

healthcare plan



Introduction

The Texas State Health Plan for 2009/2010 was developed by the Statewide Health Coordinating Council, which provided recommendations on how Texas could achieve its maximal health potential. The report envisioned a State in which prevention and education are primary approaches for achieving optimal health, a State where all have equal access to quality health, a State where local communities are empowered to plan and direct interventions that have the greatest impact on the health of all, and a State where the future shows promise for a healthy, productive, and informed population. Imagine Brownsville also envisions its community with these goals in mind.

	DIRECT	INDIRECT
PROSPEROUS	●	
EFFICIENT		●
FUNCTIONING		
SAFE		
TALENTED		●
HEALTHY	●	
LIVABLE		●
VIBRANT		●
ENGAGED		●
COLLABORATIVE		
EQUITABLE		●
SUSTAINABLE		●

Figure 1. Vision Theme Related to Healthcare

With rising healthcare costs, rising rates of diabetes and obesity, lack of health insurance, and lack of required infrastructure to support progress, the City of Brownsville faces critical challenges in achieving its vision for the future. This parallels challenges identified at the national level. It is now estimated that approximately 15.3% of the population, or 45.7 million people, in the U.S. do not have health insurance and that 26-28% of adults are obese with an additional 38% being overweight. The national shortage of primary care providers has reached a critical level and will not support a growing population. In the lower Rio Grande Valley these trends are even more staggering. Improving the health status of the Brownsville community is critical because poor health impacts economic productivity (lost

wages, increased costs for businesses to provide employees with coverage that could be spent expanding or hiring additional employees, etc.), healthcare costs, and quality of life amongst residents. These impacts on the vision themes of the plan are described in Figure 1.

Due to the importance of promoting and supporting a healthier Brownsville community, a Health subcommittee group was assembled to specifically address these issues in the Brownsville community. The following three objectives were established by this group and determined to be the City's most important goals in terms of healthcare.

1. Want sustainable improvements in preventable health conditions (i.e., diabetes, obesity, mental health, substance abuse and addiction, neonatal morbidity and mortality, and cancer) to be distributed uniformly and equitably to all residents.
2. Want increased access to health services for all by increasing the insured population and increasing access to health services for the uninsured/underinsured.
3. Want sufficient, high quality primary, preventative, secondary, and tertiary health professionals and support services to meet current and future demand in an appropriate, convenient, and reasonable setting.

The key issues that must be overcome in meeting these objectives are discussed in the following pages.

Key Issue: High Rates of Diabetes Relative to State and Country

It is currently estimated that more than one in five people, or over 200,000, in the Rio Grande Valley has diabetes. This is approximately three times the national rate. Furthermore, approximately 60,000 of those don't know that they have diabetes. In all, it has been estimated that in 2007, medical and indirect costs associated with diabetes was \$1.5 billion in the Rio Grande Valley. In addition to the presence of high diabetes rates there are indications that many are not seeking



adequate care to treat the disease and prevent future hospitalizations. The Texas Department of State Health Services, Center for Health Statistics tracks inpatient hospital discharge information by County, including those patients who have been admitted for short-term complications from diabetes, long-term complications from diabetes, and complications from uncontrolled diabetes. When compared to the Texas State average, admissions for short-term complications are below the average of the State (32.82 per 100,000 population vs. 41 per 100,000). These lower than average rates as compared to the State could indicate one of two things, either 1) diabetes in Cameron County is treated better as compared to the State, or 2) the local population with diabetes is experiencing short-term complications but not seeking treatment. When examining the number of admitted patients due to long-term diabetes complications vs. that of the State the rates are significantly higher than average (209.9 vs. 122 per 100,000). The same trend is seen for admissions due to uncontrolled diabetes (27.61 vs. 17 per 100,000). The higher than average admission rates for long-term and uncontrolled complications could indicate that residents in Cameron County are not getting adequate care

for the treatment of diabetes and the reason for the lower than average admission rates for short-term complications is due to patients not receiving appropriate treatment or delayed treatment. This could arise due to a number of reasons, including poor quality medical care, non-compliance of patients, lack of education, or lack of access to care.

