

# MATERNAL HEALTH: BLACK WOMEN IN TEXAS

## Demographics and Access to Care

- In Texas, 13% of women ages 18-64 are Black.<sup>1</sup>
- For Black women in Texas ages 18 and older...
  - ❖ 24% do not have a personal doctor or health care provider
  - ❖ 27% did not see a doctor in the prior 12 months due to cost
  - ❖ 40% report poor mental health status and 26% report fair or poor overall health.<sup>2</sup>
- 27% of Black women in Texas live in poverty and 22% are uninsured.<sup>3</sup>
- Texas has not expanded Medicaid under the Affordable Care Act (ACA),<sup>4</sup> leaving 23% of women ages 19-64 in the Medicaid coverage gap.<sup>5</sup>
- Studies have found Texas to be one of the worst states for women's equality (for example, Black women in Texas make \$0.57 to the dollar compared to White men), as well as one of the worst states for women's health.<sup>6</sup>
- 147 of Texas' 254 counties have no OB/GYN.<sup>7</sup>

## Research and Data on Maternal Health in Texas

- In 2013, the Texas Legislature established the Maternal Mortality and Morbidity Task Force ("the task force") to review cases of pregnancy-related deaths, to determine trends in severe maternal morbidity (SMM), and to make recommendations to reduce pregnancy-related deaths and SMM.<sup>8</sup>
- The task force is appointed by the Commissioner of the Department of State Health Services (DSHS) and consists of 15 members serving staggered six-year terms. Unless renewed by the state legislature, its mandate will expire on September 1, 2019.<sup>9</sup>
- By September 1 of each even-numbered year, the task force—in partnership with DSHS—is obligated to release a joint report of findings. The 2016 report analyzes trends in maternal deaths that occurred in calendar years 2011 and 2012.<sup>10</sup>
- Their second biennial report, released in 2016, includes the following findings:
  - ❖ Black women in Texas have a higher risk of maternal death than any other racial/ethnic group. Although Black women made up only 11% of births in Texas from 2011-2012, they accounted for 29% of the state's maternal deaths.<sup>11</sup>
  - ❖ The leading causes of maternal death for all women in Texas were cardiac events, overdose by licit or illicit prescription drugs, and hypertensive disorders.<sup>12</sup>
  - ❖ Compared to women of other races/ethnicities, Black women in Texas had the highest rates of hospitalization for hemorrhage and blood transfusion, which were the main drivers of SMM in the state. Overall, Black women in Texas were almost twice as likely as White women to experience SMM during a pregnancy-related hospitalization.<sup>13</sup>

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**Pregnancy-related deaths:** deaths that occur during pregnancy or within the following year due to pregnancy complications, because of a chain of events initiated by pregnancy, or because of an unrelated condition that was aggravated by pregnancy.<sup>†</sup>

**Severe maternal morbidity (SMM):** instances where women almost die from a life-threatening complication during pregnancy or childbirth.<sup>‡</sup>

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- ❖ The task force found that mental illness contributed to SMM and that Black women in Texas had the second highest rate—after White women—of diagnosed mental illness, including depression.<sup>14</sup>
- ❖ When Black women are discharged from a pregnancy-related hospital stay, their risk of dying is almost twice as high as Texas women of other races/ethnicities.<sup>15</sup>
- The 2016 task force report includes the following recommendations:
  - ❖ Increase access to health services in the year after delivery and in the interconception period, including addressing barriers to care and ensuring continuity of care during periods of transition;
  - ❖ Address risk factors such as poor mental health and substance use disorders by increasing screening and referral to behavioral health services;
  - ❖ Increase provider and community awareness of health inequities, as well as the ability of women to self-advocate; and
  - ❖ Make improvements to the task force’s review system, including increasing staffing resources, improving processes for maternal death investigations, and addressing challenges with data quality.<sup>16</sup>
- An independent national study recently revealed that between 2010 and 2014, maternal mortality in Texas almost doubled, from 18.6 deaths per 100,000 live births in 2010 to 35.8 deaths per 100,000 live births in 2014.<sup>17</sup> This ratio indicates that maternal mortality is higher in Texas than in any other developed country in the world, and higher than 29 countries that are considered still developing.<sup>18</sup>

<sup>1</sup> KAISER FAMILY FOUNDATION (KFF), *State Profiles for Women’s Health: Texas*, at *Demographics*, <http://kff.org/interactive/womens-health-profiles/?activeState=Texas&activeCategoryIndex=0&activeView=data> (last accessed Oct. 5, 2016).

