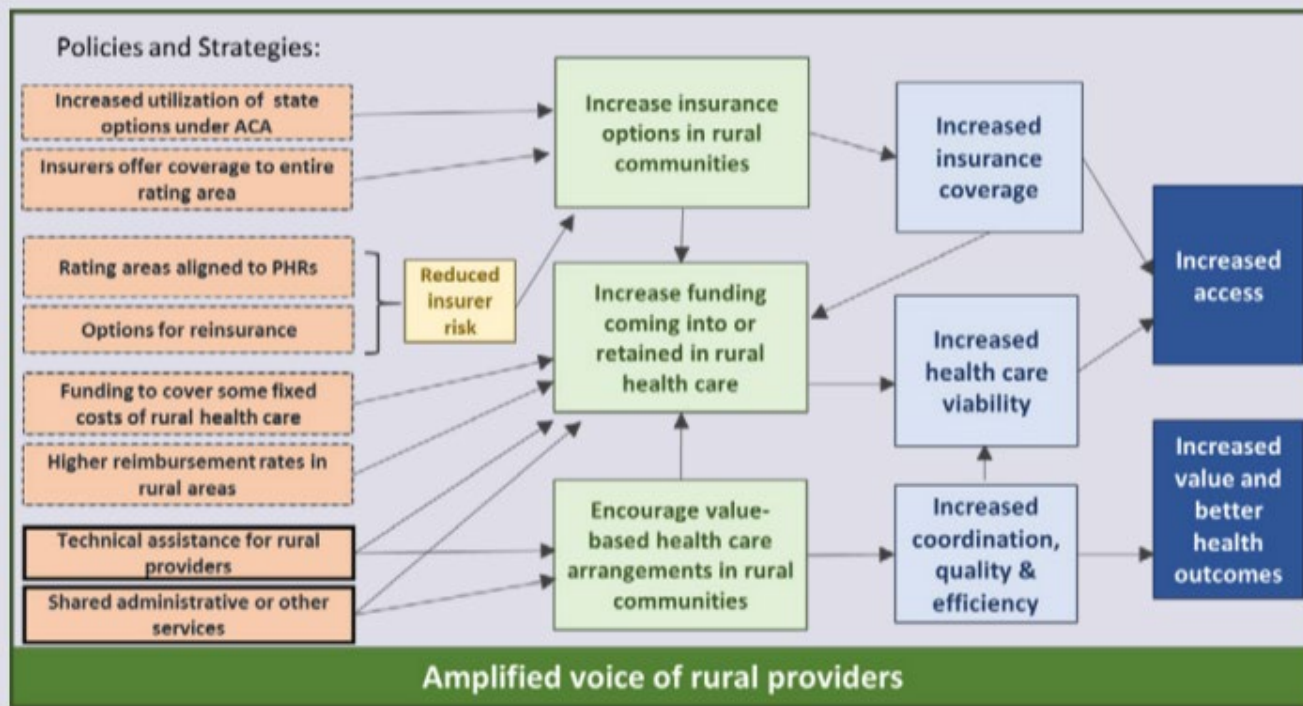




**Figure 6. Insurer Participation on the ACA Marketplaces 2019 to 2021**

Source: Kaiser Family Foundation analysis of data from Healthcare.gov and a review of state rate filings, available at: <https://www.kff.org/private-insurance/issue-brief/insurer-participation-on-the-aca-marketplaces-2014-2021/>





**Figure 11:** Potential Policies and Strategies to Increase Rural Health Care Access and Value

Note: The solid borders on the orange boxes indicate recommended strategies for an RCHS in the present era.

# Opportunities to Improve Rural Health in Texas

Develop new models to address Social Drivers of Health

- Poverty, education, broadband access

Expand tobacco and other disease prevention efforts

Expand disease screening efforts using technology (Colon Cancer)

Strategic use of health data

Support primary care providers through technology such as specialty telemedicine, Project Echo, etc.

Enhance the competitiveness of the insurance marketplace in rural Texas

Develop new recruitment mechanisms for primary care providers such as loan repayment

Modernize the public health systems



# Thank you!

