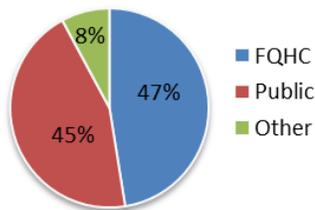


Expanded Primary Health Care: Dashboard on Progress

The 83rd Texas Legislature appropriated \$100 million to the Department of State Health Services (DSHS) to expand primary health care for women. In State Fiscal Year (SFY) 2014, DSHS awarded \$45.5 million in contracts to 54 primary health care agencies to provide family planning services, breast and cervical cancer screenings, treatment for hypertension and diabetes, as well as prenatal medical services and dental care. To monitor the progress of this Expanded Primary Health Care (EPHC) initiative, a monthly dashboard was developed. The *EPHC Dashboard* compares the cumulative number of total clients served in SFY2014, as reported by EPHC agencies, with the total number in each agency's contract. Also compared is the percentage of clients who

EPHC Reported Total Clients by Provider Type



received family planning services vs. the percentage in their contract. In addition, cumulative expenditures are compared to the total award amount to determine the percent spent by each agency. On the flip-side, graphs and charts illustrate clients and expenditures by health service region and provider type. Take, for example, the EPHC reported total clients by provider type. The Dashboard indicates that, as of June 16, 2014, most clients were served at a Federally Qualified Health Center/FQHC (47%) or a public entity (45%). The EPHC Dashboard provides DSHS staff with the information they need to quickly assess the progress of the initiative, while also allowing them to easily pinpoint areas in need of improvement. To ensure accurate and timely client data reporting on the Dashboard and elsewhere, training and technical assistance are provided in

addition to a webinar by Michelle Kormondy for EPHC agencies held in June. Follow this [link](#) to access the slides from the webinar presentation.

Pregnancy Risk Assessment Monitoring System: 2011 Annual Report

Conducted in partnership with the Centers for Disease Control and Prevention, the Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey designed to monitor the attitudes and behaviors of new mothers in Texas before, during, and after pregnancy. PRAMS survey data is used to monitor the progress of state and national health goals specific to maternal and child health. For instance, Texas PRAMS data are used annually in the preparation of the Texas Title V Maternal and Child Health Services Block Grant Application and Annual Report. The survey is also crucial for the Health Resources and Services Administration-sponsored Collaborative Improvement and Innovation Network (CollIN) to Reduce Infant Mortality. This initiative aims to reduce infant mortality and improve birth outcomes through the collaborative efforts of experts and health departments in several states. Texas PRAMS data are being used by CollIN participants to assess infant safe sleep practices and perinatal tobacco use, as well as to track improvements in these areas. These are just a few of the numerous surveillance, research, and intervention projects that the PRAMS survey helps guide. Researchers, policymakers, and maternal and child health experts are encouraged to consult the survey to understand and address the factors associated with the well-being of mothers and babies. Please stay tuned to this [link](#) to access the *PRAMS 2011 Annual Report*, which will soon be posted to the DSHS website.

Data is most useful when it is effectively turned into information, which is then used to take action by decision makers.

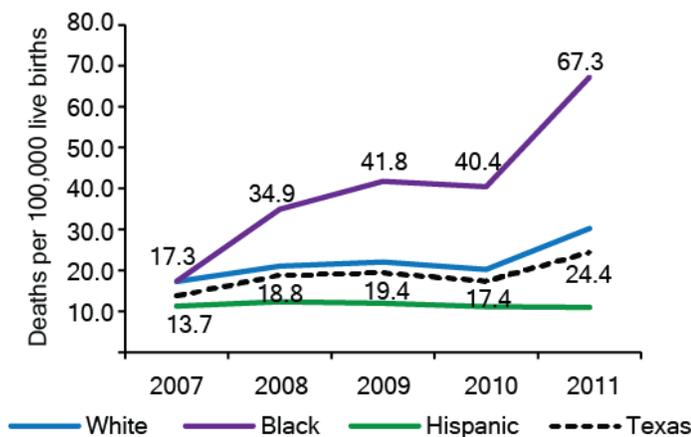
The *Data to Action Bulletin* (bi-annual) shows you how data from the Office of Program Decision Support is used to inform policy and practice in Family and Community Health Services.