Key Issue: High Rates of Obesity

Linked to high diabetes rates are high obesity rates. A study conducted by the California Center for Public Health and Advocacy has found that individuals, independent of income, race, etc., that live in areas with a large density of fast food restaurants are 23% more likely to develop diabetes and 20% more likely to be obese. In Brownsville, a rough examination of restaurants in the region revealed that nearly 40% of all restaurants were fast-food establishments. This number exceeds 60-65% when including local taquerias. Supporting the claim that the prevalence of such restaurants is linked to higher obesity rates, a study conducted at the University of Texas School of Public Health in 2008 found

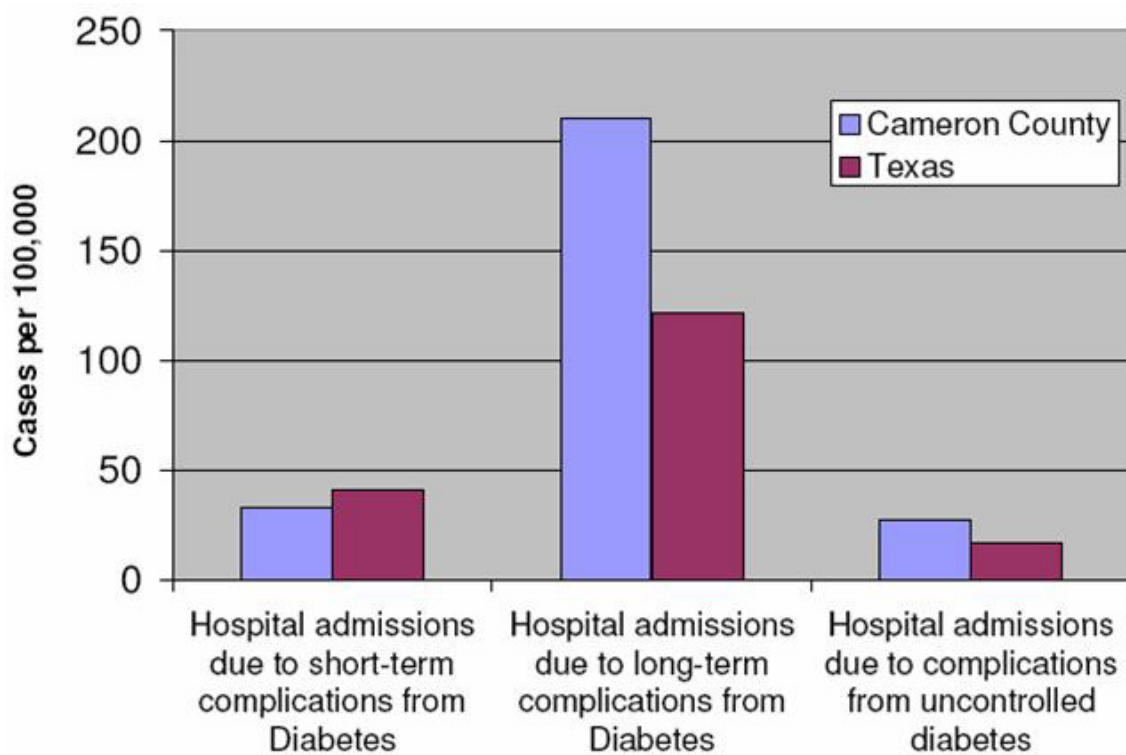


Figure 2. Hospital Admissions and Diabetes in Cameron County versus the State of Texas.

that 52.2% of Cameron County adults over the age of 18 are considered obese (BMI over 30), nearly twice the national rate. The study also showed that approximately 27% of adolescents, particularly boys, are obese, compared with 16% nationally. These high rates of obesity in the community directly relate to incidence of diabetes, as well as a host of other health problems, including various forms of cancer, cardiovascular disease, joint problems, liver and gallbladder disease, pulmonary disease, etc.