<sup>2</sup> *Id.*, at *Demographics and Coverage & Access*.

<sup>3</sup> ANNA CHU & CHARLES POSNER, CTR. FOR AM. PROGRESS, *THE STATE OF WOMEN IN AMERICA: A 50-STATE ANALYSIS OF HOW WOMEN ARE FARING ACROSS THE NATION* 14, 36 (2013), <https://www.americanprogress.org/wp-content/uploads/2013/09/StateOfWomen-4.pdf>.

<sup>4</sup> KFF, *Status of State Action on the Medicaid Expansion Decision (as of July 7, 2016)*, <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/> (last accessed Oct. 5, 2016).

<sup>5</sup> KFF, *State Profiles for Women’s Health: Texas*, *supra* note 1, at *Coverage & Access*.

<sup>6</sup> CHU & POSNER, *A 50-STATE ANALYSIS*, at 5, 10 and 28 (showing Texas 45 out of 50 overall and 46 out of 50 for health).

<sup>7</sup> NORTH TEXAS REGIONAL EXTENSION CENTER, *THE PHYSICIAN WORKFORCE IN TEXAS: AN EXAMINATION OF PHYSICIAN DISTRIBUTION, ACCESS, DEMOGRAPHICS, AFFILIATIONS, AND PRACTICE PATTERNS IN TEXAS’ 254 COUNTIES* 3 (2015), [www.merritthawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt\\_Hawkins\\_NTREC\\_Physician\\_Workforce\\_Survey.pdf](http://www.merritthawkins.com/UploadedFiles/MerrittHawkings/Surveys/Merritt_Hawkins_NTREC_Physician_Workforce_Survey.pdf).

<sup>8</sup> MATERNAL MORTALITY & MORBIDITY TASK FORCE AND DEP’T OF STATE HEALTH SERVICES, *JOINT BIENNIAL REPORT 3* (2016), <http://dshs.texas.gov/ConsumerandExternalAffairs/legislative/2016Reports/M3TFBiennialReport2016-7-15.pdf> [hereinafter *MATERNAL MORTALITY & MORBIDITY TASK FORCE REPORT*].

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*, at 1, 3; TEXAS DEP’T OF STATE HEALTH SERVICES, MATERNAL & CHILD HEALTH, *Maternal Mortality and Morbidity Task Force*, [https://www.dshs.texas.gov/mch/maternal\\_mortality\\_and\\_morbidity.shtm](https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm) (last accessed Oct. 5, 2016).

<sup>11</sup> *MATERNAL MORTALITY & MORBIDITY TASK FORCE REPORT*, *supra* note 8, at 5.

<sup>12</sup> *Id.*, at 1.

<sup>13</sup> *Id.*, at 10-12.

<sup>14</sup> *Id.*, at 12-13.

<sup>15</sup> *Id.*, at 10.

<sup>16</sup> *Id.*, at 1-2, 16-20.

<sup>17</sup> Marian F. MacDorman et al., *Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues*, 128 *OBSTET. & GYNECOL.* 1, 6 (2016), available at [http://d279m997dpfwgl.cloudfront.net/wp/2016/08/MacDormanM.USMatMort.OBGYN\\_.2016.online.pdf](http://d279m997dpfwgl.cloudfront.net/wp/2016/08/MacDormanM.USMatMort.OBGYN_.2016.online.pdf). Though some suspect the family planning cuts during the 2011-2012 legislative session played a role in the drastic increase in maternal mortality—and it almost certainly did not help *prevent* cases of maternal death—it is important to note that correlation is not causation, and that the cuts took effect in late 2011, after the maternal mortality rate had already begun to rise.

<sup>18</sup> WHO, *TRENDS IN MATERNAL MORTALITY: 1990 TO 2015* 68-77 (2015), [http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf).

† *Reproductive Health: Pregnancy-Related Deaths*, CENTERS FOR DISEASE CONTROL & PREVENTION (CDC), <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm> (last accessed Oct. 5, 2016).

‡ *Reproductive Health: Severe Maternal Morbidity in the United States*, CDC, <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html> (last accessed Oct. 5, 2016).