Maternal Mortality and Morbidity Task Force: M3TF Report and DSHS Grand Rounds

The Maternal Mortality and Morbidity Task Force (M3TF) was created by Senate Bill 495 of the 83rd Texas Legislature. M3TF is mandated to study maternal mortality (i.e., deaths that result from pregnancy) and severe maternal morbidity (i.e., the most severe complications that result from pregnancy), and to review specific cases. DSHS and M3TF will then disseminate the findings and a best practices joint report to state professional organizations. The goal is to make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

As an important first step, an overview of maternal mortality and severe maternal morbidity in Texas was presented to M3TF members in a report by Dr. Dorothy Mandell and Sonia Baeva. The report shows the causes and risk factors for maternal death and severe maternal morbidity and differences across race/ethnicity, and in doing so, points to specific areas in need of further investigation by M3TF.

Maternal Mortality Rate by Race/Ethnicity, Texas 2007-2011

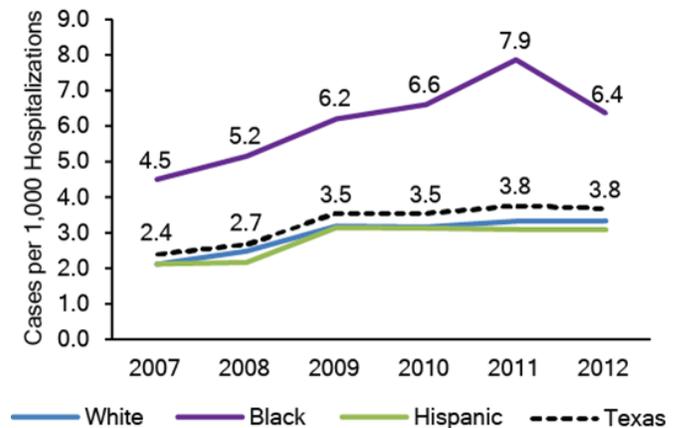


Source: Vital Statistics Death Files: ICD10 O00-O959, O98-O999, A34 & Check Box
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2014

Also in need of further investigation by M3TF, is the finding that prescription medication is the third leading cause of maternal death in Texas. Understanding who these women are and the factors that lead to their prescription drug use will be critical for developing effective prevention strategies and interventions. Additionally, the M3TF report shows maternal death and severe maternal morbidity to be highly related to pre-pregnancy obesity and late entry into prenatal care. Taken together, these factors account for a relatively large proportion of the severe maternal morbidity that occurs at the county level. In other words, there are higher rates of severe maternal morbidity in counties with higher rates of both pre-pregnancy obesity and late entry by women into prenatal care.

One such area is a growing racial/ethnic disparity, with Black women having a maternal mortality rate more than twice as high as White women. Vital statistic records in Texas show that this disparity has been growing considerably since 2007. Equally alarming is that Black women have a severe maternal morbidity rate almost twice as high as White women, with this disparity most pronounced among older women.

Texas 2007-2011 Severe Maternal Morbidity Rate by Race/Ethnicity



Source: 2007-2012 Texas Hospital Discharge Public Use Data:
Risk of Mortality High & Extreme for Identified Deliveries
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2014



Findings from the M3TF report were presented by Dr. Mandell as part of the *DSHS Grand Rounds* series in May. View the [presentation](#) to learn more about M3TF, and maternal mortality and severe maternal morbidity in Texas. Dr. Mandell also presented M3TF report findings as part of her "State of the State" keynote at the DSHS Community Health Services Clinical Conference in June.

Now, M3TF has a starting point and a better context with which to conduct their review of specific maternal deaths and cases of severe maternal morbidity in Texas. Most importantly, M3TF members are now better equipped to identify opportunities for effective public health intervention.