Key Issue: Shortage of Primary Care Health Providers

Currently there are serious shortages of primary care providers throughout our nation. According to the American Academy of Family Physicians, the nation is attracting only half the number of future family physicians that will be needed by 2020. These shortages are worse in the state of Texas, and are even more alarming in the Rio Grande Valley. Cameron County is currently designated a Health Professional Shortage Area (HPSA) as well as a Medically Underserved Area (MUA). One major reason for these shortages is the escalating burden of medical and dental student educational indebtedness, which averages \$160,000 per student. This burden is forcing students into higher paying specialty careers as opposed to primary care. An additional contributing factor for the shortages is the fact that available primary care providers are attracted to areas where the uninsured population is less problematic.

Key Issue: Shortage of Nursing Professionals and other Allied Health Professionals

The Texas Center for Nursing Workforce Studies from the Department of State Health Services provided a 2006 report showing critical shortages of registered nurses throughout the State. As a large portion of faculty nurses become eligible for retirement and as faculty salaries continue to be non competitive with hospitals and other clinical sites, Texas schools of nursing face growing faculty shortages. These factors along with a

lack of additional staff members dedicated to retention efforts and inadequate resource funding have had a negative impact on the number of students nursing programs can admit, enroll, and graduate. The most frequently reported reasons for not admitting qualified applicants to school were lack of:

1. Clinical spaces
2. Budgeted faculty positions
3. Qualified faculty applicants

Also, as nurses graduate from programs in the Valley many are recruited away to other areas. This complicates an already strained system.

Key Issue: Large Number of People Without Insurance

While it has been estimated that over 15% of the U.S. population is currently without health insurance, in Texas that number is 24.2%, the highest among all states in the U.S. (Texas also ranks number 1 in the number of uninsured children). In Brownsville that number is significantly higher than the state, at nearly 48%. Of the insured population, approximately 24% have coverage through Medicaid, approximately 9% have Medicare coverage, and 19% have private insurance coverage. The implications of this large gap in health insurance coverage throughout the community are immense and likely contribute to the region's high rates of diabetes and other preventable/treatable diseases. Furthermore, health insurance coverage could save economically disadvantaged residents money to spend on other necessities. Having a source of health insurance will encourage the use of primary care offices instead of expensive hospital emergency rooms.

Key Issue: Shortage of Medical Facilities and Allied Health Professionals

The need for adequate medical facilities is another major challenge for the City of Brownsville to address. It is estimated that currently in Brownsville there are approximately just under 3 hospital



beds per 1,000 residents. This is lower than the national average rate of 3.3 beds per 1,000. To meet the national average level of service, an additional 60 hospital beds would be needed to meet the current population demand and over 320 would be needed to meet the population needs for 2030. Furthermore, just to maintain the current ratio of beds per 1,000 residents, an additional 240 would be required by 2030. In order to meet the increasing demand for the uninsured/underinsured populations, support for Federally Qualified Health Center facility expansion is needed. Overcrowded and outdated facilities reduce efficiency and effectiveness of services provided. Allied health professionals are critical in supporting the health infrastructure of the community.

Strategic Initiatives

1. Develop and maintain a community advisory/ stakeholder group aimed at providing assistance to the City of Brownsville in implementing its plan to improve the health status of its residents. The group would include up to 15 members comprised of leaders within the community representing entities involved with local healthcare issues. Specific tasks of the group include:
 - prioritize health issues and the key goals and objectives of this plan
 - work with City staff to coordinate meetings with the appropriate leaders in formulating detailed steps to accomplish priority health goals and objectives
 - identify resources that can be used by the City to achieve its priority health goals and objectives in a cost effective manner (grants, partnerships, foundations, etc.)
 - educate elected officials and policy makers on health issues and advocate for legislation required to meet priority health goals and objectives
 - recommend policy changes that would assist in meeting the City's priority health goals and objectives
2. Develop an inventory of health education and health activities that are currently in place through the Brownsville schools, universities, churches, hospitals, clinics, non-governmental organizations, etc. Coordinate health education activities and programs through these groups to maximize effectiveness of education campaigns. Promote preventive health priorities established by the City. Work with the health advisory and support group as needed.
3. Work with BISD to encourage healthy school lunches and ban soda and unhealthy foods at schools.
4. Promote affordable fruits and vegetables through community gardens and farmers markets that would also promote education on healthy living. The seed money for this initiative began 2008. A State grant awarded \$50,000 a year for 3 years to support the development of the Brownsville Farmer's Market.
5. Develop a wellness program, with incentives, for all City personnel that promotes a healthy diet and lifestyle and saves money for the City in terms of reduced healthcare costs.
6. Develop a mechanism to encourage local businesses to initiate wellness programs.
7. Support applied research that will address local health issues and intervention strategies to reduce preventable health conditions.
 - Use the data from the research studies to influence political decisions through the health policy advisory group.
8. Develop and coordinate a group of agencies/ locations and volunteers strategically located throughout the City to assist Brownsville residents with integrated eligibility, enrollment, and re-enrollment in publicly funded health insurance and other benefits.
9. Support State legislation that will expand CHIP, Women's Health coverage, and reduce administrative hurdles for enrollment in

Medicaid.

cooperation with Matamoros.

10. Support State legislation that will provide additional funding for student loan forgiveness programs for primary care providers willing to practice in underserved areas of the State and for Registered Nurses who are interested in faculty positions in underserved areas of the State. (There is currently a federal student loan forgiveness program for Registered Nurses.) This will enable more classes to open up and more graduates to enter the workforce.
11. Support the Regional Academic Health Center and School of Public Health, as well as a Medical School for South Texas. Training medical students and Residents in the community will improve retention of physicians and Public Health professionals, stimulate our local economy, and provide access to the latest evidenced based medicine and research to improve quality of care and address border specific health issues.
12. Continue to work closely with the Area Health Education Center of the Valley in addressing shortages in allied health professionals. Expand science, math, and health career programs in area high schools and encourage qualified students to consider careers in the health professions.
13. Work with the City and local medical facilities to promote regional health information and electronic medical records. This provides access to critical health information and improves quality of care for the residents of Brownsville.
14. Investigate / support the development of a healthcare cluster in Brownsville and research the creation of a medical tourism industry in

Healthcare Indicators

To evaluate Brownsville's current status in meeting the stated objectives and to track future progress as strategies are initiated, the following set of indicators (Figure 3) should be monitored and evaluated. While a number of disease rates, such as incidence of cancer and cardiovascular disease, could also be monitored, this report focuses on what is seen as one of the most prevalent diseases in the Lower Rio Grande Valley, diabetes and its linkage to obesity. It is believed that many of the strategies that aim to improve instances of diabetes and obesity would also have a positive impact on instances of other preventable diseases. The indicator table includes recommended "Target" values at 2 years and 5 years after initiation of the Plan based on standards of comparison and an evaluation of what seems reasonable over the short-run. However, these target values are simply recommendations and the feasibility of the target values may be subject to scrutiny by those experts in the field responsible for enacting and monitoring the Plan.



Indicator	Current	Standard of Comparison	5-yr Target
Hospital admissions due to short-term complications from Diabetes (per 100,000)	32.82 (Cameron County)	41 (TX)	< 28
Hospital admissions due to long-term complications from Diabetes (per 100,000)	209.9 (Cameron County)	122 (TX)	165
Hospital admissions due to complications from uncontrolled diabetes (per 100,000)	27.61 (Cameron County)	17 (TX)	< 18
% population with diabetes	~25% (Valley)	9% (U.S.)	< 20%
% adult population that is obese	~52% (Cameron County)	~27% (U.S.)	< 45%
% Adolescent population that is obese	27% (Cameron County)	N/A	< 20%
% Brownsville residents without health insurance	~48%	24.2% (TX)	< 35%
Number of hospital beds per 1,000	< 3 beds	3.3 beds (U.S.)	3.3 beds
Physicians per 1,000 residents	Unknown HPSA, MUA	2.25 (U.S.)	> 2.25
Nurses per 1,000 residents	Unknown	7.85 (U.S.)	> 7.95

Figure 3. Healthcare Indicators.